Copy 220

WELLCOME
HISTORICAL
MEDICAL
LIBRARY

WELLCOME INSTITUTE
LIBRARY

Coll	SER
Call No.	W1 1042

THE

MEDICAL TIMES:

A JOURNAL

OF

ENGLISH AND FOREIGN MEDICINE,

AND

MISCELLANY OF MEDICAL AFFAIRS.

VOLUME THE EIGHTEENTH.

MAY 6 TO OCTOBER 7, 1848

LONDON

ROBERT PALMER, ESSEX STREET, STRAND.

MDCCCXLVIII.

INDEX TO VOL. XVIII.

A.

Abd-el-Kader and mesmerism, 346
Abdominal parietes cured by a bandage; relaxation of, caused by vomiting, 112
Aberdeen, King's College of, rules and regulations of, 353
..... Marischal, rules and regulations of, 353
Abnormal distribution of the thyroid arteries, 273
Abortion, criminal, 378
..... inducing, 362
Abscess, perineal, case of, 154
Absorption of hypopion, tincture of iodine as a collyrium for promoting, 127
Academy, the French, 197
..... of Medicine, 6, 22, 73, 223, 238, 253, 306, 321, 337
..... Sciences, 22, 89, 223, 238, 253, 305, 321, 337
Account of a case of cholera successfully treated by the use of the vapour-bath, 286
..... dislocation in consequence of diseases of the first and second cervical vertebræ, 9
Acephalocyst hydatids, by Mr. Turner, 154
Act, public health, 315, 363
.... City of London sewer, 330
.... sanitary, informations under the, 363
Action of the heart upon the circulation, 223
Adams, Mr., clinical lecture on a case of hypertrophied mamma treated by air-pressure, by, 317
Administration of chloroform, on the, 256
Andrew's, St., University of, rules and regulations of, 353
Advance of the Asiatic cholera westward, 193
Advertisements, Bethnal-green, 46
Affidavits in re Berncastle, 62
Agent, guano as a medicinal, 329
Albino animals, on the physiological peculiarities of, 128
Albuminous nephritis, 111
Alexandria, 281
Algeria, French in, 79
..... mortality in, 345
Alkaline urine, on certain forms of, 127
Alleged negligence of a medical officer, 245
..... poisoning with hemlock—Norfolk circuit, 244
Allier, Dr., ergot of rye in the treatment of retention of urine, 223
Alteration of quarantine, Malta, 313
America, quackery in, 145
....., University of Louisville, 145
American Association, 145
..... adhesive fluid, or collodion, 47
..... midwifery, statistics from private practice, 113
A mesmerizer's bill, 15
Ammonia, death by, 380
Amputation during spreading gangrene, 112
..... of fingers and toes, by Mr. Williamson, 56
..... the means best calculated to ensure success, 321
....., secondary, causes of death in, 7
Anatomy of the capillary circulation, by M. Bourgery, 337
..... emphysematous lung, 188
..... liver, 90
..... minute injections, 337
Anasarca, general, in an infant, case of, 335
..... of pregnant women, 23
Anæsthetic agents, fate of, decided, 192
..... physiological, local effects of, 125
..... the use and abuse of them, 251
Aneurism of the carotid artery simulating cynanche tonsillaris, 337
....., popliteal, mistaken for an abscess, 207
Animals killed by hunting and fighting, the state of blood and muscles in, 142
Annan, Mr., case of a child born betwixt the end of sixth month and beginning of the seventh, and brought up, by, 109, 304
Announcement of a new course of lectures on the cholera, 361
Annual meeting of the National Institute, the, 242
Anomaly in the origin of the right subclavian, 238
Another apology, 10
Antrum, disease of, produced by a fracture of the alveolus, 222
Aphthæ, or thrush, 6
Apothecaries' Hall, gentlemen admitted, 14, 31, 47, 63, 88, 110, 131, 145, 161, 213, 228, 240, 261, 297, 313, 345, 362, 378
..... Ireland, rules and regulations of, 354
..... London, rules and regulations of, 349
..... Society and medical progression, 325
Apparent death and premature interments, 89
Apparatus, new galvanic, 15
..... enema, self-acting, 380
Appeal to the profession—the Upton poor-law surgeons, 192
Appearance of the areola as a sign of pregnancy, 171
Application of chemistry to the detection of forgery, 8
..... chloroform to a rabid tigress, 31
..... singular, 15
..... ice in gunshot wounds, 306
Appointment, hospital, 213
..... of Mr Bowman as professor of physiology of King's College, 213
..... surgical, 313
Appointments, 240, 329
..... medical, 345, 378
..... naval, 14, 22, 110, 345, 378
..... at University College Hospital, 255
Archbishop of Paris, the late, 182
Arm, gangrene of the, 322
Army Medical Department, rules and regulations of the, 355
..... Prussian, revaccination in the, 138
..... surgeons of the United States, 145
Arseniate of quinine, 74
Arsenic, magnesia as an antidote to, 16
..... poisoning by, at Bristol, 221
Arsenious acid in ague, 58
Artery, death from wound of the internal mammary, 224
Article of food, new, 8
Artificial production of local anæsthesia, on the, 272
Ascites supervening on the third day after childbirth, 86
..... injection of iodine into the peritoneum, 111
..... jaundice, death, 87
Asiatic cholera, 197, 230
..... case of, by Mr. Plimmer, 321
..... indications of the approach of, 227
..... in the metropolis, 25
..... new remedy for, 130
..... successfully treated with arsenic, case of, 253
..... by chloroform given internally, 237
..... symptoms of the approach of, 207
..... Dr. Venables on, 208
..... Society, 79
Aspect of Parisian hospitals after the events of June (1848), by Prof. Velpeau, 223
Assembly, French National, medical men in the, 63
..... Prussian National, medical members of, 116
Assistant-surgeons, naval, 113, 130
..... of the navy and Captain Berkeley, 77
Assistants, medical, degraded condition of, 228
Association, the British, 281
..... Gloucestershire, resolutions of the, 206
..... Provincial Medical, meeting of the, 213
..... and reform, 278
Asthma, chloroform a remedy for, 181
Asylum for Idiots, 14
..... Northern, 144
Asylums, private lunatic, doings in, 180
Atkins, Dr., case of Asiatic cholera successfully treated with arsenic, 233
Augmentation of quarantine, 219
Auscultatory signs of aneurism, on the, 224
Awful mortality, 197

B.

Baggs's, Mr., lectures on the cholera, 297
Baldness, its causes and treatment, 239
Bandage, relaxation of the abdominal parietes cured by a, 112
Barber-surgeons in Germany, 161
Bath, cold, in cholera, 139
Baths and washhouses, 14, 115, 213
Bedeau, General, 246
Bee, death from the sting of a, 229
Belladonna, poisoning by, 322
Benevolence and liberality of poor-law guardians, 278
Benefit of hospitals to the profession and the poor, 60
Bentinck, Lord George, death of, 361
Bequest to the Middlesex Hospital, 31
..... University College, 116
Bequests, liberal, 213
Bequests, munificent, 297
Berkeley, Captain, and the royal navy, 77
Berkshire Hospital, 54
Berlin, cholera at, 281
Berncastle, affidavits in re, 31, 62
..... Dr., testimonial to, 14, 144
Bethlem Hospital and Sir Peter Laurie, 345
Bethnal-green advertisements, 46
..... warriors and the college diploma, 24
Biliary concretions, extraordinary case of, 75
Bill, nuisances and contagious diseases, the, 262
.... public health, 196, 229, 245
.... smoke prohibition, the, 229
Biniodide of mercury as a remedy in secondary syphilis, 169
Bird, Mr., on medical reform, 178, 191, 258 280, 327, 342
Birds, pneumatic bones of, 14
Birmingham, honorary degree to Dr. Wright of, 181
Birmingham, Queen's College, 115
Births, deaths, and marriages, 341
Bite of a man, death from the, 262
Blache, Dr., on diagnosis and treatment of diseases of the larynx in infancy, 58
Blood, circulation of, 22
Board of Health, the new, 363
Bodmin Union, the, 377
Body, foreign, introduced into the pelvis through the vagina, 141
Boiling water, treatment of œdema of the glottis from, 8
Bone, sphenoid, importance of the, 190
Books received during the last month, 297
Bourgery, M., anatomy of the capillary circulation, 337
Bowels, gastrotomy performed for the relief of obstruction of the, 142
Bowman, Mr., appointed professor of physiology at King's College, 213
Braconnot and Simonin on the emanations from manufacture of chemical products, 74
Brady, Mr., on Asiatic cholera successfully treated by chloroform given internally, 237, 320
Braid, Mr., on the use and abuse of anæsthetic agents, and the best modes of rousing patients who have been too intensely affected by them, 251
Brain in man, 173
..... treatment of inflammation of the, 7
Brande, Professor, resignation of, 14
British Association, the, 281
Bristol Medical School, 63
..... poisoning at, 145, 221
Brodribb v. Maddock—West Malling Asylum, 261
Bronchitis, pericarditis, and pleuritis occurring as complications of typhoid fever, 272
Brown, Mr., case of necrosis of the fingers, by, 170
Brzezinski, a new mode of extraction of sugar from diabetic urine, 74
Buchanan, Mr., on the mode of applying cotton-wool in the loss of membrana tympani, 203
Bullets, poisoned, 161
Bulley, Mr., an account of a case of spasmodic cholera successfully treated by the use of the spirit-vapour bath and stimulating cataplasms to the spine, by, 286
Burial clubs, necessity of putting down, 340
Burials, intramural, 15
Burns by fire, protection from, 329
Bushnan, Dr., progress of German medical science by, 120
Bust of the late Dr. John Thomson, 364
Butler, Mr., gunshot wound of the cranium, by, 170

C.

Cæsarean operation, 111, 127
Calculus, 58
Cambridge, University of, 161
..... rules and regulations of, 350
Campbell, Dr., death of, 364
Cancer, the microscope in the diagnosis of, 314
..... of the stomach, case of, 113
Cancerous ulcer in the duodenum and liver, 86
Captain Berkeley and the assistant surgeons of the royal navy, 77
Carbonic acid gas as a therapeutic agent, 273
Carotid artery, on tying the, above the omohyoideus, 272
..... aneurism of the, simulating cynanche tonsillaris, 337
Carotids, primitive, ligature of both, 138
Carrion meat, sale of, in the London markets, 244
Case of a child born betwixt the end of the sixth and the beginning of the seventh month, and brought up, 109, 304
..... elephantiasis, 75
..... Eliza Wilson, 378
..... extra-uterine fœtation, 9
..... successful Cæsarean section performed by J. Goodman, Esq., 38
Castor oil, 14
Catalepsy, singular case of, 336
Cataract, stony, 128
Catheterism in children, 89
Cattle, sanitary reform as affecting, 181
Cauliflower excrescence of the os uteri, 239
Causes of death in secondary amputation, 7
Caution, emigration, expatriation, &c., 313
..... important, 245
Cazenave, Dr., baldness, its causes and treatment, by, 239
Central Criminal Court, 131, 281
Cerebral congestion, 22
Certain forms of alkaline urine, on, 127
..... sources of fallacy in urinary diagnosis and pathology, and on the means of avoiding them, 20
Cervix uteri, varicose ulcer of the, 59
Cesspools, London, 145
Chambers, Dr., retirement of, 131, 161
Chair of Institute of Medicine, 245
Chancres, practical remarks upon phagedenic, 289
Changes which the blood-globules undergo in the spleen, 90
..... in the glendulæ solitariæ and Peyerianæ in cholera, 120
Characters of pure chloroform, 346
Charing-cross Hospital Medical School, 30
Chemical action of respiration, 59
Chemistry, application of, to the detection of forgery, 8
..... Royal College of, 115
Chest, gunshot wound of the, 1, 17, 166
Children, treatment of lues in, 74
Chinese insects, 229
Chirurgical and Medical Society, 9, 23, 75, 90, 141, 188, 204, 262
..... Medico, Society of Edinburgh, 274
Chlorine gas as a disinfectant or deodorizer, 314
Chloroform, application of, to a rabid tigress, 31
..... on the administration of, 256
..... in cholera, by Mr. Stedman, 271
..... death of a gentleman from, while under the influence of, 160
..... from, in India, 195
..... in the United States, 195
..... France, 195
..... dislocations reduced under the influence of, 87
..... and ether, 189
..... versus mesmerism in surgical operations, 227
..... external use of, 47

Chloroform, extraction of a needle from a child while under the influence of, 139
..... in hydrophobia, 15
..... midwifery, 129
.....and surgery, discussion on the employment of, 274
..... a remedy for asthma, 181
..... singular application of, 15
..... in traumatic tetanus, 111
..... versus sal volatile, 238
Cholera, 159, 181, 197, 213, 230, 246, 260, 261, 281, 305, 313, 329, 330, 345, 363
..... Asiatic, advance of the, westward, 193
..... a case of, by Mr. Plimmer, 321
..... indications of the approach of, 227
..... in the metropolis, 25
..... new remedy for, 130
..... symptoms of the approach of, 207
..... treated by arsenic, 253
..... successfully by chloroform given internally, 237, 320
..... Dr. Venables on the, 208
..... at Berlin, 281
..... cases of, in the week ending July 1, 161
..... in Egypt, 246, 281, 298
..... electro-magnetic insulation in the treatment of, 313
..... epidemic, 145
..... influence of Russian vapour-baths on the, 297
..... key to, by Dr. Maxwell, 185
..... at Kurrachee, report on, 51, 67, 84, 102
..... lectures on, by Mr. Baggs, 297
..... lectures on, by Mr. Ross, 366
..... microscopical examination of the stomach and bowels in, 120
..... nature of, 185
..... new cure for, 344
..... patients, oily fluid found in the intestinal villi of, 120
..... urine of, flocculi found in the, 120
..... and the plague, 63
..... precaution against the spread of, 281, 362
..... progress of the, 341
..... in Russia, the, 229, 345
..... at St. Petersburg, 181
..... spread of the, 197
..... successfully treated by the vapour-bath, 286
Chronic ophthalmia, 187
..... scrofulous diseases treated with cod-liver oil, 127
..... ulcer of the stomach, with ulceration of the mucous membrane of the small and large intestines, 87
Circulation, action of the heart upon the, 223
..... of blood, 22
Circumstances under which phlebitis may take place, 74
City opposition to sanitary reform, 91
.... of London, officer of health for, 379
..... sewer act, 330
Civil surgeons studying gunshot wounds, necessity of, 291
Clairvoyant, shortsighted, a, 214
Clavicle, fractures of the, 187
Cleanliness and health of the poor, 196
Climate of Malta, the, 261
Clinical lecture on a case of hypertrophied mamma treated by air-pressure, by Mr. Adams, 317
..... a, on diseases of the skin, 248
..... on diseases of women and children, by Dr. Waller, 215
..... lectures on gunshot wounds, by M. Velpeau, 151, 165, 184, 202, 218
..... medicine, by M. Louis, 58, 74, 111
..... notes, by Dr. Daunt, 250
..... observations on diseases of children, by Dr. Willshire, 36, 81, 149, 201, 233, 301
..... surgery, by Professor Roux, 58, 73, 110
Closing surgeons' shops on Sundays, 330
Club, Nulli Secundus, 94
Cochrane, Dr., on the external application of the nitrate of silver in certain strumous affections, 305
Cod-liver oil, scrofulous diseases treated with, 127
..... test for, 342
Colchicum, poisoning by, 73
Cold bath in cholera, 139
Collecting the sewer water, 329
College diploma, the, and Bethnal-green warriors, 24
..... King's, 30
..... King's, Aberdeen, rules and regulations of, 353
..... Hospital of, 131, 261, 329
.... Marischal, Aberdeen, rules and regulations of, 353
..... of Physicians, 95
..... Edinburgh, rules and regulations of, 351
College of Physicians in Ireland, King and Queen's, rules and regulations of, 354
....., London, rules and regulations of, 347
..... Queen's, Birmingham, 115
..... of Surgeons, 14, 31, 47, 63, 88, 115, 131, 161, 196, 228, 245, 261, 281
....., Edinburgh, rules and regulations of, 351
....., in England, rules and regulations of, 347
....., in Ireland, rules and regulations of, 354
..... new museum of the, 145
..... University, 29, 47, 228
..... bequest to, 116
..... decline and fall of, 292
..... doings at, 279, 312, 372
....., government of, 11
..... Hospital, 23
..... appointments at, 255
..... squabbles at the, 339
Collegiate government, 41
..... school, Hanwell, 262
Collodium, or collodion, 321
..... or American adhesive fluid, 47
Collyrium in ulcerated cornea, 89
Colonel Sibthorp, a hint to, 63
Colon, perforating ulcer of the, 238
Commencement of the session at University College, 360
Committee, parliamentary, 24
..... poor-law, 62, 193
Common salt, effect of introducing, directly into the stomach, 224
Comparative efficacy of the hydrated sesquioxide of iron and magnesia as antidotes to arsenic, 223
Compound comminuted fracture of the leg, case of, by Mr. Hunt, 88
Concealment of pregnancy and infanticide, trial for, 79
Concert, Jenny Lind's, 246
Condition of the gums in phthisis, 74
..... of the internal face of the uterus after parturition, 306
..... sanitary, of St. Martin's-in-the-Fields, 196
..... sanitary, of towns, 358
Confinement, solitary, insanity resulting from, 22
Congential blindness in nine children of the same family, 90
..... enlargement of the kidney, 112
..... malformation and structural disease of the heart of a child, 205
Consumption and Diseases of the Chest, Hospital for, 95
Contagious diseases and nuisances bill, 262
..... and infectious diseases, 363
Contributions to the medical topography of the Mediterranean, 123, 236, 266
..... statistics of valvular disease of the heart, 75
Convention, medical poor-law, 242, 295
..... of poor-law medical officers, committee of the, 209
Cooper, Professor, lectures on surgery by, 35, 99, 148, 183, 217, 247, 264, 316, 332
..... resignation of, at University College, 11
Corfe, Mr., on the physiognomy of diseases, 5, 49, 70, 105, 122, 133, 152, 166, 219, 234, 285, 302
Coroners' inquests in London, 161
..... inquest at York; druggist's counter practice, 309
..... 79
Correspondents, 16, 32, 48, 64, 80, 96, 116, 132, 146, 162, 182, 198, 214, 230, 246, 282, 298, 314, 330, 346, 364, 380
Cotton-wool, mode of applying, in loss of the membrana tympani, 203
Course of lectures, new, on the cholera, announcement of, 361
Court of Common Pleas, 12
Cranium, gunshot wound of the, 190
..... hydatids within, with singular phenomena, 205
Criminal abortion, 378
Cryptæ mucosæ in cholera, 120
Crystallography, elementary treatise on, 76
Culture of rice, 63
Cumberland Infirmary, Carlisle, 86, 171
Cure of partial xeropthalmia, 7
Cutaneous diseases, ill consequences of the repression of, 74
..... of the fingers, 160
..... Institution, London, 63
Cyst, ulcerated opening of, ovarian dropsy treated by, 204

D.

Dangerous inoculation, 379
D'Arpentigny on the philosophy of the hand, 3, 33, 65, 100
Dalston German Hospital, 261
Daunt, Dr., clinical notes by, 250
Deane, Mr., case of gunshot wounds by, 88
Death, causes of, in secondary amputation, 7
..... from ammonia, 380
..... from the bite of a man, 262
..... rom chloroform, 161
..... in India, 195
Death from chloroform in the United States, 195
..... from seasickness, 229
..... from the sting of a bee, 229
..... from wound of the internal mammary artery, 224
..... of Dr. Wm. Campbell, 361
..... General Damesme, 229
..... Rigeau, 246
..... a gentleman while under the influence of chloroform, 160
..... Gerard Sandifort, 361
..... Lord George Bentinck, 361
..... births, and marriages, 344
..... from chloroform in France, 195
Debate on gunshot wounds, 238
Decline and fall of University College, 292
Decomposition of nitrate of silver by heat, on the, 314.
Degraded condition of medical assistants, 228
Deleterious ingredients in the food of the people—remarks on the chemical analysis in the Northampton poisoning case, 205.
Dentists, important to,
Deodorizer, chlorine gas as a disinfectant or, 314
Deposit of earthy matter in the placenta, 59
Deposits, phosphatic, in the urine of children, 127
Depth of the ocean, greatest ascertained, 214
Deputation to Sir George Grey, 78, 92
Description of the dissection of a brain, 91
Detection of forgery, application of chemistry to the, 8
..... the human skin by the microscope, 115
Determining phosphoric acid, new method of, 128
Deutsche Allgemeine Zeitung, 297
Devizes, 261
Diabetes, 171
Diabetic urine, new mode of extracting sugar from, 74
Diagnosis of cancer, the microscope in the, 314
..... incomplete fractures, 74
..... and pathology, urinary, certain sources of fallacy in, 20
Diarrhœa, trismatrite of bismuth in, 204
Diplomas, medical and surgical, value of, 130
Directions for opening the skull, 173
Discovery, geological, 131
Discussion on the employment of chloroform in midwifery and surgery, 274
Disease of the antrum produced by a fracture of the alveolus, by Mr. Levison, 222
..... cutaneous, of the finger, 160
..... and drunkenness, 213
..... of the heart, and malformation of, 205
Diseased ovary, removal of, 110
Diseases of children, clinical observations on, by Dr. Willshire, 36, 81, 149, 201, 233, 301
..... chronic scrofulous, treated with cod-liver oil, 127
..... contagious, and nuisances bill, 262
..... cutaneous, ill consequences of repression of, 74
..... epidemic, prevention of, 380
..... of females, reports on the, by Dr. Rigby, 151, 265, 302
..... of the larynx in infancy, diagnosis and treatment, by Dr. Blacke, 58
..... pathology of intermittent, 128
..... physiognomy of, by Mr. Corfe, 5, 49, 70, 105, 122, 133, 152, 166, 219, 234, 285, 302
..... of the skin, lectures on, 248
Dislocation in consequence of disease of the first and second cervical vertebræ, 9
..... of the head of the femur backwards, 205
..... humerus, 69
..... of three months' duration, cause of, 69
..... left humerus backwards, 88
Dislocations reduced under the influence of chloroform, 87
Disorders of the intellect, influence of external injuries upon, 58
Dispensary, Nottingham, 79
.....the Royal General, 196
Divinity and physic, 282
Division of falciform border of the fascia lata for varix of saphena vein, 169
Doings in private lunatic asylums, 180, 372
..... at University College, 279, 312
Domestic drugging, 329
Double lactocele, 305
Drains and sewers of London, 228
Dropsy, mesenteric, 154
.....ovarian, treatment of, by ulcerated opening of the cyst, 204
Druggists' counter practice: coroner's inquest at York, 309
Dublin University, rules and regulations of, 353
Duct of Wharton, removal of a foreign body from 112
Duodenum and liver, cancerous ulcer in, 86
..... perforation of the, 290
Durham Infirmary, 230
Dysentery, nitrate of silver in, 57, 336

E.

Earthy matter in the placenta, deposit of, 59
East India Company's service, rules and regulations of, 356
Eczema, treatment of, 89
Edinburgh College of Physicians, rules and regulations of, 351
..... Surgeons, rules and regulations of, 351
..... foreign graduates and the Royal College of Physicians of, 296
..... and Leith, mortality in, 213, 281
..... Medico-chirurgical Society of, 274
..... University of, 181
..... address to the graduates of, 208
..... rules and regulations of the, 351
Educational establishment, Lieut. Walker's, 380
..... reform at Milan, 63
Education, medical, and medical students, 360
..... in Russia, 363
..... on, 25, 61, 78
..... of the Turks, 229
..... in the United States, 313
Effects of introduction of common salt directly into the stomach, on the, 224
..... Nichol's apparatus on double refracting structures, 128
Egypt, the cholera in, 246, 281, 298
Elastic surgical stockings, 213
Election of new members of the council of the Royal College of Surgeons, 160
Electricity, heating power of low charges of, 139
..... lamplighting by, 115
Electro-galvanism, scrofulous enlargement of the knee-joint treated by, 54
..... magnetic insulation in the treatment of cholera, 313
Elementary treatise on crystallography, 76
Elephantiasis, case of, 75
Eliza Wilson, case of, 378
Emigrant ships, 145
..... importance of having qualified medical practitioners on board, 143
..... surgeons of, 194
Emphysema of the neck as a termination of hooping-cough, by Mr. Herapath, 289
Emphysematous lung, minute anatomy of the, 188
Enema apparatus, patent self-acting, 380
England, College of Surgeons of, rules and regulations of, 347
Entozoa, various, the mode of propagating, 128
Epidemic cholera, 145
..... diseases, prevention of, 380
..... scarlatina, the, 326
..... smallpox in Lyons during the winter of 1847-8), 74
Epilepsy, treatment of, 73
Erectile tumour in an infant, 187
Ergot of rye in the treatment of retention of the urine, 223
Erlangen, University of, 377
Erysipelas, kreasote in, 272
Ether and chloroform, 189
..... in surgical operations and midwifery, by Mr. Hearne, 108
..... versus mesmerism in surgical operations, 227
Examination, microscopical, of stomach and bowels in cholera, 120
..... of the nasal secretions in glanders in the horse, 139
Excessive desquamation, loss of intestinal epithelium by, 120
Excision of the tonsils, 7
Excrescence, cauliflower, of the os uteri, 239
Ex-parte Berncastle, 31
Expatriation, caution, emigration, &c., 313
Experiment, a sanitary, 363
External application of the nitrate of silver in certain strumous affections, by Cochrane, 305
External use of chloroform, 47
Extracting a fish-hook from the œsophagus, simple method of, 74
Extraction of a needle from a child under the influence of chloroform, 139
Extra-uterine fœtation, case of, 9
..... pregnancy, case of, 239
Extraordinary case of biliary concretion, 75
..... gunshot wound, 213
Eye, humours of the, urea in the, 127

F.

Face of the uterus after parturition, internal condition of the, 306
Facial neuralgia, Indian hemp in, 127
Faculty of Physicians and Surgeons, Glasgow, rules and regulations of, 352

False joints, a new and certain method of curing, 72
[illegible]
Fate of anæsthetic agents decided, 193
Females, diseases of, 151
..... reports on the diseases of, 265, 302
Female obstructions, a remover of, 344
..... physician, a, 250
..... treatment of gonorrhœa in the, 112
Femur, head of the, dislocation backwards, 205
Fête, baths and washhouses, 213
Fever and filth, 161, 363
..... remittent, produced by a foreign body in the intestines, 173
..... typhus, 197
..... yellow, 345
..... scarlet, 380
Fibrinous tumour of the placenta, 111
Filiform vegetation, 127
Fingers, cutaneous disease of the, 160
..... necrosis of the, 170
..... and toes, amputation of, by Mr. Williamson, 56
Fire, protection from burns by, 329
First application to Government under the new public health act, 345
First charter of the Royal College of General Practitioners of England and Wales, 27
Fish-hatching, 145
Fissura ani following childbirth, and cured without incision, case of, 172
Fistula in ano, caused by a fish-hook, 187
..... new operation in ano for, 12
Fleury, Dr., treatment of partial ankylosis, by, 223
Flocculi found in the urine of cholera patients, 120
Fœtation. extra-uterine, case of, 9
Fœtus, intra-uterine, peritonitis in the, 126
Food, new article of, 8
..... of the people, deleterious ingredients in the, 206
Foot, sprains of the, 187
Foreign body, from the duct of Wharton, removal of a, 112
..... introduced into the pelvis through the vagina, 141
..... graduates and the Royal College of Physicians of Edinburgh, 296
Forests of France, the restoration of, 334
Formation of images on the retina, 139
Fowler's solution, poisoning by, 271
Fracture of the alveolus, disease of the antrum produced by, 222
..... humerus just below the attachment of the deltoid muscle, 75.
..... leg, 88, 187
..... neck of the femur within the capsule, 273
Fractures of the clavicle, 187
.. .. incomplete, diagnosis of, 74
France, deaths from choloroform in, 195
..... hospital in, 116
..... killed and wounded in, 197
..... and Spain, medical students in, number of, 213
..... University of, 376
French Academy, the, 197
..... in Algeria, 79
..... marine, present state of the medical staff of the, 307
..... National Assembly, medical men in, 63
..... surgeons and the wounded, 213
Friendly societies and medical men, 142
Fund, the naval medical supplemental, 313

G.

Galvanic apparatus, new, 15
Galvanism, paralysis from a stroke of lightning cured by, 169
Gangrene of the arm, amputation, cure, 322
..... spreading, amputation during, 112
Garde mobile of Paris, mortality in the, 47
Gas, chlorine, as a disinfectant or deodorizer, 314
.... the new patent, 364
Gastrotomy performed for the relief of the obstructions of the bowels, 142
General anasarca in an infant, case of, 335
..... Damesme, death of, 229
.....Dispensary, the Royal, 196
.....Practitioners of England and Wales, first charter of the Royal College of, 27
Geological discovery, 131
German Hospital, Dalston, 261
.....medical science, progress of, by Dr. Bushnan, 120
Germany, barber-surgeons in, 161
Giessen, University of, 377
Gilbert, M., clinical lecture on the diseases of the skin, by, 218
Gillard, M., on perforation of the duodenum, 290
Gland, parotid, removal of the, 240
Glanders in the horse, examination of the nasal secretion, 139
Glasgow, Faculty of Physicians and Surgeons, rules and regulations of, 352
..... University of, rules and regulations of, 352
..... University, the, 229
Glenduble so itariæ and Peyerianæ in cho [illegible] l
[illegible]
[illegible] the, 66
Gonorrhœa in the female, 89
Gonorrhœal testicle, 129
Goodman, Mr., successful Cæsarians ection performed by, 38
Gossip, military, 161
Göttiugen, University of,
Government, collegiate, 44
..... first application to, under the new public health act, 345
..... liberality of, to the medical professor, 361
..... postage stamps, 229
... . of University College, 11
Graduates, foreign, and the Royal College of Physicians of Edinburgh, 296
..... of the University of Edinburgh, letter to the, 208
..... University of London and its, 340
Greatest ascertained depth of the ocean 214
Greville, Mr., late, and Dr. M'Culloch, 62
Grey, Sir George, the deputation to, 78, 92
Groin, tumour in the right, cure of, 170
Guano as a medicinal agent, 329
Gums, in phthisis, condition of, 74
Gunshot and other wounds of the thorax, some remarks on the treatment of, by Dr. Knox, 82
..... wound, cure of, by Mr. Deane, 88
..... of the cranium, 170
..... extraordinary, 213
..... of the neck, case of, 138
..... wounds, 337
..... application of ice to, 306
..... debate on, 238, 253
..... on, by M. Jobert, 322
..... lecture on, by M. Velpeau, 151, 165, 184, 202, 218
..... lectures on, 26
..... necessity of civil surgeons studying, 291
Guthrie, Mr., lectures on some of the more important points in surgery.
Lecture XII.—On wounds and injuries of the chest, 1
Lecture XIII.—On wounds and injurfes of the chest—protrusion of a portion of the lung during expiration, when the wound of the chest is left open; treatment of the protrusion; cases by Roland, Sholtt de Burano, Tulpius, Hildanus, Raysch, S. Cooper, and D'Anglois; Mr. Andrews's case of extensive injury to the chest; description of a preparain the museum of the College of Surgeons. Wounds of the intercostal and internal mammary arteries: hemorrhage rarely occurs from wounds of these arteries; M. Goyraud's operation for ligature of the internal mammary, when wounded; Baron Larrey's case; treatment of wouuded intercostal arteries; Ravaton on wounds of the intercostral arteries; Mayer on the means for suppressing hemorrhage from those vessels; difficulty of doing so, when the parts are unsound, and the hemorrhage secondary; case of General Sir George Walker; Mr. S. Cooper's case; Dr. Graff's case; case of wound of the intercostal artery, the hemorrhage suppressed without the ligature. Wounds of the head and neck: ligature of the main artery, when a branch is wounded; danger of tying an artery at a distance; M. Breschet's case; treatment of cut throat; gunshot wounds of the neck; treatment of incised wounds of the face; of incised or lacerated wounds of the eyelids and brows; of the eyes, nose, and ears; injuries from musketballs; case of Capt. Fritz; Hildanus's case of wound of the superior maxillary bone, part of the sword-sheath remaining in the wound; cannon-shot injuries of the face; case of extensive wound of the face by a piece of shell; distressing results from wounds of the face from musketballs; consequent amaurosis; penetrating wounds implicating the bones of the face; salivary fistula; wound of the parotid gland; of the lachrymal bones or sac; of the upper jaw; General Sir Colin Halket's case; wounds of the lower jaw, and their treatment; M. Bauden's cases; case of Colonel Carleton; wounds of the eye from shot; lodging of a ball behind the eye, and its consequences, 17
..... on gunshot wounds of the chest, 166
Guthrie, Mr., his method of scaring quacks, 309
[illegible] 63
[illegible]
115
Hall, Apothecaries', 14 31, 47, 63, 88, 110, 131, 145, 161, 213, 228, 240, 261, 297, 313, 345, 362
.... Ireland, rules and regulations of, 354
..... London, rules and regulations of, 349
Hand, wound on the, 187
Hanwell Collegiate School, 262
Harelip, observations on, by Mr. Walton, 107
Harveian oration, 144
Hastings's, Mr., case of hysteria and catalepsy, by, 336
..... Mr., sal volatile versus chloroform, 238
Hatching fish, 145
Head, injuries of the, trephine in, 23
..... of the femur, dislocation of the, backwards, 205
Health bill, public, 196, 229, 245,
..... and cleanliness of the 345, 363
..... committee, the Liverpool, 379
..... influence of tobacco on, 139
..... the new board of, 363
..... officer for the city of London, 379
Hearne, Dr., on ether and chloroform in surgical operations and midwifery, by, 108
Heart, action of the, upon the circulation, 223
..... on diseases of, by Mr. Wardrop, 98
..... investing fibrous membrane of the, 142
Heating power of low charges of electricity, 139
Heidelberg, University of, 377
Hemlock, is it a poison? 256
..... poisoning with, 244
Hemorrhage, internal use of turpentine in, 208
..... treatment of, 6
..... uterine, new instrument for applying galvanism in, 240
Herapath, Dr., case of general anasarca in an infant, by, 335
..... on emphysema of the neck as a termiuation of hooping-cough, 289
..... new operation for varicose veins, by, 168
Heresies, medical, 176
Hernia, strangulated inguinal, 187
..... taxis in, 138
..... of the uterus, 273
Hilton, Dr., case of obturator hernia, by, 205
Hind's, Dr., letter in reference to Dr. Knox's lecture on the Jewish race, 208
Hint to Colonel Sibthorp, 63
History of a case in which a foreign body was lodged in the trachea, and successfully relieved by the operation of tracheotomy, (by Mr. Thomson), 72
Honorary degree to Dr. Wright of Birmingham, 181
Hôpital du Midi, 305
..... Necker, 336
....., St. Louis, 223, 239, 322
Horse, glanders in the, examination of the nasal secretion, 139
Horses, influenza among, 63
Hospital appointment, 213
..... St. Bartholomew's, 31
..... Berkshire, 54
..... for Consumption and Diseases of the Chest, 95, 261
..... German, at Dalston, 261
..... King's College, 131, 261, 329
..... London, 30, 330
..... Medical School, Charing-cross, 30
..... St. George's, 31
..... Middlesex, 47
..... munificent bequest to the, 31
..... Orthopœdic, 297
..... St. Pierre, 170, 187, 289
..... University College, 23
..... Westminster, 170
..... legacies to, 345
Hospitals, benefit of, to the profession and the poor, 60
..... in France, 116
..... Parisian, aspect of the, in June, 223
..... Paris, observations on the, 268, 287, 318
Hôtel Dieu, 58
Houses, slaughter, 380
Human hand, philosophy of the, 3, 33, 65, 100
..... skin, detection of, by the microscope, 115
Humerus, dislocation of the left, 88
..... on dislocation of, by Mr. Skey, 69
..... fracture of the, below the attachment of the deltoid muscle, 75
Humours of the eye, urea in the, 127
Hunt, Mr., case of compound fracture of the leg, by, 88
..... on hemorrhage from the female genitals caused by the husband's attempt at [illegible] intercourse 238
[illegible] by ome [illegible]
[illegible]
Hydatids, [illegible] pha[illegible]cyst, by Mr Turner, 151
..... within the cranium, with singular phenomena, 205
Hydrated sesquioxide of iron as an antidote to arsenic, 223
Hydriodate of potash in hooping-cough, 112
Hydrocele of the right testicle in an infant, 187
Hydrophobia, chloroform in, 15

I.

Ice, application of, in gunshot wounds, 306
Idiots, Asylum for, 14
Ill consequences of the repression of cutaneous diseases, 74
Ilott's, Mr., case of tumour in the vagina impeding labour, expulsion of the fœtus by natural efforts, 252
Images, formation of, on the retina, 139
Importance of having qualified medical practitioners on board emigrant ships, 143
..... the sphenoid bone, and its due development in man, by Dr. Knox, 190
Important caution, 245
..... to dentists,
Inauguration of the statue of Parmentier, 197
Incomplete fractures, diagnosis of, 74
India, death from chloroform in, 195
....., mesmerism in, 15
Indian hemp in facial neuralgia, 127
Indications of the approach of Asiatic cholera, 227
Inducing abortion, 362
Infant, erectile tumour in an, 187
Infanticide and concealment of pregnancy, trial of, 79
Infants, pathological condition of, 22
Infectious and contagious disorders, 363
Infection, precaution against, 307
Infirmary, Cumberland and Carlisle, 86, 171
.....Durham, 230
.....the Royal Glasgow, 363
Inflammation of the brain, treatment of, 7
..... signs of, in the superior lobe of the right lung, 74
Influence of external injuries upon disorders of the intellect, 58
..... political events upon the production of insanity, 22
..... Russian vapour-bath on the cholera, 297
..... tobacco on health, 139
Influenza among horses, 63
Informations under the Sanitary Act, 363
Infusion pot, new, 45
Ingenuity of science, 197
Inhalation of sulphuric ether in traumatic tetanus, 112
Injection of iodine into the peritoneum in case of ascitis, 111
..... spina bifida treated by, 273
Injury of the spine, with obstinate constipation, 224
Injuries of the head, trephine in, 23
Inoculation dangerous, 379
Inquest, coroner's, 74
Inquests, coroners', in London, 161
Insane, morbid appearances found in the, 128
Insanity, introductory lecture on, 56
..... resulting from solitary confinement, 27
Insects, Chinese, 229
Instruments, new, for the alleviation of unnatural descent of the womb, 23
..... applying galvanism in uterine hemorrhage, 240
Insurgents, Parisian, 345
Intestinal suture, 8
..... villi of cholera patients, oily fluid found in the, 120
Institute of Medicine, chair of, 245
..... National, the annual meeting of the, 242
..... and the medical profession, 208
..... and medical reform, 293
..... meeting of the council of the, 242
Institution, Cutaneous, London, 63
..... the National Vaccine, 95
..... Polytechnic, 15, 144
..... Royal, 14, 47
..... Training, for Nurses, 47, 196
Intermittent diseases, pathology of, 128
..... ophthalmia, 89
Internal face of the uterus after parturition, condition of the, 306
..... mammary artery, death from wound of the, 224
..... use of turpentine in hemorrhage, 205
Intramural burials, 15
Intra-uterine peritonitis in the fœtus, 126
Intrepidity, professional, 136
Inutility of non-medical coroners, and an extraordinary verdict, 178
Investing fibrous membrane or fascia of the heart, 142

Investigation, the late, at Liverpool, 363
Iodine stains, removal of, 16
Iodized ore, 59
Ireland, Apothecaries' Hall in, rules and regulations of, 354
..... College of Surgeons in, rules and regulations of, 354
..... King and Queen's College in, rules and regulations of, 354
Iron and tartrate of potass, 74
Itch, lotion for, 74

J.

Jaundice; ascites, 87
..... from congenital absence of the gall-bladder, the cystic and hepatic ducts, by Mr. Thomas, 171
Jena, University of, 377
Jenny Lind concert, 246
Jewish females, Dr. Knox on the intermarriages of, 241
Jobert, M., on gunshot wounds, 325
Joinville, De, Prince, 214

K.

Kay, Mr., contributions to the medical topography of the Mediterranean, by, 123, 236, 266
Key to cholera, by Mr. Maxwell, 185
Kidney, congenital enlargement of the, 112
Kidd's, Dr., observations in the Paris hospitals during the revolution of June, 268, 287, 318, 369
Kiel, University of, rules and regulations of, 377
Killed and wounded in France, 197
King and Queen's College in Ireland, rules and regulations of, 354
King's College, 30
..... College, Aberdeen, rules and regulations of, 353
..... College Hospital, 131, 261, 329
Knee-joint, enlargement of, successfully treated by electro-galvanism, 54
..... loose cartilage in, 73
Knox, Dr., on the importance of the sphenoid bone, and its due development, 190
..... intermarriages of Jewish females, 241
..... races of men, 97, 114, 117, 133, 147, 163, 199, 231, 263, 283, 299, 315, 331, 365
..... remarks on gunshot wounds, by, 82
Kreasote in erysipelas, 272
Kurrachee, cholera at, 51, 67, 84, 102

L.

Lactocele, double, 305
Laffarge, Madame, 145
Lamplighting by electricity, 115
Lapis lazuli, 197
Large cancerous ulcer in the duodenum and liver, 86
Larynx in infancy, diseases of, by Dr. Blache, 58
Laurie, Sir Peter, and Bethlem Hospital, 345

LEADERS—
Another apology, 9
Sanitary reform, 10
The parliamentary committee, 24
Bethnal-green warriors and the college diploma, 24
Asiatic cholera in the metropolis, 25
Collegiate government, 44
The Registrar-General's quarterly report of the state of the public health, 45
The University School squabble, 60
The benefit of hospitals to the profession and the poor, 60
Poor-law medical relief, 61
Medical reform, 61
Captain Berkeley and the assistant-surgeons of the Royal Navy, 77
The deputation to Sir George Grey, 78
Medical reform, 78
The City opposition to sanitary reform, 91
Dr. Knox on the races of men, 114
Sham medical proclamations and the means of suppressing them, 114
Value of medical and surgical diplomas in county courts, 130
New remedy for Asiatic cholera, 130
Medical men and friendly societies, 142
The importance of having qualified medical practitioners on board emigrant ships, 143
The Royal Society, 144
Quackery in the profession, 159
Death of a gentleman while under the influence of chloroform, 160
Medical heresies; the homœopathic system, 176
The necessity of reform in the Universities of Oxford and Cambridge, 176
The Upton poor-law union surgeons' appeal to the profession, 192
The fate of anæsthetic agents decided—deaths from chloroform in England, France, and America, 192
Advance of the Asiatic cholera westward, 193
The resolutions of the Gloucestershire Association, 206
Deleterious ingredients in the food of the people—remarks on the chemical analysis in the Northampton poisoning case, 206
Poplitcal aneurism mistaken for an abscess; the value of a man's leg, 207
Symptoms of the approach of Asiatic cholera, 208
New course of lectures on midwifery and diseases of females, by Charles Waller, M.D., obstetric physician of St. Thomas's Hospital, 208
The sanitary condition of metropolitan workhouses, 225
Trial of a midwifery practitioner at Stafford on a charge of manslaughter—necessity of medical reform, 226
Indications of the approach of Asiatic cholera, 227
Dr. Knox on the intermarriage of Jewish females, 241
The annual meeting of the National Institute, 242
Poor-law Medical Convention, 242
State of the public health during the last quarter, 243
The sale of carrion meat in the London markets, 244
The Upton poor-law guardians and their medical officers, 255
Appointments at University College Hospital, 255
Is hemlock a poison, 256
The Provincial Medical Association and reform, 278
The liberality and benevolence of poor-law guardians, 278
The doings at University College, 279
The necessity of civil surgeons studying gunshot wounds, 291
The decline and fall of University College, 292
Neglect of Government to employ suitable measures against the invasion of the cholera, 293
The National Institute and medical reform, 293
Present state of the medical staff of the French marine, 307
Mr. Guthrie's method of scaring quacks, 309
Druggists' counter practice—coroner's inquest at York, 309
Restoration of the forests of France sanitary and health of towns bill in England—different forms which the labour question assumes in France and England, 324
Medical progression and the Apothecaries' Society, 325
The epidemic scarlatina, 326
The squabbles at University College, 339
The University of London and its graduates, 340
Mammon and murder—the necessity of putting down burial clubs, 340
The progress of the cholera, 341
Sanitary condition of towns, 358
Medical education and medical students, 360
The commencement of the session at University College, 361
Announcement of a new course of lectures on the cholera, 361
Death of Lord George Bentinck, 361
Liberality of the Government to the medical profession, 301
The doings at University College, 372
Secession of Dr. Williams from University College, 372
Morals and murder—the case of Eliza Wilson, 372
Officer of health for the city of London, 373
The new volume, 373

LECTURES—
On some of the more important points in surgery, by Mr. Guthrie, 1, 17
On the human hand, by Arpentigny, 3, 33, 65, 100
On surgery, by Mr. Samuel Cooper, 35, 99, 148, 183, 217, 247, 264, 316, 332
Clinical observations on some of the more frequent diseases of children, by Dr. Willshire, 36, 81, 149, 201, 233, 301
Introductory lecture on insanity at the Hunterian School of Medicine, 56
On the traces of men, by Dr. Knox, 97, 117, 133, 147, 163, 199, 231, 263, 283, 299, 315, 331, 365
Clinical lectures on gunshot wounds, by M. Velpeau, 151, 165, 184, 202, 218
On gunshot wounds, 26
Clinical lecture delivered at St. Thomas's Hospital, by Dr. Waller, 215
Clinical lecture on diseases of the skin, delivered at the Hospital of St. Louis, by M. Gilbert, 248
Clinical lecture on a case of hypertrophied mamma treated by air-pressure, by Mr. Adams, 317
On Asiatic cholera, by Mr. Ross, 366
Lectures, new course of, on the cholera, announcement of, 360
Legacies to the Westminster Hospital, 345
Leg, case of compound fracture of, by Mr. Hunt, 88
.... fracture of the, 187
Leith and Edinburgh, mortality in, 213, 281
Leucorrhœal discharges, 215
Levison, Mr., on disease of the antrum produced by a fracture of the alveolus, 222
Liberal bequests, 213
Liberality and benevolence of poor-law guardians, 278
Liberality of the Government to the medical profession, 361
..... poor-law medical officers, 312
Ligature of both primitive carotids, 138
Lightning, safety from, 229
Liquor ferri persesqui nitratis, on the, by Mr. Postgate, 170
Liston testimonial, 47
Literary piracy, 313
Lithotomy, a new operative process, by Dr. Maisonneuve, 73
Liver, anatomy of the, 90
..... hydatid disease of the, cured by operation, 204
Liverpool, the late investigation at, 363
..... health committee, the, 379
Local injury, cases illustrative of, 189
London cesspools, 145
..... College of Physicians, rules and regulations of, 347
..... coroners' inquests in, 161
..... Cutaneous Institution, 63
..... drains and sewers of, 228
..... Hospital, 30, 330
..... markets, the sale of carrion meat in the, 244
..... quacks in, 330
..... sewer act, city of, 330
..... University College, 29
..... city of, officer of health for, 373
..... University of, rules and regulations of, 375
..... of, 245, 258, 345
..... and its graduates, 340
Loose cartilage in the knee-joint, by Professor Velpeau, 73
Lord George Bentinck, death of, 361
Loss and gain of medical practice, 95
.... of intestinal epithelium by excessive desquamation, 120
Lotion for the itch, 74
Louis, M., clinical medicine by, 58
..... St., Hôpital, 223, 238, 322
Louisville, America, University of, 145
Lung, emphysematous, minute anatomy of the, 188
Lupus, treatment of, 337
Lusus naturæ, 161
Lyons, smallpox in, 74

M.

M'Culloch, Dr., and the case of the late Mr. Greville, 62
Madame Laffarge, 145
Maddock v. Brodribb—West Malling Asylum, 261
Magnesia as an antidote to arsenic, 16
Malaria, on, 121
Malta, 281
..... alterations of quarantine in, 313
..... the climate of, 261
..... precaution against infection, 307
..... quarantine, 378
..... reduction of quarantine at, 213
Mammon and murder—the necessity of putting down burial clubs, 340
Mansio, Antony Louis Patrick Da Silva, necrological notice of, 136
Man, the brain in, 173
..... death from the bite of, 262
Man's leg, value of a, 207
Marischal College, Aberdeen, rules and regulations of, 353
Marriages, births, and deaths, 344
Maisonneuve, Dr., new operative process in lithotomy, 73
Maxwell, Dr., a key to cholera by, 185
Means best calculated to ensure success in amputations, on the, 321
Medical, American, Association, 145
..... appointment, 378
..... appointments, 345
..... poor-law, 327
..... Association, the Provincial, and reform, 278
..... assistants, degraded condition of, 228
..... character, elevation of, by professional control, 373
..... and Chirurgical Society, 9, 23, 75, 90, 141, 188, 204
..... Convention, deputation to Sir G. Grey, 78, 92
..... Poor-law, 242, 295
..... education, 25, 61, 78
..... and medical students, 360
..... in Russia, 363
..... of the Turks, 229
..... in the United States, 313
..... heresies, 176
..... members of the Prussian National Assembly, 116
Medical men and friendly societies, 142
..... in the French National Assembly, 63
..... officer, alleged negligence of a, 245
..... officers of the Great Yarmouth Hospital, shameful treatment of, 377
..... officers, liberality of poor-law, 312
..... poor-law, 296
..... and the Upton poor-law guardians, 255
..... philanthropy and moral power, 361
..... poor-law relief, 11
..... remuneration, 296, 311
..... practice, loss and gain of, 95
..... proclamations, sham, and the means of suppressing them, 114
..... profession and the National Institute, 208
..... state of, 95
..... to the, 177
..... liberality of the Government to the, 361
..... the Upton poor-law medical officers' address to the, 256
..... progression and the Apothecaries' Society, 325
..... Protection Society, the, 327
..... reform, 61, 78, 181, 194
..... Mr. Bird on, 178, 194, 258, 280, 327, 342
..... and the National Institute, 293, 310
..... necessity of, 342
..... registration and the pure College of Surgeons, 374
..... relief, poor-law, 61, 79, 193
..... to the poor, Halifax Union, 115
..... School, Bristol, 63
..... Charing-cross, 30
..... St. George's Hospital, 31
..... schools of Portugal, 63
..... science, German, progress of, by Dr. Bushnan, 120
..... staff of the French marine, present state of the, 307
..... students in France and Spain, number of, 213
..... supplement fund, the naval, 313
..... and surgical diplomas in county courts, value of, 130
..... topography of the Mediterranean, contributions to, 123, 236, 266
Medicinal agent, guano as a, 329
Medicine, Academy of, 6, 22, 73, 223, 238, 253, 305, 321, 337
..... chair of, Institutes of, 245
..... clinical, 58, 74, 111
..... St. George's School of, 30
..... obstetric, 111
Medico-Botanical Society of London, 126
..... Chirurgical Society of Edinburgh, 274
Meeting of the council of the National Institute, 342
..... South-western branch of the Provincial Medical and Surgical Association, 213
Membrane, fibrous, of the heart, 142
Men, races of, by Dr. Knox, 97, 114, 117, 133, 147, 163, 199, 231, 263, 283, 299, 315, 331
Merit, reward of, 380
Meseuteric dropsy, 154
Mesmerism, Abd-el-Kader and, 346
..... in India, 15
..... painless case of tooth extraction under, 228
Mesmerizer's bill, 15
Metallic ores, new method of separating, 181
Method of detecting mineral poisons in organic matter, 253
..... of recognising the presence of blood in clothes, 90
..... scaring quacks, Mr. Guthrie's, 309
Metropolis, Asiatic cholera in the, 25
Metropolitan workhouses, sanitary condition of, 225
Mialhe, M., solubility of medicines by, 306
Michaux, Dr., removal of a polypus by, 111
Microscope, detection of the human skin by the, 115
..... in the diagnosis of cancer, 314
Microscopical examinations of the mucous membrane of the stomach and bowels in cholera, 120
..... observations of the stomach and intestines, 120
..... Society of London, 115
Middlesex Hospital, 47, 380
Midwifery, American, statistics from private practice of, 113
..... case at Marlborough, the, 296
..... chloroform in, 129
..... new course of, by Dr. Waller, 208
..... practitioner, trial of a, 226
..... and surgical operations, chloroform in, 108
..... and surgery, discussion on the employment of chloroform in, 274

Midwifery, trial for mala praxis in, 63
Milan, educational reform at, 63
Military gossip, 161
Minute anatomy of the emphysematous lung, on the, 188
..... injections in anatomy. 337
Mistake, camphor taken by, 58
Mode of applying cotton wool as a substitute for the loss of the membrana tympani, on the, 203
Morals and murder—case of Eliza Wilson, 372
Morbid appearances found in the insane, 128
Mortality in Algeria, 345
Mortality, awful, 197
..... in Edinburgh and Leith, 213, 281
..... the Garde Mobile of Paris, 47
..... Paris, 313
..... table, 16, 32, 48, 64, 80, 96, 116, 132, 146, 162, 182, 198, 214, 230, 246, 262, 282, 298, 314, 330, 346, 364, 380
Moses, Dr., on the power by which the tears are absorbed from the surface of the eyes, and conveyed into the nose, 269
Movements of respiration in disease, and on the use of a chest-measurer, on the, 90
Munich, University of, rules and regulations of, 377
Munificent bequest to the Middlesex Hospital, 31
..... bequests, 297

N.

Name of Æsculapius, analysis of the, 374
Nasal secretion in glanders in the horse, examination of, 139
National Assembly, Prussian, medical members of, 116
..... Institute, the annual meeting of the, 242
..... meeting of the council of the, 342
..... and the medical profession, 209
..... medical reform, 293
..... on the present state of the medical reform question, report of the, 294, 310
..... pharmacies, 145
..... Vaccine Institution, 95
Nature of cholera, 185
Naval appointments, 14, 22, 110, 345
..... assistant surgeons, 113, 130
..... Medical Department, rules and regulations of, 355
..... medical supplemental fund, the, 313
..... obituary, quarterly, 380
..... promotions, 47, 100
..... surgeons, 14
Necessity of medical reform, 342
..... civil surgeons studying gunshot wounds, 291
..... professional unity, 11
..... reform in the Universities of Oxford and Cambridge, 176
Neck, case of gunshot wound in the, 138
..... of the femur within the capsule, fracture of the, 273
Necker Hospital, 336
Necrological notice of Antony Louis Patrick da Silva Mansio, 136
Necrosis of the fingers, case of, by Mr. Brown, 170
Neglect of Government to employ suitable measures against the invasion of the cholera, 293
Negligence of a medical officer, alleged, 245
Nephritis, albuminous, 111
Nervous irritation from pressure by a wart, 112
New article of food, 8
.... Board of Health, 363
.... and certain method of curing false joints, 172
.... course of lectures on the cholera, announcement of, 361
..... midwifery, by Dr. Waller, 208
.... cure for cholera, 344
.... galvanic apparatus, 15
.... infusion pot, 46
.... instrument for the alleviation of unnatural descent of the womb, 23
.... instrument for applying galvanism in uterine hemorrhage, a, 240
.... method of determining phosphoric acid, 128
..... the whole quantity of blood contained in the body of an animal, 90
..... separating metallic ores, 131
.... mode of extraction of sugar from diabetic urine, 74
.... Museum of the Royal College of Surgeons, 145
.... operation for fistula in ano, 12
.... operation for varicose veins, by Mr. Herapath, 168
.... patent, 47
..... gas, the, 364
New Prussian pharmacopœia, 214
.... public health act, first application to Government under the, 345
.... remedy for Asiatic cholera, 130
..... toothache, 145
.... volume, the. 373
Nichol's apparatus in double refracting structures, on the effects of, 128
Nitrate of silver in certain cases of dysentery, with remarks on its use in ulceration of the mucous membranes generally, by Mr. Garlike, 57
..... decomposition of, by heat, 314
..... in strumous affections, external applications of the, 305
..... successfully used in dysentery, 336
Nitratis, liquor ferri persesqui, on the, 170
Northern Asylum, 144
Nottingham Dispensary, 79
Nuisances and contagious diseases bill, 262
..... enforcement of, 379
Nuisances removal and diseases prevention act, 345
Nulli Secundus Club, 94
Number of medical students in France and Spain, 213
Nurses, training institution for, 47, 196

O.

Obituary, 15, 32, 47, 79, 96, 116, 131, 145, 162, 197, 214, 230, 246, 262, 282, 364
..... the quarterly naval, 380
Observations, clinical, on diseases of children, by Dr. Willshire. 36, 81, 149, 201, 233, 301
....., microscopical, on contents of stomach and intestines, 120
..... in the Paris hospitals during the revolution of June, by Dr. Kidd, 268, 287, 318, 368
..... on some peculiarities of polypus of the uterus, 23
..... points relative to harelip, by Mr. Walton, 107
Obstetric medicine, 111
Obstipation during a fortnight; reducible hernia; biliary calculus, passage of, 106
Obstruction of the bowels, gastrotomy performed for the relief of, 141
Obstructions, female, a remover of, 344
Obturator hernia, 205
Ocean, greatest ascertained depth of the, 214
Ochlesis, observations on, 188
Œdema of the glottis, treatment of, from boiling water, 8
Œsophagus, simple method of extracting a fish-hook from, 74
Office, War, 20, 57, 79, 131, 161, 196, 213, 228, 261, 281, 297, 345, 346
Officer of health for the city of London, 373
Officers, medical, and the Upton poor-law guardians, 255
..... of the Great Yarmouth Hospital, shameful treatment of, 377
..... poor-law medical, liberality of, 312
..... relieving, and poor-law surgeons, 296
Oil, cod-liver, test for, 342
Oily fluid found in the intestinal villa of cholera patients, 120
Old Court—midwifery, 63
Omohyoideus, on tying the carotid artery above the, 272
On certain forms of alkaline urine, 127
.. malaria, 121
Operation, Cæsarean, 111, 127
..... new, in fistula, 12
..... for varicose veins, 168
..... of tracheotomy by Mr. Thompson, 72
Ophthalmia, chronic, 187
..... intermittent, 89
..... in the Windsor Union, 47
Oration, Harveian, 144
Ordnance Medical Department, rules and regulations of, 356
Ore, iodized, 59
Origin of the right subclavian, anomaly in the, 238
Organic matter, method of detecting mineral poisons in, 253
Orthopœdic Hospital, Royal, 297
Orton, Mr., paralysis from a stroke of lightning cured by galvanism, by, 169
Os uteri, cauliflower excrescence of the, 239
Ovarian dropsy, treatment of, by ulcerated opening of the cyst, 205
Ovary, diseased, removal of, by Dr. Vaullegeard, 110
Oxford, 32
..... University of, 161
..... rules and regulations of, 350

P.

Painless case of tooth extraction under mesmerism, 228
Paralysis from a stroke of lightning cured by galvanism, by Mr. Orton, 169
Parmentier, inauguration of the statue of, 197
Paris, cholera in, 363
Paris, mortality in, 313
..... hospitals, observations in the, 268, 287, 318, 369
..... the late archbishop of, 182
Parisian insurgents, 345
..... hospitals, aspect of, 223
Parliamentary committee, 24
Parotid gland, removal of, 240
Partial ankylosis, treatment of, 223
..... xerophthalmia, cure of, 7
Patent gas, the new, 364
..... new, 47
..... self acting enema apparatus, 380
..... solid pad truss, 131
Pathological condition of infants, 22
Pathology of intermittent diseases, 128
Peculiar signs of inflammation of the superior lobe of the right lung, 74
Peerage and the profession, 213
Pellagra, 214
Pelvis, foreign body introduced into, through the vagina, 141
Percy, Dr., on the internal use of turpentine in hemorrhage, 215
Perforating ulcer of the colon, mechanical occlusion by hardened fæces, 239
..... ulcer in the stomach, 126
Perforation of the duodenum, by Mr. Gillard, 290
Pericarditis, bronchitis, and pleuritis, occurring as complications of typhoid fever, 272
Perineal abscess, case of, by Mr. Ward, 154
Peritoneum, injection of iodine into the, in case of ascitis, 111
Peritonitis in the fœtus, intra-uterine, 126
Perspiration, urea in, 59
Petersburg, St., the cholera at, 181
Peyerianæ and glendulæ solitariæ in cholera, changes in, 120
Pharmacies, national, 145
Phenomena, singular, from hydatids within the cranium, 205
Philanthropy, medical, and moral power, 361
Philosophy of the human hand, 3, 33, 65, 100
Phlebitis, circumstances under which, may take place, 74
Phosphatic deposits in the urine of children, 127
Phosphoric acid, new method of determining, 128
Phthisis, conditions of the gums in, 74
Physic and divinity, 282
Physician, a female, 250
Physicians, College of, 95
..... Edinburgh, rules and regulations of, 351
..... King's and Queen's, Ireland, rules and regulations of, 354
..... London, rules and regulations of, 347
..... Italian, general association of, 379
..... and Surgeons of Glasgow, faculty of, rules and regulations of, 352
Physiognomy of diseases, by Mr. Corfe, 5, 49, 70, 105, 122, 133, 152, 166, 219, 234, 285, 302
Physiological local effects of anæsthetic agents, 125
..... peculiarities of albino animals, on the, 128
Piracy, literary, 313
Pierre, St., Hospital, 170, 187, 289
Placenta, deposit of earthy matter in, 59
..... fibrinous tumours of the, 111
..... prævia, treated in the manner recommended by Professor Simpson, 305
Placentitis occurring twice in the same woman, 139
Plague and the cholera, 63
Pleas, Court of Common, 12
Plimmer, Mr., case of Asiatic cholera by, 321
Pneumatic bones of birds, 14
Poison? is hemlock a, 256
Poisons, mineral, method of detecting, in organic matter, 253
Poisoned bullets, 161
Poisoning by belladonna, 322
..... colchicum, 73
..... Fowler's solution, abortion, mortal fainting, 271
..... with hemlock, 244
..... pepper, 139
..... by tartar emetic, with pustular eruptions on the body, 127
Poisonings at Bristol, 145
..... by arsenic at Bristol, by Mr. Symes, 221
Polypus, removal of, by Dr. Michaux, 111
..... of the uterus, peculiarities of, 23
Polytechnic Institution, 15, 144
Political events, influence of, in the production of insanity, 22
Poor, health and cleanliness of the, 196
..... law Committee, 62, 193
..... guardians, the liberality and benevolence of, 278
..... medical appointments, 327
..... Convention, 209, 242, 295
..... deputation to Sir G. Grey, 78, 92
Poor-law medical officers, 296
..... liberality of, 312
..... relief, 11, 61, 79, 195
..... remuneration, 296
..... surgeons and relieving officers, 296
..... union of Bodmin, 377
..... Upton, 177
Popliteal aneurism mistaken for an abscess—the value of a man's leg, 207
Portugal, medical schools of, 63
Posen, 261
Postage stamps, Government, 229
Postgate, Mr., on the liquor ferri per qui nitratis, by, 170
Potash, hydriodate of, in hooping-cough, 112
Potass, tartrate of, and iron, 7, 74
Power by which the tears are absorbed from the eyes and conveyed into the nose, on the, 269
Practical remarks upon phagedenic chancres, and upon buboes from absorption, 289
Precaution against the spread of cholera, 281, 362
..... infection, Malta, 307
Pregnancy, appearance of the areola, a sign of, 171
..... extra-uterine, case of, 239
..... trial for infanticide and concealment of, 79
Pregnant women, anasarca of, 23
Premature interments, 89
Present state of the medical staff of the French marine, 307
Pressure of a wart, nervous irritation from, 112
Primitive carotids, ligature of both, 138
Prince de Joinville, the, 214
Pritchard, Mr., dislocations reduced under the influence of chloroform, by, 87
Private lunatic asylums, doings in, 180
..... practice, statistics of, American midwifery, from, 113
Profession, appeal to, the Upton Poor-law union surgeons, 192
..... medical, liberality of the Government to the, 361
..... state of, 95
..... to the, 177
..... and the poor, benefit of hospitals to the, 60
..... quackery in the, 159
Professional control, elevation of medical character, by, 373
..... intrepidity, 136
..... unity, necessity of, 11
Professor Cooper's resignation at University College, 11
..... Brande, resignation of, 14
..... Syme, 46
Progress of the cholera, 341
..... German medical science, by Dr. Bushnan, 120
Promotion, naval, 47
Propagation of various entozoa, the mode of, 128
Protection from burns by fire, 329
..... Medical, Society, the, 327
Provincial Medical Association and reform, the, 278
Prussia, universities of, 377
Prussian army, revaccination in the, 138
..... National Assembly, medical members of, 115
..... pharmacopœia, new, a, 214
Public health act, first application to Government under the new, 345
..... bill, 196, 229, 245, 345, 363
..... state of, 210
..... in the first quarter of the year 1848, 62
Pure chloroform, characters of, 346

Q.

Quackery in America, 145
..... defined, 342
..... ignorant, and black empiricism destroyed, 373
..... in the profession, 159
..... and Spanish physicians, 35
Quacks in London, 330
..... Mr. Guthrie's method of scaring, 309
Quain, Mr., on dislocation of the head of the femur backwards, 205
Quarantine, 379
..... alteration of, at Malta, 313
..... augmentation of, 229
..... at Malta, reduction of, 213
Quarterly naval obituary, 380
Queen's College, Birmingham, 115
Quinine, arseniate of, 74
..... sulphate of, rheumatism, 322

R.

Races of men, by Dr. Knox, 97, 114, 117, 133, 147, 163, 199, 231, 263, 283, 299, 315, 331
Removal of a diseased ovary, by Dr. Vaullegeard, 110
Reduction of quarantine at Malta, 213
Rees, Dr., on hydatids in the liver, 204
Reform, educational, at Milan, 63
..... medical, 61, 78, 181, 194, 258, 280, 327, 342

Reform and the Provincial and Medical Association, 278
..... sanitary, 10, 131
Registrar-general's quarterly report of the state of the public health, 45
Registration, medical, and the College of pure Surgeons, 374
Relaxation of the abdominal parietes cured by bandage, vomiting caused by, 112
Relief, medical poor-law, 61, 79, 193
Relieving officers and poor-law surgeons, 296
Remarkable case of sleep-walking, 95
Remarks on amputation of the fingers and toes, by Mr. Williamson, 56
..... on the deodorizing fluids of Sir W. Burnett, Mr. Ledoyen, and Mr. Ellerman, 93
..... unnatural descent of the womb, with a proposed new instrument for its alleviation, 23
Remittent fever produced by a foreign body in the intestines, 173
Removal of a foreign body from the duct of Wharton, 112
..... iodine stains, 16
..... nuisances, act for the prevention of, 345
..... the parotid gland, 240
..... a polypus of the pharynx, by Dr. Michaux, 111
Remover of female obstructions, 344
Remuneration, poor-law medical, 296, 311
Report on the cholera at Kurrachee, 51, 67, 84, 102
..... of the committee of the Convention of Poor-law Medical Officers, 209
..... National Institute on the present state of the medical-reform question, 294, 310
Reports on the diseases of females, by Dr. Rigby, 151, 302, 368
Resection of the scapula, case of, 142
Resignation of Professor Brande, 14
..... Cooper, 11
Resolution of the Gloucestershire Association, 206
Respiration, chemical action of, 59
Restoration of the forests of France, 324
Retina, formation of images on the, 139
Retirement of Dr. Chambers, 131
Revaccination in the Prussian army, 138
REVIEWS—
A new and improved synoptical table of the diseases of the ear, &c., by William Harvey, M.R.C.S.E., and Thomas Buchanan, C.M., &c., 9
Sanitary reform and agricultural improvement; being the substance of a letter addressed to the Right Hon. Viscount Morpeth, by Charles H. Ellerman, Esq., late Hanoverian consul at Antwerp, 42
A system of practical surgery, including all the recent discoveries and operations, with forty-nine illustrative plates, from drawings made expressly for the work. Second edition. By John Lizars, late professor of surgery to the Royal College of Surgeons, and senior operating surgeon to the Royal Infirmary of Glasgow, 75
A dispensatory, or commentary on the Pharmacopœias of Great Britain, by Robert Christison, M.D., &c., 110
Cornish's pocket classical library—Cicero de Senectute, a dialogue on old age, 110
The nature and treatment of epidemic or Asiatic cholera, &c., by Robert Venables, M.B., 129
On the nature and treatment of stomach and renal diseases, being an inquiry into the connection of diabetes, calculus, and other affections of the kidney and bladder, with indigestion, by William Prout, M.D., F.R.S., 140, 156, 173, 191, 224, 276, 323, 338
Report of the fever at Boa Vista, by J. O. M'Williams, M.D., 158
Medical practitioners' private register of cases professionally attended, 159
Treatise on the falsifications of food, and the chemical means employed to detect them, by Mr. Mitchell, 191
Popular lectures on the prevailing diseases of towns, &c., by Dr. Kebbell, 192
Oratio ex Herveii instituto in ædibus collegii regalis medicorum habita die Junii 24, 1888, a Francisco Hawkins, M.D., Coll. Reg. Med. Lond. Socio et Registario, &c., 241
Memoranda for young practitioners in midwifery, by Edward Rigby, M.D., 241
Recent advances in the physiology of motion; the senses, generation, and development, by Wm. Baly, M.D., F.R.S., and Wm. Senhouse Kirkes, being a supplement to the second volume of "Müller's Elements of Physiology," 251
An essay on the epileptic form of puerperal convulsions; being an attempt to elucidate the nature and treatment of the disease by an appeal to anatomy, physiology, and pathology, by Joseph Thompson, M.R.C.S., 275
A practical treatise on variola ovina, or smallpox in sheep, containing the history of its recent introduction into England; with the progress, symptoms, and treatment of the disease, &c., illustrated with coloured plates, by James B. Simonds, lecturer on cattle pathology, &c., at the Royal Veterinary College, 306
Practical Hygiene of warm climates, by E. Celle, M.D., Paris, 324
Reward of merit, 380
Rheumatism, sulphate of quinine in, 322
Rice, culture of, 63
Rigby, Dr., reports on the diseases of females by, 151, 265, 302, 368
Rigeau, General, death of, 246
Right lung, signs of inflammation in, 74
..... subclavian, anomaly in the origin of, 238
Robinson, Dr., malformation and disease of the heart, by, 205
Rolls' Court, Chancery-lane, 229
Ross, Mr., lectures on Asiatic cholera, by, 366
Rostock, University of, rules and regulations of, 377
Roux, Professor, on clinical surgery, 58
Royal Asiatic Society, 79
..... Berkshire Hospital, 54
..... College of Chemistry, 115
..... General Practitioners of England and Wales, first charter of the, 27
..... Physicians, 95
..... Edinburgh, rules and regulations of, 351
..... London, rules and regulations of, 347
..... Surgeons, 14, 31, 47, 63, 88, 131, 161, 196, 228, 245, 261, 281
..... Edinburgh, rules and regulations of, 351
..... of England, rules and regulations of, 347
..... in Ireland, rules and regulations of, 354
..... General Dispensary, the 196
..... Infirmary, Glasgow, 363
..... Institution, 14, 47
..... Medical and Chirurgical Society, 9, 23, 75, 90, 141, 188, 204
..... Medico-Botanical Society of London, 126
..... Orthopœdic Hospital, 297
..... Society, 15, 131, 144
Royle, Dr., on the biniodide of mercury as a remedy in secondary syphilis, by, 169
Rules and regulations of the Army Medical Department, 355
..... Apothecaries' Company, England, 349
..... Apothecaries' Hall in Ireland, 354
..... the East India Company's service, 356
..... Faculty of Physicians and Surgeons of Glasgow, 352
..... King and Queen's College of Physicians in Ireland, 354
..... King's College, Aberdeen, 353
..... Marischal College, Aberdeen, 353
..... the University of St. Andrew's, 353
..... Cambridge, 350
..... Dublin, 353
..... Edinburgh, 351
..... Glasgow, 352
..... Naval Medical Department, 355
..... Ordnance Medical Department, 356
..... University of Oxford, 350
Rupture of the uterus, symptoms of, 112
Russia, 261
..... the cholera in, 229, 345
..... medical education in, 363
Russian vapour-baths, on the cholera, influence of, 297
Rye, ergot of, in the treatment of retention of urine, 223

S.

Safety from lightning, 229
St. Bartholomew's Hospital, 31
St. George's School of Medicine, 30
St. Martin's-in-the-Fields, sanitary condition of, 196
St. Pierre, Hôpital, 170, 187, 289
Sale of carrion meat in the London markets, the, 244
Sal volatile versus chloroform, 238
Sandifort, Gerard, death of, 364
Sanitary act, informations under the, 363
..... condition of metropolitan workhouses, 225
Sanitary condition of St. Martin's-in-the-Fields, 196
..... towns, 358
..... experiment, a, 363
..... reform, 10, 131
..... City opposition to, 91
..... as affecting cattle, 181
Sauvel, Dr., arsenious acid in ague, by, 58
Scapula, resection of the, 142
Scaring quacks, Mr. Guthrie's method for, 309
Scarlatina, epidemic, 326, 380
..... on, by Dr. Tripe, 333, 370
School, Medical, Bristol, 63
Science, ingenuity of, 197
..... progress of German medical, by Dr. Bushnan, 120
Sciences, Academy of, 22, 89, 223, 238, 253, 305, 321, 337
Sclerema, 336
Scrofulous enlargement of the knee-joint successfully treated by electro-galvanism, 54
..... skin diseases, treatment of, 127
Sea-sickness, 8
..... death from, 229
Secondary amputation, causes of death in, 7
Section, Cæsarian, successful case of, 38
Sédillot, Professor, on the means best calculated to ensure success in amputations, 321
Semeiotics, Mr. Corfe on, 5, 49, 70, 105, 122, 135, 152, 166, 219, 234, 285, 302
Session at University College, commencement of the, 360
Severe hemorrhage from the female genitals caused by the husband's attempt at nuptial intercourse, 238
Sewers act, city of London, 330
..... and drains of London, 228
Sewer water, collecting the, 329
Sham medical proclamations, and the means of suppressing them, 114
Shameful treatment of the medical officers of the Yarmouth Hospital, 377
Ships, emigrant, 145
Shops, closing surgeons', on Sundays, 330
Shortsighted clairvoyante, 214
Signs of aneurism, on the auscultatory, 224
Silver, nitrate of, in certain cases of dysentery, 57
Simonin and Braconnot on the emanations from manufacture of chemical products, 74
Simple method of extracting a fish-hook from the œsophagus, 74
Singular application of chloroform, 15
..... case of gunshot wound, with autopsy, by Mr. Deane, 88
..... hysteria and catalepsy, 336
..... death, 380
Skey, Mr., dislocation of the humerus, by, 69
Skull, directions for opening the, 173
Slaughter-houses, 380
Sleep-walking, remarkable case of, 95
Sloughing of the vagina, 87
Smallpox epidemic in Lyons, 74
Smoke prohibition bill, 229
Societies, friendly, and medical men, 142
Society, Medical and Chirurgical, 9, 23, 75, 90, 141, 188, 204
..... Medico-Botanical, 126
..... Medico-Chirurgical, of Edinburgh, 274
..... Medical Protection, 327
..... the Royal, 15, 131, 144
..... Asiatic, 79
..... Vegetarian, the, 329
Solitary confinement, insanity resulting from, 22
Solubility of medicines, by M. Mialhe, 306
Solution, Fowler's, poisoning by, 271
Some remarks on the treatment of gunshot and other wounds of the thorax and extremities, by Dr. Knox, 82
Spanish physicians on quackery, 35
Spasma glottidis, 59
Sphenoid bone, importance of the, 190
Spina bifida treated by injection of the tincture of iodine, 273
Spine, injury of the, obstinate constipation, 224
Spleen, changes which the blood globules undergo in the, 90
Sprains of the foot, 187
Spread of the cholera, 197
..... of cholera, precautions against the, 281
Spreading gangrene, amputation during, 112
Squabbles at University College, the, 60, 339
Stamps, Government postage, 229
State of the blood and muscles in animals killed by hunting and by fighting, 142
..... medical profession, 95
..... public health, 62, 213
..... Whitechapel, 329
Statistics from private practice of American midwifery, 113
Statue of Parmentier, inauguration of the, 197
Steadman, Mr., chloroform in cholera, by, 271
Stewart, Dr., case of hydatid within the cranium, by, 205
Sting of a bee, death from the, 229
Stomach, case of cancer of the, 113
..... chronic ulcer of the, 87
..... and bowels in cholera, microscopical examination of, 120
..... effects of introducing common salt directly into the, 224
..... and intestines, microscopical observations on, 120
..... perforating ulcer in the, 126
Stony cataract, 128
Stookes, Mr., on camphor taken by mistake, 88
Strangulated hernia, taxis in, 138
..... inguinal hernia, 187
Students, medical, in France and Spain, number of, 213
..... and medical education, 340
Subclavian, right, anomaly in the origin of, 238
Sugar from diabetic urine, new mode of extraction of, 74
Sulphate of quinine in rheumatism, 322
Sulphuric ether in traumatic tetanus, inhalation of, 112
Supplemental fund, the naval medical, 313
Surgical appointment, 313
..... operations and midwifery, by Mr. Hearne, 108
..... stockings, elastic, 213
Surgeons, College of, 14, 31, 47, 63, 88, 115, 131, 161, 196, 228, 245, 261, 281
..... Edinburgh, rules and regulations of, 351
..... England, rules and regulations of, 347
..... and medical registration, 374
..... Ireland, rules and regulations of, 354
..... the unjust, 374
..... of emigrant ships, 194
..... French, and the wounded, 213
..... naval, 14, 113, 130
..... new museum of the Royal College of, 145
..... and Physicians in Glasgow, Faculty of, rules and regulations of, 352
..... poor-law and relieving officers, 296
..... Upton poor-law, appeal to the profession, 192
Surgery, clinical, 58, 73, 110
..... lectures on, by Mr. S. Cooper, 35, 99, 148, 183, 217, 247, 261, 316, 332
..... and midwifery, discussion on the employment of chloroform in, 274
Suture, intestinal, 8
Syme, Professor, 46
Symes, Mr., poisoning by arsenic at Bristol; *post-mortem* examination of the bodies, and chemical analysis of the viscera, by, 221
Symptoms of the approach of Asiatic cholera, 203
..... rupture of the uterus, 112
Syphilis, secondary, biniodide as a remedy in, 169

T.

Tables, mortality, 16, 32, 48, 64, 80, 96, 116, 132, 146, 162, 182, 198, 214, 230, 246, 262, 282, 298, 314, 330, 364, 380
Tartar emetic, poisoning by, with pustular eruptions on the body, 127
Tartrate of potass and iron, 7, 74
Taxis in strangulated hernia, 138
Test for cod-liver oil, 342
Testicle, gonorrhœal, 129
..... hydrocele of the right, in an infant, 187
Testimonial, 99
..... to Dr. Berncastle, 14, 144
..... the Liston, 47
Therapeutic agent, carbonic acid gas as a, 273
Thom, Mr., report of cholera at Kurrachee, by, 51, 67, 84, 102
Thomas, Mr., ascites supervening on the third day after childbirth, by, 86
..... jaundice from congenital absence of the gall-bladder, the cystic and hepatic ducts, by, 171
Thompson, Mr., successful operation of tracheotomy, by, 72
..... Dr., on trisnitrate of bismuth, 204
Thomson, Dr., bust of the late, 364
Thorax, 223
Thrush, or aphthæ, 6
Thyroid arteries, abnormal distribution of the, 273
Tigress, application of chloroform to a rabid, 31
Tilt, Dr., on the treatment of ovarian dropsy, 204
Tincture of iodine as a collyrium for promoting absorption of hypopion, 127
Tobacco, influence of, on health, 139
Tonsillaris, cynanche, aneurism of the carotid artery simulating, 337

Tonosils, excision of the, 7
Toothache, new remedy for, 145
Topography of the Mediterranean, medical contributions to, 125, 236, 266
Towns, sanitary condition of, 358
Training institution for nurses for hospitals, families, and the poor, 47, 196
Traumatic tetanus, chloroform in, 111
..... inhalation of sulphuric ether in, 112
Treatise on crystallography, 76
Treatment and causes of baldness, 239
..... of cholera, electro-magnetic insulation in the, 313
..... chronic scrofulous skin disease with cod-liver oil, 127
..... eczema, 89
..... epilepsy, 73
..... gonorrhœa in the female, 112
..... gunshot wounds of the thorax, by Dr. Knox, 82
..... hemorrhage, 6
..... inflammation of the brain, 7
..... of lues in children, 74
..... of lupus, 337
..... of œdema of the glottis from boiling water, 8
..... ovarian dropsy by the ulcerated opening of the cyst, 204
..... partial ankylosis by cold affusion, combined with gradually-forced movements, by Dr. Fleury, 223
..... retention of the urine by ergot of rye, 223
..... shameful, of the medical officers of the Yarmouth Hospital, 377
..... spasmodic cholera by chloroform, 237, 320
..... varices, 7
Trephine in injuries of the head, 23
Trial for infanticide and concealment of pregnancy, 79
.....of a midwifery practitioner; necessity of medical reform, 226
Tripe, Dr., on scarlatina, 333, 370
Trisnitrate of bismuth in diarrhœa, 204
Truss, patent solid pad, 131
Tumour, erectile, in an infant, 187
..... in the groin, where the testicle had not descended, and operation for its removal, 89
..... right groin, case of, 170
..... vagina impeding labour—expulsion of the fœtus by natural efforts, case of, 252
Tumours of the placenta, 111
Turks, medical education of the, 229
Turpentine in case of hemorrhage, internal use of, 205
Turner, Mr., a case of acephalocyst hydatids, by, 154
Tying the carotid artery above the omo-hyoideus, 272
Typhoid fever, pericarditis, bronchitis, and pleuritis occurring as complications of, 272
Typhus fever, 197

U.

Ulcer, cancerous, in the duodenum and liver, 86
Ulcer of the colon, perforating, 239
..... perforating, of the stomach, 126
..... of the stomach, chronic, 87
Ulcerated cornea, collyrium in, 89
..... opening of the cyst, ovarian dropsy treated by, 204
Union, Halifax, medical relief to the poor, 115
..... of Bodmin, poor-law, 377
..... Windsor, ophthalmia in, 47
United States, army surgeons of the, 145
..... death from chloroform in, 195
..... medical education in the, 313
Unity, professional, necessity of, 11
University of St. Andrew's, rules and regulations of, 353
..... Cambridge, rules and regulations of, 350
..... College, 29, 47, 228
..... bequest to, 116
..... commencement of the session at, 360
..... doings at, 279, 312, 372
..... Hospital, 23
..... appointments at, 255
..... decline and fall of, 292
..... government of, 11
..... resignation of Professor Cooper, 11
..... secession of Dr. Williams from, 372
..... squabble at the, 60, 339
University of Göttingen, rules and regulations of, 377
..... Dublin, rules and regulations of, 353
..... Edinburgh, 181
..... address to the graduates of, 208
..... Erlangen, rules and regulations of, 377
..... Edinburgh, rules and regulations of, 351
..... France, rules and regulations of, 377
..... Giessen, rules and regulations of, 377
..... Glasgow, the, 229
..... Heidelberg, rules and regulations of, 377
..... Glasgow, rules and regulations of, 352
..... Jena, rules and regulations of, 377
..... Kiel, rules and regulations of, 377
..... London, 245, 258, 345
..... Loudon and its graduates, 340
..... rules and regulations of, 375
..... Louisville, America, 145
..... Munich, Grunier, 377
..... Oxford, 161
Universities of Oxford and Cambridge, necessity of reform in the, 176
..... Prussia, 377
University of Rostock, rules and regulations of, 377
..... Oxford, rules and regulations of, 350
Unjust College of Surgeons, the, 374
Unnatural descent of the womb, with a proposed new instrument for its alleviation, 23
Upton poor-law guardians and their medical officers, 255
..... union, 177, 227
..... medical officers' address to the profession, 256
..... union surgeons' appeal to the profession, 192
Urea in the humours of the eye, 127
..... in perspiration, 59
Urinary diagnosis and pathology, certain sources of fallacy in, 20
Urine, alkaline on certain forms of the, 127
..... of children, phosphatic deposits in the, 127
..... cholera patients, flocculi found in the, 120
..... retention of, ergot of rye in the treatment of, 223
Use and abuse of anæsthetic agents, and the best means of rousing patients who have been too intensely affected by them, 251
Utility of trisnitrate of bismuth in diarrhœa, 204
Uterine fœtation, case of, 9
..... hemorrhage, new instrument for applying galvanism in, 240
Uterus after parturition, condition of the internal face of the, 306
..... hernia of the, 273
..... polypus of the, 23
..... rupture of, the symptoms of, 112

V.

Vaccine Institution, the National, 95
Vagina, foreign body introduced into the pelvis through the, 141
..... sloughing of the, 89
..... tumour in the, impeding labour, 252
Value of medical and surgical diplomas in county courts, 130
Vapour-baths, influence of Russian, on the cholera, 297
Varices, treatment of, 7
Varicocele, 110
Varicose ulcer of the cervix uteri, 59
..... veins, new operation for, 168
Various entozoa, the mode of propagating, 128
Vaullegard, Dr., removal of a diseased ovary, by, 110
Vegetarian Society, the, 329
Vegetation, filiform, 127
..... similar to the saccharomyces cerevisia found among the contents of the intestines of cholera patients, 120
Velpeau, Professor, on the aspect of Parisian hospitals, 223
..... gunshot wounds, 151, 165, 184, 202, 218
..... loose cartilage in the knee-joint, 73
Venables, Dr., on Asiatic cholera, 208
Vertebral column, 223
Viability, 224
Vomiting caused by relaxation of the abdominal parietes caused by a bandage, 112

W.

Waller, Dr., announcement of a new course of lectures on midwifery, by, 208
..... clinical lecture by, 215
..... case of placenta prævia treated in the manner recommended by Professor Simpson, by, 305
Walton, Mr., on harelip, 117
War-office, 20, 57, 79, 131, 161, 196, 213, 228, 261, 281, 297, 345
Ward, Mr., perineal abcess, case of, by, 154
Wart, pressure of, a nervous irritation from a, 112
Washhouses and baths, 14, 115
..... fête, 213
Water of lakes, 346
..... the sewer, collecting the, 329
Westward, advance of the Asiatic cholera, 193
Westminster Hospital, 170
..... legacies to the, 345
Wharton, the duct of, removal of a foreign body from, 112
Whitechapel, state of, 329
Williams, Dr., his secession from University College, 372
Williamson, Mr., remarks on amputation of fingers and toes, by, 56
Willshire, Dr., on diseases of children, 36, 81, 149, 201, 233, 301
Wilson, Eliza, case of, 372
Windsor Union, ophthalmia in, 47
Woman, placentitis occurring twice in the same, 139
Womb, unnatural descent of the, remarks on, 23
Workhouses, metropolitan, sanitary condition of, 225
Wound, extraordinary gunshot, 213
..... on the hand by a butcher's knife, 187
..... of the internal mammary artery, death from, 224
..... neck, case of gunshot in, 138
..... in the wrist, 187
Wounded, and the French surgeons, 213
..... killed in France, 197
Wounds of the chest, gunshot, on, by Mr. Guthrie, 166
..... gunshot, application of ice in, 306
..... clinical lectures on, by M. Velpeau, 151, 165, 202, 218
..... debate on, 238, 253
..... by M. Jobert, 322
Wright, Dr., honorary degree to, 181

X.

Xeropthalmia, partial cure of, 7

Y.

Yarmouth Hospital, shameful treatment of the medical officers of, 377
Yellow fever, 345

No. 449. **SUMMARY.** May 6.

ORIGINAL LECTURES—
Lectures on some of the more Important Points in Surgery, by G. J. GUTHRIE, Esq.; read by Mr. HANCOCK—Lecture XII. On Wounds and Injuries of the Chest 1
The Philosophy of the Human Hand; translated from the French of M. Le Caine S. D'Arpentigny 3
ORIGINAL CONTRIBUTIONS—
The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by G. CORFE, Esq., of the Middlesex Hospital 5
PROGRESS OF MEDICAL SCIENCE—
Academy of Medicine 6
Treatment of Hemorrhage 6
Aphthæ, or Thrush 6
MISCELLANEA 7
On Excision of the Tonsils 7
On the Treatment of Inflammation of the Brain .. 7
On the Treatment of Varices 7
Cure of Partial Xeropthalmia 7
On the Causes of Death in Secondary Amputation 7
New Article of Food 8
Intestinal Suture 8
Treatment of Œdema of the Glottis 8
Application of Chemistry to the Detection of Forgery 8
ROYAL MEDICAL AND CHIRURGICAL SOCIETY 9
REVIEW—
A New and Improved Synoptical Table of the Diseases of the Human Ear, by William Harvey, M.R.C.S., and Thomas Buchanan, C.M. 9
LEADERS—
Another Apology 9
Sanitary Reform 10
Medical Poor-law Relief 11
Professor Cooper's Resignation at University College .. 11
The Government of University College 11
On the Necessity of Professional Unity 11
The New Operation for Fistula in Ano 12
Court of Common Pleas—HEALEY v. WAKLEY—Libel 12
Testimonial to Dr. Berncastle 14
Royal Institution—Resignation of Professor Brande .. 14
GOSSIP OF THE WEEK 14
MORTALITY TABLE 16
TO CORRESPONDENTS 16

ORIGINAL LECTURES.

LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

By G. J. GUTHRIE, Esq., F.R.S.,
Read by Mr. HANCOCK, Surgeon to the Charing-cross Hospital, and Lecturer on Anatomy and Physiology at the Royal Westminster Ophthalmic Hospital.

Lecture XII.

ON WOUNDS AND INJURIES OF THE CHEST.

(Continued from p. 503, vol. xvii.)

Wounds of the Diaphragm.—Paré relates, in the thirty-second chapter of his tenth book, two cases of wounds of the diaphragm which were not immediately mortal. The first is that of a mason, who lived three days after being wounded through its tendinous part; the stomach had passed through an opening in it not larger than the thumb. In the second, the Capitaine d'Alon, in the suite of M. de Biron, was wounded by the ball of an arquebuss, near the ensiform cartilage, which passed through the fleshy part of the diaphragm, and went out between the fifth and sixth ribs of the left side. The external wounds healed, but a weakness of stomach attended by colicky pains remained, which carried him off at the end of eight months. A great part of the colon was found in the chest; it had passed through an opening not larger than the end of the little finger.

Sennertus, in the twelfth chapter of his second book, part 2, page 372, says, a student, who had stabbed himself with his sword in the left side, was cured in two months, but died seven months after the injury, when it was found that the lung had been injured, and that the stomach had passed through a hole in the diaphragm; the heart being pushed over, perhaps, by it to the right side, of which change of position he was aware during life. Hollerius, sect. 6, p. 344, of his "Commentar. in Aphorism," says, that he found a cicatrix in the diaphragm of a man who had been wounded in the chest, and whose body he examined after he had been executed at Paris.

Guillemeau relates the case of a soldier, whose lung and diaphragm had been wounded by a ball, but who recovered, suffering, however, from indigestion, and more or less permanent colic; he died nine months afterwards. The colon was strangulated in the chest through a hole in the diaphragm, scarcely large enough to admit the end of the little finger. Chevreau gives an instance of a soldier, who died in 1818, having been wounded by a lance in 1815, which had left an opening in the diaphragm of half an inch in diameter, through which fifteen inches of the colon had passed into the chest.—*Recueil de Chirurgie Militaire.*

Case 140.—A soldier of the 29th Regiment was wounded at the battle of Talavera, and died in four days after the receipt of the ball, which went through the chest into the liver. I found, on examining the body, an opening in the central part of the diaphragm, of an oval shape, the edges smoothing off as if they were inclined to become round; this opening was nearly two inches long, evidently ready to allow either the stomach or intestines to pass through it on any exertion.

Baron Percy has recorded four cases of rupture of the diaphragm from accidents, with the passage of the stomach, or of the intestine, into the chest. In the first case the muscular fibres were ruptured on the left side for the space of five inches, in a woman who suffered a sudden fright during delivery. She died immediately; two-thirds of the stomach, and a part of the omentum and colon, were in the chest. In the second case the conductor of a diligence from Paris to Calais fell on the fore wheel, and thence on to the pavement, and died. The diaphragm was torn from the xiphoid cartilage to the tendinous centre in the shape of a cross; nearly the whole of the floating viscera of the abdomen were in the chest, and six pounds of blood took their place in the belly. In the third case a Parisian soldier, precipitated from the rock of Fort Belêtre, in 1793, fell on his feet, both of which were dislocated. The diaphragm was lacerated in every direction (*en tous sens*), and the mediastinum was torn from the sternum. In the fourth case, from Desault, a carpenter, thirty-nine years old, was killed by a second severe fall from a height, and, on opening the body, two lacerations were found in the diaphragm, one old, the other recent. By the old one the stomach and the arch of the colon had entered the left side of the chest, pressing upon and diminishing the lung to a small size. The opening was two inches and a half long; the omentum adhered on one side, and the spleen on the other; the recent opening was three inches long, through which another portion of the colon had passed into the chest.

The Baron thinks the risus sardonicus, or convulsive laugh, and the falling in of the abdomen, are principal signs of this accident, and regrets that these pathognomonic signs have not been noticed more particularly.

Case 141.—Captain Prevost, aide-de-camp to Sir E. Pakenham, was wounded by a musket-ball, on the evening of the 27th of September, 1811, in the affair which took place on the heights of Saca Parte, on the retreat from Fuente Guinaldo; it penetrated the chest from behind, splintering the ninth and tenth ribs of the left side, and made its exit a little below and to the right of the xiphoid cartilage. A good deal of blood was lost from the posterior wound, but he did not spit any up. As the army continued its retreat, he was carried to Alfaiates, and there he threw up a small quantity of bloody matter by vomiting. Thence he was removed to Sabugal, by ten in the morning of the 28th, until which time the posterior wound, which I had enlarged, had continued to discharge some blood, the intercostal artery being, in all probability, wounded. As he was much flushed in the face, and the breathing was becoming difficult, sixteen ounces of blood were taken from the arm, giving great relief, and the bowels were opened by the sulphate of magnesia.

On the 29th, V.S. ad. ℥xviij.

On the 30th the pulse rose and became quicker and fuller; the face red; breathing short and painful; V.S. ad. ℥xxxij., from which great relief was obtained; he fainted, however, on making a trifling exertion to relieve his bowels.

Oct. 1. Accession of symptoms as yesterday, and relieved by bleeding in a similar manner; bowels open.

2. Is better; free from pain; breathes easily; pulse good and compressible; the posterior wound discharges freely; has taken nothing but tea, and feels weak.

3. The inflammatory symptoms recurred this morning, and were again removed by the abstraction of sixteen ounces of blood; beef-tea.

4. Pulse compressible, soft, 96; respiration easy; was allowed some toasted bread with his beef-tea. In the evening had a fit of coughing; and a little after, on moving, suffered from great pain in the posterior wound, which lasted until night, when forty drops of tincture of opium were administered, but without effect.

5. A sleepless night had done him much mischief; he was evidently suffering from considerable internal mischief; wandered occasionally; pulse quick, 120, and small; felt very weak and desponding. A little light-red wine given, with beef-tea and a little bread; the opium continued night and morning.

6 and 7. Much the same; and, as the inflammatory symptoms were quiescent, attention was paid, by good nourishing soups, jellies, wine, &c., to his support; no cough; little or no pain; but the pulse always quick, with much general irritability.

11. The integuments over the sacrum became sore, and gave much trouble.

13. Appeared to have lost much of the use of his lower limbs.

15. The wounds discharged considerably, particularly the posterior one; has a little cough; pulse continues very quick; spasms of the diaphragm troubled him for the first time, and gave great pain and uneasiness; they were relieved by opium in considerable and repeated doses.

16. The cough became troublesome, with a good deal of expectoration, purulent and mucous, which increased during the 17th.

On the 18th, the spasmodic affection of the diaphragm, and the pain, returned with great violence, and much reduced him.

On the 19th, they became so distressing as to threaten his dissolution, which took place on the 20th.

On examination, I found that the ball had passed through the under part of the inferior lobe of the left lung, and through the pericardium, under the heart, through the tendinous part of the diaphragm, and into the liver, before it made its exit. The wound in the lung was suppurating; the matter and fluid from the cavity of the chest had a free discharge by the shot-hole; the edges of the wound in the diaphragm were smooth, as if cicatrized, leaving between them an elliptical opening about an inch long. The injury to the liver was through the substance

of the anterior part of its right lobe; the matter having a free discharge, and generally slightly yellow, as if tinged with bile in small quantity. The skin did not obtain a yellowish tinge, neither was the conjunctiva discoloured. It was hoped that the ball in this case had run round inside the ribs. The continued anxiety satisfied me to the contrary, even if the subsequent examination of the wound had not proved its fearful nature.

Case 142.—A soldier of the 23rd Regiment was wounded at the same affair by a musket-ball, on the right side, which fractured the sixth rib, from three to four inches from the sternum, and passed out behind, between the ninth and tenth ribs, near the spine. The rib being fractured, the splinters were removed after an enlargement of the wound by incision, when the opening into the cavity of the chest was manifest, air being discharged freely from it. The shock in the first instance was great; but after a time reaction took place, and he lost a considerable quantity of blood in six bleedings during the first sixty hours. The discharge, at first serous and bloody, gradually became purulent, and the occurrence of jaundice showed that the diaphragm and liver had, in all probability, been injured. Under the administration of calomel, antimony, and opium, this symptom was gradually disappearing, when I left him to rejoin the army; and he was sent to the rear at the end of ten weeks, nearly well.

Case 143.—A French soldier was admitted into the Gend'armerie Hospital, at Brussels, in consequence of a wound from a musket-ball, at the battle of Waterloo, which entered behind between the eighth and ninth ribs, near the spine, and lodged internally. After many severe symptoms and much suffering, he died on the 1st of December, worn out by the discharge, which often amounted to a pint a day, and for the free exit of which the external wound had been early enlarged. On examination, the lung was slightly ulcerated on its surface, opposite to where the ball had entered, and a little matter contained in a sac formed between it and the wall of the chest. That the ball had gone on was proved by the fact of there being an opening in the tendinous part of the diaphragm, through which a portion of the stomach had passed into the chest, and from which it was easily withdrawn. The ball could not be found in the abdomen; in all probability, it had passed into the intestine, and had been discharged per anum, as has happened in other instances.

Case 144.—A soldier of the 20th Regiment of the Line was wounded by a musket-ball, on the 1st of July, 1831, in Algeria; it entered about three inches from the sternum, on the right side, fractured the sixth rib, and came out behind, near the ninth dorsal vertebra. M. Baudens having enlarged the anterior wound, and removed two long splinters of bone, introduced his finger into the chest, and felt at the same time an opening in the diaphragm, a wound of the liver, and of the under part of the base of the lung. The patient was bled five times in the first forty-eight hours, and was cupped. Jaundice supervened, but he recovered in about two months. The discharge from the anterior wound was of a saffron colour; there was pain in the right shoulder for some time, and the arm was as if half-paralyzed for several months.

These last symptoms must have been caused by some injury done to the phrenic nerve or its branches, and it is probable that in this case the liver adhered to the diaphragm, and ultimately closed the opening—a fact which I have known occur in two cases. The wound in the diaphragm had not united, but adhered to the surface of the liver, the peritoneal investment of which replaced the pleural covering of the diaphragm.

Case 145.—On the day preceding the battle of Fuentes d'Onor (in 1811), Sergeant Barry, being out skirmishing, one of the enemy, posted on the top of a steep hill, fired as he (the sergeant) was in the act of ascending the same, and wounded him in the chest. The ball entered close to the nipple of the left breast, and passed out at the back, between the eighth and ninth ribs. The anterior opening of the wound soon healed, but the posterior one did not do so for a considerable period. When the latter closed, he became affected by such severe cough, with expectoration, that his medical attendant deemed it proper to lay the same open again. Being kept so, the symptoms were relieved, and portions of his shirt and jacket were discharged. After this his health improved so rapidly as to enable him soon to join his corps.

It appears, however, that the wound of his back repeatedly opened and healed—generally at intervals of twelve or fourteen months; but for the last five or six years it ceased to do so. It is stated that his appetite was very small and delicate; flatulence, &c., also much complained of; and if the stomach at any time happened to be overloaded, vomiting occurred. Bowels generally regular. The chief bad effects which this person himself attributed to his wound were—that, since receiving it, he had never been able to wear his knapsack with ease; and that his breathing became much affected whenever he walked at a quick pace, or ascended a hill.

He died of mortification of the left leg, Jan. 4, 1833.

On examination, the whole of the stomach, and the greater part of the transverse arch of the colon, were found in the left cavity of the chest, having passed through an opening in the diaphragm extending about three inches in a transverse direction, near the centre of the dorsal attachments of that muscle. The peritoneum lining the diaphragm was firmly attached to the parts passing through it.

The wound in this instance was through muscular, not tendinous, parts. The preparation is in the museum at Chatham, No. 63, Class 6.

Case 146.—From Dupuytren. P. R. Duboy stabbed himself on the 11th of February, 1807, below the fifth and sixth ribs, near the heart; he was taken to the Hôtel Dieu, and died almost suddenly, suffocated, on the 2nd of March. The diaphragm, pierced on the left side through its muscular part, showed no signs of inflammation, nor in its peritoneal coat; the opening was smooth, two inches from the ribs, and about one-third of an inch long; a large portion of omentum had passed through it into the chest, from the left side of which about eight ounces of bloody fluid escaped, the intercostal artery having been wounded, whence the blood probably came.

Case 147.—James Wilkie, 12th Light Dragoons, aged thirty-four, was detached from the head-quarters with a squadron under the medical superintendence of Assistant-Surgeon Egan, who states that the deceased was suddenly attacked at four p.m. of the 6th of September, 1815, with violent pain in the umbilical and epigastric regions, accompanied with nausea and great irritability of stomach; his pulse small, rapid, and regular. He had a natural motion in the morning, and had eaten a hearty dinner of soup at twelve o'clock the same day with his comrades. Mr. Egan visited him half an hour after the attack, bled him freely, and caused the abdomen to be fomented with hot water; a large blister was applied to the seat of pain, an ounce of castor oil was given, and emollient and laxative clysters were occasionally administered. The castor oil was retained on his stomach, but the injections came away; at night the symptoms abated, and he slept about three hours. The next morning I was sent for from head-quarters, and saw him about ten a.m. His countenance exhibited that appearance of haggardness and anxiety which I have always found to be alarming indications. His pulse was feeble and rapid; the pain continued severe; at noon he vomited from two to three ounces of black fetid blood in a fluid state; his pulse became very feeble; at four p.m. the pains increased, and he ejected from his stomach from four to six ounces of dark fluid blood that had less fetor. His countenance sunk; his pulse fluttered, and became too rapid to be counted; and at six in the same evening he expired in pain.

This man, on the 18th of June, at Waterloo, received a punctured wound from a sword, which entered about an inch below the inferior angle of the scapula of the left side, penetrated the thorax, appeared to have passed through the diaphragm, and the point of the weapon came out on the opposite side of the chest, between the first and second false ribs. His wounds were quite healed, and he apparently enjoyed good health, when he arrived from the General Hospital, Brussels, in August.

Appearances on Dissection.—On opening the abdomen, the whole of the intestines, with the exception of the duodenum, were in a high state of inflammation. The colon particularly was of a dark chocolate colour, some spots inclining to sphacelus. On tracing the duodenum upwards, we were very much surprised at finding only a very small portion of the stomach in its natural situation. On opening the thorax, we discovered a large spherical tumour in its left cavity, which was accidentally punctured in dividing the cartilages of the ribs to elevate the sternum, which tumour or sac contained two quarts or upwards of black fluid fetid blood. On tracing it further, this sac appeared to be by much the larger portion of the stomach, which had protruded through the aperture in the diaphragm, by which it was so firmly embraced as to render the communication between that portion of the stomach in the thorax and that in the abdomen impervious to each other. The hernial sac and its contents were supported by the diaphragm, its upper portion being in contact with the pleura. The left lung exhibited a shrivelled contracted appearance, as if its function had been impeded by the pressure of the sac and its containing fluid. The cicatrix and course of the sword were well marked. The cardiac and pyloric orifices of the stomach were in the natural cavity. The preparation was lost from having been immersed in spirit of bad quality.

Neufchatel, Jan. 28, 1816.

Sir,—I have to acknowledge the receipt of your letter of the 16th inst., and shall always feel a pleasure if, by any slender means in my power, I can contribute to the extension of science.

It appears to me, in the case your letter alludes to, that the communication between the thorax and abdomen through the wounded part of the diaphragm had become nearly, if not quite, impervious; that the edges of the wound adhered to the incarcerated portion of the stomach; but there was no adhesion of the stomach to the pleura in the thorax, or to the peritoneum in the abdomen, except at its incarceration. There was no alteration in the peritoneum, except the usual appearances after death, in enteritis, which certainly was the immediate cause of the fatal termination of the case, and not the displacement of parts; the opening in the diaphragm did not appear to be more than two inches, perhaps the width of the sword-blade inflicting the wound; the lips of the wounded diaphragm, strangulating the stomach, were attached to it by adhesion; the strangulation of the stomach certainly arose solely from the diaphragm; the vomiting of a portion of black fluid blood in the latter stage of the disease, similar to that contained in the upper portion of the stomach, showed that the communication between the portion of that viscus in the thorax and that in the abdomen was not completely obliterated; perhaps the act of vomiting caused the diaphragm to expand so as to admit a portion of the fluid contained in the upper stomach to pass through the stricture, which ordinarily was of sufficient force to prevent its passing through by gravitation.

I have always found it extremely difficult to reason upon this extraordinary case, and can only do so from supposition; I conceive that the stomach may have been wounded by the same puncture which perforated the diaphragm, and that a portion of it passed through the perforation; that, the wounded lips of that viscus coming in apposition with the wound in the diaphragm, union took place; that blood continued to flow from the wound in the diaphragm into the upper

portion of the stomach, and, as it became strangulated and distended with blood, it drew the inferior portion after it, till the hemorrhage ceased, and adhesion became complete; but this I am free to confess is mere conjectural reasoning, and I am not borne out in it by demonstrative facts. That the functions of life should have been carried on by so small a portion of the stomach as remained in the abdomen, and that the patient should have lived in apparent health, supporting so great a weight of fluid on the upper surface of the diaphragm, is a very extraordinary phenomenon, and I think the history of the symptoms, while under treatment, must form an interesting case.

HENRY ROBINSON, Surg., 12th Lt. Drag.

G. J. Guthrie, Esq.

CASE 148.—In the Appendix to my Lectures on the Injuries of the Abdomen, case 114 is an instance of a wound received at Sobraon, on the 16th of February, 1846, the man dying at Chatham a year afterwards. The greater part of the stomach, the transverse arch of the colon, and the omentum, had passed through a rounded opening in the diaphragm, two inches and a half in diameter, the peritoneum being continuous over the edges with the pleura.

CASE 149, from Baron Larrey, "Clin. Chir.," vol. 5, page 118.—J. B. Jerome was wounded in Syria by a lance, which penetrated the right side of the chest, between the cartilages of the sixth and seventh ribs, and slightly injured the sternum. He fell from his horse, and fainted from loss of blood. The wound was closed, and he was sent to the rear. It afterwards appeared that he had lost his voice, the loss continuing for several months; that he breathed with difficulty; that his countenance was spasmodically affected (*risus sardonicus*). He gradually recovered in part. Thirty-six years afterwards, the Baron found that he could not speak without greatly elevating the larynx, accompanied by convulsive movements of the muscles of the eyelids, mouth, and face. The right lung appeared to be hepatized, giving out no sound on percussion. The least pressure on the right side of the chest, which was abnormally enlarged, gave great pain. The Baron supposed that the internal mammary artery was wounded in the first instance, and the phrenic nerve as well as the lung, and latterly that the par vagum had also been injured on the œsophagus. The cicatrix is six centimètres long.

CASE 150.—N. J. Michaud was wounded by a sword, which penetrated deeply into the right side of the chest, between the sixth and seventh ribs, the latter of which was two-thirds cut through. The inferior edge of the lung was supposed to be wounded, as well as the central tendon of the diaphragm, the pain extending from the wound to the xiphoid cartilage. The muscles of the face were spasmodically affected; he could scarcely speak; the breathing was laborious; pulse small, quick, and nervous. The edges of the wound having been brought in contact, the surrounding parts were frequently cupped, particularly over the seat of pain, and blood was drawn from the arm twice in the first twenty-four hours; antispasmodic emollient drinks were administered. The second day the symptoms were all augmented in intensity. A sound introduced into the cavity showed that an extravasation of blood had not taken place; the antispasmodics were, therefore, increased, and the cuppings were repeated, under which the symptoms gradually subsided. The convulsive action of the muscles, constituting the sardonic smile, ceased, the breathing and swallowing became easy, the patient could lie horizontally, and he gradually recovered.

CASE 151, by M. Baudens.—A fusilier of the Zoaves was wounded by a ball, which entered a little to the right of the xiphoid cartilage, and passed out at three inches' distance from the spinous process of the tenth vertebra. The conjoined cartilage of the false ribs having been depressed without loss of substance by the ball, it was drawn out at once by the finger, in doing which I felt the liver projecting through the diaphragm; some ounces of black blood were evacuated. An incision was then made behind, two inches in length, for the removal of some splinters of rib; and the escape of air mixed with blood proved that the base of the lung had been wounded. This was followed by cough, expectoration of blood, hiccough, cold sweats, rigors, small pulse. At the end of several hours, reaction took place, accompanied by great oppression, and pain extending from the region of the liver and diaphragm over the chest. The patient was blooded four times in three days, and the inflammatory symptoms were subdued; jaundice took place; the posterior wound discharged good pus, the anterior yellow-coloured, for three months. By degrees the want of sound (*matité*) at the base of the chest, caused by the effusion and affection of the lung, began to be dissipated, and the respiratory murmur returned. The patient recovered.

The decision manifested in this case, by enlarging the posterior wound, in all probability saved the patient.

CASE 152.—Ben Ali was wounded by three balls, on the 14th of May, 1834, which entered the abdomen by the same opening in the epigastrium, and came out by two openings behind, one between the eleventh and twelfth ribs, the other lower down in the loins. He remained ten days without surgical assistance, at the end of which time he was received into hospital at Algiers. He stated that during the first four days he passed bloody urine, and vomited blood. His state on admission was as follows:—A hernia of the omentum, the size of half the hand, partly gangrenous, coming through the anterior wound, and adhering by its pedicle or neck to the surrounding parts. The third ball was lying an inch within the upper wound behind; bowels act every two or three days, with bloody striæ in the motions; urine bloody; skin hot; pulse frequent, hard, and small; tongue red; thirst; headache; pains in the loins and thigh, and stiff side; testes retracted. The omentum was cut off close to the integuments. Three arteries bled to the amount of sixteen ounces, which bleeding was arrested by a circular ligature around the pedicle of omentum, thus effectually strangulating it. Sixty leeches were applied next day to the left knee and thigh. Eight days afterwards, three round worms, from six to eight inches long, came out through the lower wound in the loins; forty-five days after the injury, he had no remains of inconvenience, beyond a difficulty in bending his back. The colon, stomach, left kidney, and the diaphragm, were all supposed to have been injured by this wound, and few acquainted with these injuries will doubt that, if he had been a native of Great Britain, or of a more northern climate, he would not have survived.

Cases 52 and 114 may now be referred to as those of injury, not only of the heart, but of the diaphragm; and the whole collectively confirm the fact I was the first to point out, that wounds of the diaphragm, whether in the muscular or the tendinous part, never unite, but remain with their edges separated, ready for the transmission between them of any of the loose viscera of the abdomen which may receive an impulse in that direction. That parts of these viscera do pass upwards and back again, cannot be doubted; and it is probable that incarceration may take place for a length of time, before strangulation occurs from some sudden and distending impulse giving rise to it.

When the solid viscera of the abdomen are injured, as well as the diaphragm against which they are applied in their natural situation, the wound may be considered a fortunate one; if the patient should survive, the liver or spleen may adhere to the opening in the diaphragm, and fill up the space between its edges.

A wound of the diaphragm may be suspected from the course of the ball, particularly when it passes across the chest below the true ribs. It is necessarily accompanied by an opening into the cavity of the abdomen, and is by so much the more dangerous. The symptoms will partake of an injury to both, although they are principally referrible to that of the chest, and are those of intense inflammation, accompanied by a difficulty of breathing, which in case 114, that of Mr. Drummond, was a peculiar sort of jerk; in case 141, that of Capt. Prevost, it was more spasmodic. The risus sardonicus, hiccough, pain on the top of the shoulder, and loss of power of the arm, in all probability, depend on some larger fibrils of the phrenic nerve being wounded. The treatment can only be antiphlogistic, and internal, beyond a free external opening for the discharge of matter. The accession of jaundice shows an injury to the liver; vomiting of blood, or its passage per anum, indicates a wound of the stomach or intestines.

THE PHILOSOPHY OF THE HUMAN HAND;

TRANSLATED FROM THE FRENCH OF

M. LE CAINE S. D'ARPENTIGNY.

1848.

TRANSLATOR'S PREFACE.

To discover by external characters or signs the human disposition, propensities, intellect, and general character, has ever been, and justly too, a favourite study with mankind. For such inquiries there exists, no doubt, a philosophical basis to a certain extent; for the external character being once known, and its positive relations to the internal being determined, it were easy in many cases to determine the nature and propensities of the being, whether that were man or mere animal. The claws of the lion, a fragment of the jaw or skull, a portion of his formidable teeth, revealed his nature to the philosopher, and even to the practical inquirer, as completely as if the dread king of the desert stood in all his majesty before him. The hoof of the horse, the paw of the monkey, and the wing of the bird gave general indications, at least, of the disposition and character of their respective owners. Last comes man himself—the highest, the most important animal in every sense of the word, but especially to his fellowmen; to scan *his mind*, generally and individually, necessarily became, even in the earliest eras of the human race, an engrossing subject of inquiry. But here the problem became at once most complex and perplexing: individual man—(and it is chiefly a knowledge of the individual which is aimed at)—*individual* man, as often happens even amongst the lower animals, presents not merely qualities of race, he possesses also an individual character; this often abounds with perplexing contradictions and incongruities, acquired or, at least, modified propensities, and an intelligence, the result of education, civilization, and of external circumstances generally; but he also displays individual, innate, congenital peculiarities, correctly to appreciate which must ever be of the utmost consequence to all around.

Hence originated physiognomy, palmistry, cranioscopy, and phrenology, all which arts have been tested by the world, and found wanting.

The public is here presented with a new attempt to appreciate human intelligence and human instincts by the external character of a portion of his frame—the hand. I venture to call this a new idea or attempt, inasmuch as it differs, in so far as I know, from all others. and especially from the method of Baptista Porta, whose views were fanciful, unphilosophic, and inapplicable. The ingenious naturalist, Swainson, did indeed endeavour to prove, founding his reasons partly on the quinary system of M'Leay, that human psychology has its prototype, or was represented by beastial or brute forms; but this, after all, and admitting that doctrine to its fullest extent—a doctrine which few have thought worthy of even a passing notice—this view, after all, applied only to human instincts, and not to human intelligences, those grand and specific qualities of brain dis-

tinguishing man from all that now lives, or has ever lived, on the surface of this globe.

The human hand is the chief instrument of man; by its means he acquires most of his knowledge; by it he reacts on the external world. It corresponds strictly with the character of his brain, and indeed of his whole frame. Let an artist substitute for the beautiful hand of the Niobe or the Venus a large, coarse, disproportioned hand, with a broad, unhuman-like palm, ape-like thumb, and massive, knotted, misshapen fingers, and all the world would immediately declare that such a hand could never have belonged to so glorious a figure. There does not seem to be the smallest reason for doubting the fact, that the brain and hand in well-marked cases must correspond. The author is evidently not a scientific person; so much the better, perhaps; but he has written a most ingenious work, full of new and original views of human character. It will amply repay the trouble of a careful perusal. Unacquainted, obviously, with anatomy and physiology, he has been unable to avail himself of those important and singular views, which the modern doctrines of transcendental anatomy furnish in abundance. The writings of Goethe, Oken, Frank, Spix, and Carus, to whom we owe the discovery of all these doctrines, if consulted, would have enabled the author to have given to his doctrine and work a scientific character; in these works he would have learned that the limbs (we allude chiefly to the arms or thoracic extremities, as they are called by anatomists, are, even in the arrangement of their osseous framework, but part and parcel of other less important-looking bones, called vertebræ, composing the *back-bone;* that the chain of bones composing the back-bone, or spine, are truly the more important, and the type on which all the higher, perhaps all, animals are formed; that the extremities, or limbs, are but appendages of these; that the head itself, the skeleton of the head, enclosing the brain and supporting the organs of sense, is merely a series of these bones, called vertebræ, enlarged and extended to meet the specialities of the individual or race; and that the hands and arms may ever be viewed as in immediate connection with, or forming a mere extension of, one of these cranial segments, or vertebræ. And, although the translator does not himself adopt this view in all its details, it is yet unquestionable that philosophic anatomy offers the most decided support to the practical views of M. Arpentigny.

To the original work the translator has added occasional woodcuts by a distinguished artist, deeming them an assistance to the ready comprehension of the author's views. And with a recommendation to the reader carefully to apply the views contained in this most ingenious work, and to contrast the deep philosophy herein contained with the surface-views of the "Bridgewater Treatise" on the same subject,—to test the doctrine by careful and repeated observations made on the hands of those around him; to reflect deeply on this great and undeniable truth, the "unity of the organization," and to see in that organization the mere physical and generally imperfect representation of *that ideal* which is the *only real*—that *idea* which must precede its shadowing forth in material structures; recommending the reader to look more deeply into the physical structures than has heretofore been usual, viewing them merely as types of higher theories, higher aims, and higher aspirations,—the translator takes his leave, claiming no other merit than that of offering him a faithful translation of the most philosophic work that has ever appeared on the Human Hand.

London, Feb. 12, 1848.

AUTHOR'S PREFACE.

Know thyself! Fine and wise maxim, which the generality of men find it easier to admire than to conform to.

In Ionia, where the soil furnishes with little toil or labour nearly all that is necessary for man—where, owing to the heat of the climate, a great portion of the laborious wants peculiar to our latitudes are unknown—it was easy to inscribe on the fronts of temples a precept which each individual, keeping in view his own happiness, was bound to put in practice; but in our rude countries, where nothing is obtained from the soil but by the sweat of the brow—where our physical and mental strength is exhausted in an unceasing struggle with cold and humidity—there is no leisure for so fine a study. Thus it is that in our stormy west, and especially since an over-population has rendered mere manual labour more and more obligatory and painful, there has arisen those theories intended to reveal to us, by an easy examination of some physical signs, the secret of our thoughts and faculties.

Who has not read Gall, and the writings of his enthusiastic adepts, the phrenologists? But their study is thorny, and their conclusions often contradictory. Who has not read Lavater and other physiognomists? But their indications are vague, though seemingly precise; their decisions often false. Nevertheless, one theory aiding another, physiology advances a step, as light increases in the vault by the addition of another lamp to that already placed there. Another discovery, and this science may reach, if not certainty, at least a favourable approximation to truth. Now this discovery I fancy I have made or, at least, rediscovered; for Anaxagoras, it is said, saw signs indicative of the tendencies of human intelligence in the forms of the human hand. I think with this philosopher, who, nevertheless, has not transmitted, in so far as I know, his opinions to posterity, that the hand, which is the principal instrument of our intelligence, ought to reveal much to us respecting the special character of each intelligence.

As animals have an organization conformable to their instinct,—as the beaver and the ant, possessing the instinct, the one to build the other to carpenterize, have, at the same time, been each gifted with the requisite instrument; as amongst animals of the same family, whose instincts are identical, the organization is also identical; whilst amongst animals of the same family, as in dogs and spiders, for example, whose instincts happen to differ in part, the organization is also different,—so, also, has the Creator, in bestowing on man diverse instincts, given to him differently formed hands conforming to this diversity in his intelligence.

The hand of a poet cannot resemble that of a mathematician, nor the hand of a man of action that of a contemplative man; I speak of a true poet and of a natural mathematician. To imagine a nonconformity in these respects would be unjust to the prevision of Omnipotence.

It is on this truth, and starting from this point, that I have established my system. Others, more skilled, should they deem it worthy their attention, may establish it on a wider basis, widening and enlarging its development. I claim only the merit of having first seen the fertile field of this new science; and I declare that but for the conviction of the utility of these ideas I should have observed silence.

I.—DENOMINATION OF HANDS.

Hands may be divided into seven categories, sufficiently distinct from each other, by forms which are peculiar to them. I have given them the following names:—1. The elementary hand; 2. The spatula-shaped hand; 3. The artistic hand; 4. The useful; 5. The philosophic; 6. The psychical; 7. The mixed hand.

These types, like the races in the canine species, cannot alter or be modified beyond a certain point. A secret force, that which maintains the harmony of the world, causes these varieties to return to their primitive purity, maintaining to man himself the identical form he had at the Mosaic era.

II.—OF THE SIGNS ATTACHED TO THE PALM OF THE HAND.

In the form of the palm of the hand we find the sign of the physical appetites, and to a certain point that of the *intensity* of the intellectual aptitudes which these appetites determine. Too slender, too narrow, too thin, a feeble and unproductive temperament is indicated; an imagination without heat, without power; instincts without an object; a taste more delicate than solid; a wit more subtile than comprehensive.

If you have it supple, of a suitable thickness and surface—that is to say, in harmony with the proportions of the fingers and thumb—you will be apt for all pleasures (inestimable privilege!), and your senses, easily excitable, will hold in check the faculties of the imagination.

Without ceasing to be supple, should the palm display extreme developments, egotism and sensuality will be the dominant propensities.

Finally, should its size be altogether out of proportion with the other parts of the hand, if to an extreme hardness there be added an excessive thickness, it will then indicate instincts and an individuality marked with the stamp of an *animality* without ideas.

Cast your eyes on animals whose solid and rounded feet are formed of a single nail or hoof, divided or not—on the ox, for example, the horse, the ass, the dromedary—the employment to our profit of that strength which belongs to them, without an intelligent consciousness of their possessing it; does this not prove their excessive stupidity? On the other hand, this is not quite so with animals whose feet are distinctly articulated, as the lion and tiger; the superiority of their organization is proved by the superiority of their intelligence, which again is proved by the liberty they enjoy.

The indications furnished by the palm of the hand are necessarily confirmed or modified by those which the other parts of the hand present to us.

III.—OF THE SIGNS ATTACHED TO THE FINGERS.

Of these, some are much more important than others; there are smooth fingers, and there are others which are knotty. Amongst these last, the fingers of one may show but one knot; those of another may have two. The significative knots are those recognisable easily and at once by the eye, and not those requiring touch to detect or discover.

Our fingers *terminate* either like a *spatula*—that is to say, by enlarging more or less; or in a *square form*—that is to say, by a phalanx whose lateral lines are parallel; or in a *cone*, more or less acute. To these different forms are attached so many different signs; but, before offering their interpretation, let me say a few words respecting the knots. If that which connects the first phalanx to the second is prominent, *there will be order in your ideas;* if that which connects the second phalanx to the third is prominent, you possess much material order of thought. The first knot never exists without the second; but the second is often present without the first.

Now, this implies that *external order* is always in the faculties of persons gifted with *moral order*, whilst there are many known for their *punctuality* who have, notwithstanding, an extremely illogical mind.

Smooth-fingered persons have all a humour more or less artistic; even those in whom the fingers terminate *spatularly* or *squarely*, they will proceed always by inspiration, rather than by reasoning; by fantasy and sentiment, rather than by knowledge; by synthesis, rather than by analysis. A man expends annually the double of his income; yet his house is in the most perfect order, and everything in its place: be assured that he has smooth fingers, squared or spatular. I suggest to the possessors of smooth fingers to take into consideration the advice of Captain Merdaille, in Rabelais, tendered to Picrochole, not to be so hasty and sudden in their resolutions; they have too much passion, and are in too great haste in the matters of study, of love, of business; their ardour leads often to defeat.

Let us proceed to the interpretation of the *exterior* phalanxes, that is to say, the first.

Place before the eyes the hands of seven different individuals, stretched towards you, without

support, and the fingers partly separated from each other. The first has smooth fingers, terminating in the spatular form; the second has knotty fingers, also terminating in the spatular form. Now, in both these individuals we find, by reason of their spatula-formed fingers, an imperious neccssity for corporeal agitation, for locomotion, and very generally for manual occupation; more bowels than brains; all science weighed by its *useful* and physically sensible aspect. There is a love of horses, dogs, the chase, navigation, war, agriculture, commerce.

To both belong the innate sense of tangible things, the instinctive intelligence of the *real*, the worship of physical force, the genius of calculation, of the industrial and mechanical arts, the exact applied sciences, natural and experimental science, the graphic arts, administration, law, &c.; but a marked aversion for the elevated philosophic sciences, for transcendental metaphysics, for spiritualized poetry, for subtleties, for all which springs from the world of speculative ideas only.

As those with smooth fingers proceed by inspiration, passion, instinct, intuition, and knotted fingers (with the double knot) by calculation, reasoning, deduction, probabilities, the hand with smooth fingers will especially excel in the arts by locomotion, in those applied sciences where spontaneous address and genius prevail over combination.

Cyrus (the younger). judging of his character from the "Anabasis" of Xenophon, must have had smooth fingers terminating in a spatular form; but spatula-shaped knotted fingers indicate the intellectual disposition of Vauban, Monge, &c.—fond of statics, dynamics, navigation, military architecture, naval, civil, combined strategy—engineers, in fact, of a high order, as may be.

Now, here is a hand with smooth fingers, and terminating in a square, whilst this other has the phalanges equally square, but the fingers are knotted. To both belong a taste for the moral, political, social, philosophic sciences; for didactic, analytic, dramatic poetry; for grammar, languages, logic, geometry; a love of *literary form*, of metre, rhythm, symmetry, and arrangement, or art defined and agreed on; views juster than enlarged; a genius for business, personal respect, positive and moderate ideas; instinct for duty and authority; attention (*culte*) to the truly practical fine wit, correctly formed in conduct; love of offspring, and usually more brains than bowels.

To men with squared phalanges are due the prevailing theories and methods—not elevated poetry, but *letters*, the sciences, and some arts. They carry the name of Aristotle inscribed on their standard, and they march at the head of four faculties.

This type excels not in a brilliant imagination, as poets understand the phrase; everything of this kind appertains to the smooth-fingered man; and all that holds to the reasoning, to combination, as history and the social sciences, belongs to those with knotty fingers. Descartes and Pascal had knotty fingers; Chapelle and Chaulieu had them smooth. Men with spatula-formed fingers have first the action and the knowledge how to act (*savoir faire*), then the knowledge itself (*savoir*).

In France square-fingered hands abound, hence there are more men with *tongue* than men with hands; more brains organized for the theory of the sciences than men adapted to apply them. Our military engineers, for example, are at once the most learned and the least practical of Europe; if, on the one hand, the difficult questions they are called on to solve, in order to obtain their brevet, prove their theoretical capacity, on the other hand, our gloomy and unhealthy barracks, our guardhouses, our barracks of encampment—residences fit only to shelter savages, and our stables—absolute burial-grounds for horses, attest their total incapacity for practice. To these square-fingered men France owes the substitution of calculation by the infinitely small for measures easily appreciable by the eye and mind; complicated and theoretical computations for others almost instinctive. They have said that a soldier's ration should no longer consist of a pound and half, but of 720,250 milligrammes.

The fifth hand before me has the fingers smooth, with the phalanges formed like a cone. The tendency of intellects with such hands is towards the plastic art, painting, sculpture, monumental architecture, poetry of the imagination and of the senses (Ariosto); a worshipping of the beautiful in its solid and visible form; romance; antipathy for rigorous deductions; a need of social independence; propensity to enthusiasm and to fancies. This same form of hand, knotted, has the same genius with more combination and moral force.

The philosophic hand is different; the fingers are knotted, with the phalanges, as it were, partly squared, partly conical; the first knot giving to the exterior (distal) phalanx a form nearly ovoid. The genius is turned towards speculative ideas, meditation, and rigorous deductions by *words;* love of absolute truth; elevated logic; a desire of political, religious, and social independence; deistical; democratic.

Finally, here is the psychical hand, with smooth fingers terminating in a slender cone, indicative of a mind contemplative, religious, ideal; a cultivator of every form of the beautiful, in form and essence, but especially in essence. Thus, the Creator has bestowed on the square and spatular fingured hand, matter and reality, that is to say, industry, and the useful and necessary arts—action and the knowledge of facts. To the conical and pointed hand has been opened the way to the ideal without limits: the conical establishing the beautiful on the basis of the external senses; the pointed aiming at the same through the internal sense.

To large hands belong the spirit of minutiæ and of detail; Frederic I. of Prussia, surnamed the King Corporal, had large hands. The poets say the same of Moses; and Domitian, whose hands were enormous, amused himself with killing flies.

To moderate-sized hands belongs the synoptic spirit—that is, the conception of the details and of the whole: such were those of Walter Scott, Montesquieu, Tasso, Racine, Corneille, Wast, Leibnitz, &c.

Some hands show better what the intelligence to which they belong is unfit for than for that which suits it; they tell us of antipathies, but say nothing of propensities. Many persons have merely the defects of their type.

Most correct and learned musicians have square-formed fingers; but mere instrumentation or execution belongs rather to the spatula-formed fingers, and singing especially to the pointed. Musicians, such as they are, abound amongst mathematicians and algebraists; they weigh the sounds by numbers better than others. Long external phalanges indicate a quick taste and aptitude for music.

A subtle and disputatious spirit is connected with small hands having delicate fingers; knotted and square phalanges, a desire for controversy rouses them before the dawn; and such, no doubt, were the hands of the miserable triflers who governed Greece in her closing struggle with the barbaric East: under the very sword of Mahomet they engaged in the dispute of incomprehensible trifles, abstractions, theological follies; thus deserting their country, not from a want of courage, but from sheer stupidity.

When small and slender hands form the majority, they show natural decrepitude; large palms and hard and inert fingers preside, on the other hand, at the early development of nations. They build pyramids, Cyclopean walls, &c.; they worship Fetiches.

The taste shown by France at present for historical and literary works, in which details abound, proves the intellectual progress of democracy. A little before the Revolution, people wrote only for the aristocracy, who naturally preferred synthetic books to the analytic.

There are books of fiction, like those of M. de Balzac, whose every page is yet perfectly true and real. These books, these portraits, belong to the analytic—that is, to large-handed men.

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 444, vol. xvii.)

CLASS IV.

DIVISION II. *Emaciation of frame; Countenance of peculiar hues.*

From dropsy.
,, renal disease.
,, hemorrhage ushering in the above.
,, mesenteric disease.
,, entozoa.

I trust it will not be deemed superfluous if I now advert, in the course of some prefatory remarks upon renal disease, to those discoveries and minute dissections of the intimate structure of the kidney in mammalia, which I made public ten years ago, under the title of "A Popular Treatise on the Kidney, &c." I have had no reason whatever to alter the leading points which I then put forth to the profession, but, on the contrary, my mind has been more confirmed by daily observation in health and in sickness, in the wards and in the pathological room, of the truth of those assertions, and of the important facts which are connected with them. For the sake of brevity, and for the information of those readers who are not acquainted with the facts here alluded to, I will just recapitulate some of the main points of the subject then published to the world.

In the first place, it was stated that animal oil passes into the mouth of the kidney through the reflected portions of its investing membrane, and by that channel into the seven divisions of the pelvis of the ureter, and onwards to the semicircular branches of these divisions, until it arrives at a series of delicate and minute tubes called "feathery oil-tubes."

2. That these oil-tubes coalesce with and empty their contents into the urinary ducts.

3. That the radicles of these oil-tubes are so perfectly indestructible in their nature, that when the most complete decomposition and disorganization of the whole kidney has been obtained by long-continued maceration, yet the bases of these oil-tubes remain unchanged in their nature, like the fat which they contain.

4. That these oil-tubes convey or drain off a large portion of water from the oil which surrounds the kidney, and carry it into the urinary ducts for excretion.

5. That these oil-tubes were the "veins" alluded to by Carpi and Mathæus de Gradi; "the second class of ducts, or glandular ducts," of Bertin; the "mèches" of Winslow; the "vaisseaux spongieux" of Vieussens; the "ducts from veins" of Eysenhardt; the "white cortical ducts" of Ferrein; and the "serpentine ducts" of Müller, Ruysch, Meckel, Rathke, Skumlanskey, Huschke, &c., and the "lymphatic vessels" of Nuck, &c.

6. That these authors had no idea that the office of the kidney is twofold; for whilst, on the one hand, it separates saline excrementitious matters from venous blood, it removes the watery portions, with the elements of urea, from the fat of the body; thus exhibiting a close analogy to the fuctions of the liver; for as the hepatic artery is primarily a nutritive vessel, and, secondarily, aids in the formation of bile, and the portal vein is charged with highly oleaginous and non-coagulable blood for the secretion of bile, so, also, the renal artery is a nutrient vessel, whilst the venous plexuses adjacent, and oil-tubes combined, separate the constituent principles of healthy urine. So that I have observed, that wheresoever we find no portal blood going into the kidney, &c.,

we may trace the fat passing into this gland through its proper membranous sheath; oil-tubes pass off from these membranous sheaths, or calyces, and these tubes anastomose freely with the vascular network of veins which surround the whole course of the uriniferous ducts. In some reptiles, birds, and fishes, a portion of venous or portal blood, from the intestinal canal, the extremities, and the tail, not only goes to the grape-like fat-cells of the liver, for the secretion of bile, but a portion of this venous or rudimentary portal system also goes to the kidney for the secretion of urine.

The valuable researches of the continental physiologists into the minute structure of the glandular system have been greatly enhanced by the appearance of Mr. Solly's excellent translation of Müller's work "On the Intimate Structure of the Secreting Glands, with the subsequent Discoveries of other Authors." (a) In these pages, whilst treating on the structure of the kidneys, Mr. Solly has done me the honour to quote at some length the anatomical views of this organ which I published to the world in 1838. I may, therefore, transcribe this gentleman's remarks on my work from his own pages. He observes thus:—

"A work has lately appeared on the kidney, by Mr. George Corfe, the resident medical officer of the Middlesex Hospital, entitled 'A Popular Treatise on the Kidney, its hitherto Unknown Functions, and its Diseases in Connection with the Circulating Animal Oils, &c.; with Advice to Persons on their Secretions.' In this work Mr. Corfe describes a structure in the kidney distinct from the blood-vessels and urinary ducts, under the title of the 'oil-tubes.' These tubes communicate with the fat, or 'suet,' which surrounds the kidney, and act as channels through which this fat as oil flows into the kidney. The agent made use of to propel this oil or produce this current through the kidney is not described, but left in a state of uncertainty.(b)

"The tubes at their termination in the urinary ducts present a feathery appearance, and are denominated the feathery oil-tubes. We have seen Mr. Corfe's preparations,(c) but do not feel quite convinced of the existence of the tubes, but are rather inclined to believe that the tissue which he considers tubular is no more than the cellular web which is found binding together the tubes of all glands;(d) and he states himself (p. 71) that they cannot be injected from the urinary ducts, nor from the veins or arteries, for they have no connection with the blood-vessels. This difficulty of injecting them he accounts for by the assertion that they 'pass into the urinary ducts in a valvular mode.'(e)

"But, whether Mr. Corfe is correct in his anatomy or not, his preparations are highly deserving of examination,(f) and his work is well worthy of perusal: we shall do him no more than justice if we make a few extracts, and so far let him tell his own story in his own words.

"'The kidneys are surrounded by a loose cellular covering, known as the adipose membrane, because in robust and healthy persons its cells are filled with oil;(a) they have a proper coat or membrane which envelops them as a skin. This membrane I shall term at present "the reflected membrane" of the kidney.' (P. 60.)

"'This membrane is not cellular, like the adipose membrane: it envelops the whole substance of the kidney like a skin, and lies close upon its flesh; it passes into the bosom of the gland, being reflected within itself, as I shall presently describe. It consists of two delicate layers, the outer one being more dense and fibrous than the inner one;(b) between these two layers is a delicately and most minutely wrought network of cellular tissue; air blown between these two layers distends the cells of the tissue, and exhibits the two coats of this membrane. At the mouth of the kidney, the membrane is reflected inwardly, lying upon or on the outside of the suet, the pelvis, and blood-vessels, so that these latter pass into the gland between the reflections of this membrane, just as the finger passes into a glove.' (P. 64.)

"'The reflected membrane having surrounded the kidney passes to its mouth, and lies on each side of the pelvis, to which it now becomes intimately united. So intimate is this union that, in describing the course of this membrane, I am in fact also describing the course of the pelvis with its seven branches, for the membrane forms sheaths to them all, and passes inwards and upwards to the very surface of the gland, and surrounds all the large vessels as soon as they emerge from the seven branches of the pelvis; it thus forms a space through which the ureter, veins, and arteries, &c., pass. The further course of this membrane through the kidney may be represented by the hand and fingers when covered with a glove: the hand is figurative of the mass of vessels, ducts, and nerves; the palm, of the pelvis; the fingers, of the several branches of the pelvis; and the whole glove, the course of the membrane over them. If the thumb of the glove be turned outside in, it will represent the ureter passing out from the pelvis, whilst the palm of the half-closed hand with its glove on will be figurative of the interior of the pelvis. If, therefore, a lady's glove be put on the hand, and the portion usually covering the arm be drawn inside out over the hand and fingers, it will just represent the whole course of this reflected membrane. The flesh of the kidney may be represented as between the inverted portion of the glove and the fingers and hand; it resembles, therefore, a double-headed nightcap, having the flesh of the gland as it were between the two heads of the nightcap.'" (P. 65.)

(To be continued.)

(a) London: Jas. Butler, St. Thomas-street, Southwark.

(b) Not exactly so, for the same laws that enable portal blood to traverse the pelvis and abdomen up to the liver will also enable the oil to pass into the mouth of the kidney, from one cell of the adipose membrane to another, until its watery excretion arrives at its destination, viz., the urinary ducts.

(c) Of the cod-fish, the rabbit, the sheep, ox, lion, and the human subject.

(d) If such were the facts, then the third axiom, already stated, would be incorrect; whereas the proof of these tubes not being a cellular web is, that they are most perfectly seen and demonstrated when decomposition has destroyed all trace of cellular threads throughout the gland.

(e) Precisely so; and containing, as they do, a matter that is most resisting to all injections—namely, oil—they can never be injected until some chemical agent can be found which will wend its way through cold fat, and thus run into these tubes. But the eye recognises the fat in these tubes most readily when they are only seen under a glass of ordinary magnifying powers.

(f) These preparations are to be seen in the Middlesex Hospital Museum, and some few were also sent to the public museums of all the metropolitan schools of medicine.

(a) The cells that are farthest from the kidney are the largest, and the most dense of the whole mass of suet. As the oil drops from cell to cell, it passes through partitions thinner and thinner, or sieves finer and finer, until the network is so delicate, around and within the gland, that it requires a magnifying power to demonstrate it. The oil corresponds, likewise, in its consistence to the circumference of the cells which contain it. If a small portion of oil is taken out of the adipose membrane most remote from the kidney, and smeared over the hand, it runs lumpy and hard over the warm skin. If a portion be removed from the minute cells, just as it is entering into the bosom of the kidney, and similarly treated, it runs over the hand like tallow taken from under the flame of a candle. If the grosser lumps be taken again, and held over a spirit-lamp, it spirtles and burns with a crackling noise, as though it contained water and salt; but, on the contrary, a portion from the bosom of the kidney burns silently, rapidly, and is truly pure oil.

(b) Hence it is called by anatomists the fibrous coat of the kidney.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF MEDICINE.

Treatment of Hemorrhage.—At a recent meeting of the Academy of Medicine, M. Chassaignac read a paper on the application of ice to bleeding mucous surfaces. M. Chassaignac proposes in hemorrhages from the mouth or throat, for instance, to carry fragments of ice with a forceps upon the spot from which the oozing is observed to take place—thus combining the advantages of refrigerating and compressive applications.

A paper was forwarded to the Society of Surgery, by Dr. Sainctelette, on the hemostatic properties of pulverized arabic gum. The efficacy of this powder in nasal hemorrhage is attested by Dr. Sainctelette, who, on many occasions, had succeeded in arresting profuse and obstinate bleeding.

At the same meeting some important remarks were made by Dr. Robert on secondary hemorrhage, from injuries of the arteries of the superior extremities. Where an artery of the arm or forearm has been divided, it is customary to place a ligature upon both the arterial extremities, and, where they are inaccessible to the surgeon, to secure the brachial artery. This was Dupuytren's precept, and is the practice at present most generally adopted. M. Robert considering, however, the frequent return of secondary hemorrhage in such cases, recommended ligature of the axillary in preference to that of the brachial. His reasons for differing in this respect from the opinion generally received consisted, in the first place, in the great facility with which the superior profunda reestablished the circulation in the lower part of the limb; and in the second, in the absence of any very direct communication between the large divisions of the axillary and of the brachial arteries.

Aphthæ, or Thrush.—(Journal des Connaissances M. Chir).—On the semeiological value and the prognosis of thrush, a material difference exists between the opinions entertained by Dr. Valleix and Professor Trousseau, both of whom are attached to a hospital consecrated to diseases of children. M. Valleix considers thrush as the symptomatic expression of some serious internal complaint; M. Trousseau, on the contrary, looks upon it as a local disease, often resulting from general debility, but not by any means so fatal in its import as M. Valleix conceives it to be. The false membranes, in which recent microscopic investigations have shown the existence of parasitic vegetations, have no tendency to invade the larynx or nasal fossæ, but they readily spread to the œsophagus, and even to the stomach and intestines. Idiopathic thrush may be developed with a considerable degree of violence, the child preserving all the appearances of health. Suction only is imperfectly performed, being a painful operation to the diseased mouth. It is unattended by vomiting, fever, or dyspnœa, and yields easily to local treatment. M. Valleix, on the other hand, endeavours to establish that aphthæ confluentes are the result of a general disease, preceded by vomiting and diarrhœa, accompanied by erythema and desquamation of the skin, and generally terminating in fatal pneumonia. In answer, M. Trousseau states that, when debilitated infants are placed in unfavourable hygienic conditions, they are very prone to contract diseases, which, if they last, are soon complicated by aphthæ. Absence of proper food, care, and cleanlinesss, impoverish the blood, and, besides, expose the skin to the continued contact of irritating matter; hence excoriations, and even ulcers. If properly treated all the patients recover. The treatment consists in applications of borax and honey, frequently repeated.

Tartrate of Potass and Iron.—M. Mialhe states, that this salt contains thirty per cent. of sesqui-oxide of iron, and presents, however, very little chalybeate taste—a circumstance which renders it highly proper to therapeutic uses It is extremely soluble, and, not being decomposed by alkalis, its absorption is as readily obtained in the intestine as in the gastric cavity.

D. M'Carthy, D.M.P.

On Excision of the Tonsils.—Dr. Frank Hamilton, of Buffalo, says the instrument a young practitioner should choose is "Owen's" instrument. The handle should be sufficiently large to be felt in the grasp, and not too smooth; it should be set firmly on the shaft, and at a proper angle, greater than a right angle. The shaft should be seven inches long, and three-fourths of an inch wide, so as to separate the teeth of the patient and protect the fingers of the operator; the tonsil should be seized by forceps attached to the instrument rather than by a pin, since, when the pin is used, the tonsil may slip off after the operation, and be swallowed, or fall upon the rima glottidis and produce suffocation; the forceps should be so attached upon a pivot as that the tonsil can be drawn through the ring as much or as little as the operator chooses. It is much better that the hand of the operator alone should control the forceps, and especially because by the hand alone can discretion be exercised as to the amount to be removed. The teeth of the forceps, when the forceps are opened, should never encroach upon the inner circle of the ring. The ring or fenestrum which is to receive the tonsil ought to be of moderate size; if large, it requires too much breadth at this part of the instrument. The size which will be found adapted to nearly all, if not all, tonsils, is ten lines in breadth by twelve in length. Into this we can always introduce the gland sufficiently far to seize it with the forceps, and, if seized, we shall never fail to be able to draw it through as much as we choose. The edge of the knife or guillotine must be camerated—roof-shaped and not rounded, and it must cut by "propulsion," being propelled by the thumb of the hand which holds the instrument. Instruments that cut by "retraction" cannot have properly shaped guillotines, nor can such shaped guillotines be easily sharpened, and they are objectionable also from the fact that they require one hand to hold the instrument, while the other retracts the blade, and the forceps must be abandoned. Besides this, it will always be found, where one hand holds the instrument and the other withdraws the blade, that the two forces acting in opposite directions will not be equal, and the ring is liable to be pulled farward or pushed backward and to slip from the gland; but when the thumb of the same hand which grasps the handle projects the blade, the antagonist powers are equal, and the instrument remains steady and firm to its place. The patient being seated before a strong light, the instrument is introduced with its "back" applied to the tongue, and its "face" directed to the roof of the mouth; and in this way it is carried below the tonsil, and the tonsil is made to drop into it by pressing from below—a highly practical point, which constitutes nearly all the art of seizing the gland; the "face" is then turned obliquely upwards and outwards and pressed snugly upon the tonsil, while the forceps is made to seize it, and by steady traction draw it through. If the gland is large, the forceps should be moved laterally and slowly. The thumb now completes the operation by firmly thrusting the knife forward. When, owing to the inability or disinclination of the patient to control the tongue, it is so thrust about that the tonsil cannot be kept in view, the forefinger of the hand not employed in holding the instrument may be held in the ring until the tonsil is felt to be fairly entered, and then the same hand may be withdrawn to seize the forceps, and the balance of the operation will be completed as before described. The hemorrhage from the wound is generally trifling, usually not more than half an ounce—occasionally it is two or three ounces. If it does not cease spontaneously in a minute or two, a gargle of cold water will arrest it in most cases; but if this fail, let the neck be freely exposed, and a neckcloth filled with snow placed about the neck, and especially opposite the seat of the tonsil. If snow cannot be obtained, pounded ice, or even cold wet cloths, will answer. From this accident, therefore, the operator has little to fear; nor need he apprehend more danger when he cuts off two-thirds, or even the whole of the gland, than when he merely shaves it or halves it. Neither the speech nor the hearing is improved until after the lapse of months after the operation is made. The apprehensions which some have felt that the speech may be injured by the operation do not seem to be well founded.

On the Treatment of Inflammation of the Brain.—Mr. Solly recommends the following treatment:—1. There is no time to be lost—even minutes are of value. 2. That inflammation of the brain is a depressing disease, and that, as a general rule, general blood-letting is not often admissible. 3. That, though general blood-letting may sometimes be attended with benefit at the time, the good derived from it is seldom permanent. 4. That local blood-letting, by leeches and cupping, is generally useful, and especially in cases of insomnolence, arising from abnormal action of the brain. 5. In cases of insanity, where opium has failed to produce sleep, leeches and cold applications frequently will; and if they do, it is strong evidence that the excitement arises from hyperemia, and not from anemia, as in that of delirium tremens. 6. That aconite and digitalis are the best sedatives, especially when combined with mercury. 7. When it is advisable to salivate rapidly, raise the cuticle by boiling water or a similar escharotic, and dress the surface with the strong mercurial ointment. 8. Always commence the treatment with a brisk mercurial purgative. 9. Sooth the patient's feelings in every way. 10. Never leave anything that is disagreeable to the patient to be done by a nurse or attendant, such as the application of leeches, &c., but persuade him to have them applied. 11. Never lose your patience in the treatment of a chronic case, or try to hasten the cure by increasing the doses. 12. When it is considered necessary to continue the use of mercury for a lengthened period, combine tonics with it.

On the Treatment of Varices.—Professor Rima, of Venice, says in the treatment of enlarged veins, the following indications were to be met:—1. The blood should, as far as possible, be kept out of the veins. 2. The inflammation in their coats should be removed; and 3. An action in the tissues should be induced, which would result in the absorption of the abnormal deposits. To meet the first indication, pressure by means of a well-applied roller or adhesive straps, or both, should be resorted to. This pressure to be applied to the whole of the parts affected. The ulcers which often exist, and depend upon the disease of the veins, to be subjected also to pressure and treated with mild unirritating unguents. The second indication to be met by depletion, general or local, or both, together with the use of cathartics, saline or mercurial, as the case may demand. The use of cold water, and salt and water, to the inflamed parts, with rest and the horizontal position. The third indication, viz., the removal of the abnormal deposits which have taken place in the tissues of the vessels, to be effected by the use of mercurial ointment, frequently and well rubbed in. These means were resorted to in a large number of cases, and were generally successful where the treatment was faithfully carried out by patient and surgeon.

Cure of Partial Xerophthalmia. — Thomas M'Lusky, aged nine, entered the Glasgow Infirmary on the 23rd of June, 1847, under Dr. Anderson. The outer part of each ocular conjunctiva presented a well-marked patch, of "xeromatous" character,—dry, glistening, and of parchment-like glossiness. It did not encroach upon the cornea, but covered a portion of the sclerotic, about as large as the nail of the little finger. There was slight catarrhal conjunctivitis, but very little uneasy feeling. No history could be obtained of the time or manner of the first appearance of the malady. The corrosive sublimate collyrium, the red precipitate ointment, and drop of diluted vinum opii, were daily used for a week or two, but without the slightest benefit. I then bethought me that, perhaps, an alkali might soften the dry epithelium, and alleviate this commonly-reckoned incurable disease. A drop of aqua potassæ was therefore introduced into each eye; and in two days, when the inflammation it produced had disappeared, the application was repeated, and continued thus at intervals for some weeks. The result was very gratifying; the dryness gradually lessened, the conjunctiva becoming more moist and soft. On the 27th of July the cure of the right eye was completed; and when the boy gave up attending, some weeks thereafter, that of the left was all but finished.

On the Causes of Death in Secondary Amputation.—Dr. Fenwick. in analyzing the causes of death in secondary amputations, found that, whilst the patients undergoing that operation were not so liable to inflammatory affections as those suffering amputation immediately after the receipt of an accident, yet that they were more likely to sink fram exhaustion than cases of pathological amputation, and that this, in fact, constituted the chief danger of the amputation when performed at a considerable distance of time from the accident. From this it might be concluded that the period of life in which the reduction of the strength of the patient by disease has the greatest effect in preventing subsequent inflammation, and, at the same time, that period in which the greatest power of resisting shock existed, would be found the most favourable for the secondary amputations; and this supposition Dr. Lawrie's statistics confirm. Between 20 and 30 years of age, no deaths occurred out of seven secondary amputations; whilst before that period in which it was found, by a previous table, shock had so deadly an influence, 7 died out of 13, or 1 in every 1·85. Between 30 and 50 years of age, during which death most generally occurs from secondary inflammation, whether the operation be performed for traumatic or pathological causes, 12 died out of 16 cases of secondary amputation, or 1 in 1·33; whilst, beyond 50 years of age, of 8 cases, 6 also died, or 1 in 1·33. From 20 to 30 years is the age, then, at which most time is gained by deferring, for the longest time, an amputation for an accident, both because the reparative process is most active at that period, and therefore there is a greater chance of a natural recovery, and also because there is less danger than at other times of life of the patients sinking from exhaustion immediately after the operation; whilst, by the continuance of suppuration, the chance of the secondary inflammations to which that age is liable after amputations is removed. In patients below 20 years of age the limb should be removed at an earlier period if there seems but small probability of a natural recovery from the accident; because there is less power in persons at that time of life of surviving the shock of the amputation, if it be long deferred, and less in other respects is gained by delay, on account of the small chance of the occurrence of phlebitis, or other secondary inflammations, after the amputation, when performed on persons of that early age. But the question arises, at what age are persons suffering compound fractures of the limbs least likely to reach that period when amputation can be safely employed? From an analysis of a number of such accidents to the lower extremities, recorded in the operation-books of the Newcastle Infirmary, it is found that of persons below 20 years of age, 3 died out of 24, or 1 in 8, within the fourth and twenty-first day after the infliction of the injury. In none of these, therefore, could any chance of a favourable result, after amputation, have existed, otherwise that operation would have been attempted. Of 22 cases of compound fracture between 20 and 40 years of age, 4 died, or 1 in

5·5; whilst of 20 cases who were between 40 and 60 years of age, 2 perished, or 1 in 10; and of 4 persons above that time of life, none died. It should be, therefore, borne in mind, in attempting to save a dangerous case of compound fracture of the leg without amputation, when the person is between 20 and 30 years of age, that there is less chance of a patient reaching the period of suppuration, when secondary amputation, if required, is most successful; although, if that operation can be performed, there is greater probability of recovery than if it were performed upon a person below 20 years of age.

New Article of Food.—M. Gandichaud read, at the Academy of Sciences, on the 13th of March, the report of a committee upon a paper of M. Lamare Picquot, relating to a newly-discovered alimentary root, collected in North America, and which he calls Picquotiana. M. Payen's analysis of the same runs thus:—

Brown bark	28·20
Cellulose and ligneous matter ..	24·59
Farina	47·21
	100·00

These roots, when desiccated, yield seventy per cent of matter, independent of the bark. This matter is composed of about two-thirds of farina and one-third of ligneous fibre. The meal is very nutritious; and mixed with an equal quantity of wheat flour, and manipulated in the usual way, it is said to form agreeable bread.

Intestinal Suture.—A woman, seventy-four years of age, has just died in the Hôpital St. Louis, of exhaustion, after paracentesis abdominis. Twelve years ago she had been operated upon by M. Jobert (de Lamballe) for a strangulated femoral hernia; the intestine was incised, and a suture applied on the serous coat, on the 26th of November, 1836; the patient recovered in a very short time. After the *post-mortem* examination, the intestine, after having been carefully and repeatedly examined *in situ*, was removed from the abdomen, detached from the mesentery, and placed on a table. A white line was discovered running obliquely from the convex to the concave border of the intestine, and ending in a sort of star, and was easily perceived upon the red ground of the intestine; it presented the usual aspect of a nodulated cicatrix. The coats of the intestine, along the cixatrix, were found neither thinned nor thickened; and, after a careful washing with warm water, the same whitish line was perceived to run on the internal surface as had been noticed on the external. Two valvulæ conniventes were observed to have been cut, leaving no doubt that the line was the cicatrix of the intestinal suture applied twelve years before. The same piece of intestine was examined in many different ways, was subjected to repeated washings, held up to the light, &c., and it always exhibited the same white line, with its terminal star, as well as the two divided valvulæ conniventes. The whole of the remaining intestinal canal was opened, and examined with the greatest care; but nothing was discovered to change the opinion first formed respecting the appearances presented.

Treatment of Œdema of the Glottis from Boiling Water.—Dr. Jameson remarks that in all cases where boiling water has been taken, or attempted to have been taken, into the mouth, the danger at all times is imminent; for, although the little patients seem to suffer comparatively very little for the first few hours, still symptoms of grave importance set in sooner or later, which, if not combated by appropriate treatment, will either kill the patient or call for the operation of tracheotomy. The operation of tracheotomy is, therefore, imperatively called for when the usual remedies, such as emetics, leeches, and the application of heat to the surface, &c., fail in allaying the urgent symptoms. But when the breathing becomes stridulous and croupy, or amounting to a mere pant, from spasm of the glottis, the pulse quick and small, the temperature of the body diminished, the head drawn back, face congested, eyes half open, inclination to coma, and difficult deglutition, on the first accession of these symptoms an operation ought to be performed; but when these have lasted a sufficient length of time to cause complete coma, or if bronchitis or laryngitis has set in, then, it will be found useless; for when patients under such circumstances die after operation, provided it is not produced by the shock inflicted on the nervous system, it is from the accession of bronchitis, laryngitis, or pneumonia; consequently, if any of these exist before we operate, we can entertain but small hopes of recovery.

On the Application of Chemistry to the Detection of Forgery.—The chemical agents usually employed in removing ink-marks from bankers' checks, letters, &c., are muriatic acid and chloride of soda. By means of a small camel's hair pencil the letters of the writing to be removed are separately washed over, or traced with muriatic acid diluted with water. This stage of the process is technically called "starting the writing." The excess of acid liquor is then removed by clean white blotting-paper, and the paper washed by means of the pencil with distilled water, and dried as before by blotting-paper. The writing is now in a fit state to be decolorized, or rendered invisible by the bleaching liquor (solution of chloride of soda), which is applied by the camel's hair pencil in the same manner as the acid. The paper is again washed with distilled water, and afterwards dried, first by blotting-paper, and subsequently by exposure to the air. It is then in a fit state for being written on. In this process the muriatic acid is efficacious by decomposing the ink, and converting its oxide of iron into a ferruginous chloride, while the bleaching liquor decolorizes the organic matter of the ink. The washing with distilled water effects the removal of the greater portion of the altered constituents of the ink. But, however carefully the process may have been conducted, traces of the iron are almost invariably left on the paper. They are not visible under ordinary circumstances, but may be rendered so by certain chemical agents. The agents which can be employed for this purpose are those which produce dark-coloured compounds with the salts of iron; and of these will be found, on the whole, a solution of ferrocyanide of potassium (commonly called yellow prussiate of potash) the most effective. Let the paper, from which the writing has been removed, be washed over, by means of a camel's hair pencil, with this solution; taking care to prevent its contact with any recent writing or obvious ink-marks. The residual iron of the decolorized writing strikes, with the solution of ferrocyanide of potassium, a dark-blue colour, the intensity of which is in proportion to the quantity of iron present. When the obliteration of the writing has been very dexterously effected, the blue tint produced by the detecting liquor is sometimes so faint as not to be visible until the paper is dry, and even then only after very careful and minute examination. In some cases it may be advisable to rewash the paper with the detecting liquor. Attention having been drawn to the subject, a number of experiments were made to ascertain whether or not other substances added to paper might not be more effectual in preventing these forgeries than the ferrocyanide of manganese, the subject of the preceding patent; and the conclusion was that writing cannot be removed from paper which has been stained with a mixed liquor, composed of a decoction of logwood and a solution of ferrocyanide of potassium, without effecting some very obvious change in the colour of the paper. This mixture is used, there is reason to believe, for preparing the check-paper of several banking-houses. In some cases, that part of the check on which the amount is to be written is alone stained, either entirely or in lines, with this mixture. Other agents are occasionally used, but it is believed the above mixture will be found effective,

Sea-sickness.—The sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. This influence has its principal effect in diminishing the ascending force of the excitory liquid in the aorta and the arteries branching from it; from this results a hyposthenic state of the brain by anemia or hypohemia. The insufficient excitation of the cerebral organs determines, by sympathy, spasmodic contractions of the diaphragm, vomitings, which have a particular tendency to reconvey the blood which is wanting towards the nervous centre. These efforts are a crisis which takes place for a conservative end. They manifest themselves not only in sea-sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia who are bled. In the treatment there are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, *i. e.*, from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its point of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days previous to embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly and until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work, that which requires great muscular effort, is the surest prophylactic against sea-sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea warm and exciting drinks are favourable. Thus coffee, tea, with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage, such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to be had in the palliatives; lemons, and exciting aromatics, relieve some persons; also the horizontal position, especially with the head low, in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nauseous influence of the sea, and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction. A cause which determines in the economy so great a commotion as sea-sickness, without leaving any unhappy consequences, as a therapeutic agent, merits more attention than has been given it. M. Pellarin thinks that it may be possible to obtain from it valuable results in many acute and chronic affections. This observation was familiar to the ancients. We read in Pliny, "Vomitings, produced by the motion of a vessel, act as a salutary remedy in many diseases of the head, eyes, chest, and in all affections for which hellebore is given." In more modern times, Esquirol and Blanche have judiciously advised its employment in cases of recent mania. But in the few attempts that have been made there has happened, what might have been easily foreseen, from the true theory of maritime nausea, that the maniacs, highly excited, have not been affected by sea-sickness, whilst the physicians who accompanied them have been a prey to it during the whole voyage. From the knowledge already acquired of the nature and etiology of sea-sickness, there seems nothing in the way to second, to aggravate voluntarily its influence in a curative end. Even an apparatus might be made to produce all the effects of rolling and pitching, without the necessity of a sea-voyage. By reason of the powerful sedative and hyposthenic influence of

sea-sickness, may we not draw from its employment the greatest advantages, not only in acute cerebral affections, but also in certain pneumonias, pleurisies, and, finally, in a great number of inflammatory diseases?

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ACCOUNT OF A DISLOCATION, IN CONSEQUENCE OF DISEASE OF THE FIRST AND SECOND CERVICAL VERTEBRÆ.

By James Paget, Esq., Assistant-Surgeon to St. Bartholomew's Hospital.

The specimen exhibited and described by the author was found in a graveyard, and no information could be obtained relative to the individual of whom it once formed part. It consists of the first and second cervical vertebræ of an adult, firmly united by bone, in such a position that the uppermost part of the spinal cord must have been confined within an exceedingly narrow space. The articulating surfaces of both bones evince evidence of there having been superficial ulceration and subsequent healing, as well as of increased vascularity, being porous, and covered, at parts, with a thin layer of new bone; the upper part of the odontoid process is also porous and rough. The disease affecting their ligamentous connections must have been more considerable than that which the bones themselves suffered; for the axis, as if quite loosened from its fastenings, had been moved backwards, with a very slight deviation to the left, till its odontoid process was nearly approximated to the posterior portion of the atlas, the ring of the latter being thus divided into two unequal parts, the anterior of which measures seven lines from before backwards, whilst the posterior is diminished to two lines in the centre, and three lines on either side, its lateral diameter being nine lines and a half. Through this compressed space the spinal cord must have passed. The vertebræ thus displaced are not diminished in size, nor materially altered in form. The author remarked that this specimen is interesting chiefly in a physiological view, as illustrating to what extent the upper part of the spinal cord may be reduced in size, without such impairment of its function as is incompatible with life. The death which commonly ensues in consequence of disease or injury of the upper part of the cord is due to the impairment of the action of the phrenic and other spinal nerves supplying muscles of respiration; and the force by which the actions of these several nerves are combined is resident in and close by that part of the medulla oblongata from which the roots of the pneumogastric nerves go out. But, if the change be gradual, such instances as the present prove that there may be great reduction of the upper part of the cord without destruction of their chief functional relations. The chief difficulty is to explain how motor influence can be conveyed through the contracted part. The author considers that that part of the respiratory process which depends on centripetal impressions could be in only a slight degree, if at all, interfered with, the pneumogastric nerves not being implicated. But the case is different with the centrifugal impressions necessary for the respiratory movements: these would have to be propagated from the medulla oblongata, along the cord, to the phrenic and other respiratory nerves. He regards the difficulty of explaining this as insuperable, if we adopt the opinion that there is a separate set of excito-motory nerves, which involves the necessity of assuming that the white nerve-fibres are the conducting media. But the difficulty is much less if we admit that the fibres of the roots of the spinal nerves do not proceed along the cord, far from the parts at which they severally penetrate it, and that the associated actions of the spinal nerves with one another, or with the medulla oblongata or brain, are effected chiefly by means of the grey matter of the cord. In the specimen before the society, the exterior of the cord must have been first and most wasted; hence would, most probably, ensue the loss of function of those nerves whose roots were immediately connected with it—viz., those of the first and second cervical, and some of the roots of the accessory, the consequence of which would be, loss of sensibility in the upper and back part of the head, and loss of motor power in the mass of cervical muscles supplied by the above nerves—functional lesions of very little importance, considering the ankylosed condition of the upper two vertebræ of the neck.

CASE OF EXTRA-UTERINE FŒTATION.

By D. Dalrymple, Esq.

The patient whose case is here narrated was thirty-two years of age, in good health, and had borne five children. She said she became pregnant early in January, 1847, and quickened early in April. About the latter period she strained herself, and her subsequent feelings were different from what she had experienced on former occasions. Shortly after this, the uterus descended, and the author first saw her at the latter end of June, in consequence of this prolapse, the womb then protruding, of the size of a full-grown fœtal head, and presenting on its anterior surface a large ulcerated patch, of a purplish hue. The beat of the fœtal heart could be distinctly heard high up, but the placental murmur was not distinguishable. Rest and the recumbent posture were enjoined. At the end of September she had irregular labour-pains, which gradually subsided without the os uteri becoming dilated. From this time she ceased to feel the movements of the child, and soon diminished in size, and improved in health, until the middle of November, when her health became seriously affected; she suffered from increase in the size of the abdomen, great pain, shortness of breath, &c., and she died on the 23rd of December. On laying back the abdominal parietes, a thick layer of yellow lymph was found to line the internal surface of the peritoneum, within which was a large accumulation of thick sanious pus, not putrid. Immediately across the abdomen, above the umbilicus, lay a full-grown fœtus, which occupied a cavity formed and bounded above by the intestines and omentum, and below by the pelvis: this space was covered by lymph, organized and highly vascular at parts. The head of the child was in the left hypochondrium, and the cord could be traced to a large, deep-coloured, spongy mass, apparently attached to the uterus, though that organ could not itself be made out, so irregular and confused was the mass. The child was well formed, and weighed eleven pounds and a half. The author concluded by stating his belief, that the fœtus had escaped through an aperture in the uterus, which, he conjectures, was ruptured at the end of April, during the act of coitus, at which period, he was informed by the husband, a peculiar sensation was perceptible after a violent movement of his wife's body. He also remarked that the present is a case in which abdominal section would have completely failed, had a correct diagnosis been formed, and such an operation attempted.

REVIEWS.

A New and Improved Synoptical Table of the Diseases of the Human Ear, &c. By Wm. Harvey, M.R.C.S.E., and Thomas Buchanan, C.M., &c. London: Longman. Folio sheet. 1848.

It is to be feared that many surgeons give but little attention to aural diseases; and, as a natural consequence, their treatment of them is neither scientific nor successful. This department of surgery has been strangely neglected, and uneducated individuals have been too long permitted to tamper, almost uninterruptedly, with an organ whose anatomical structure they have never studied.

It is pleasing, however, to know that legitimate members of the profession are now making aural diseases subjects of especial study, and we hope that, through the instrumentality of the medical press, attention will not only be awakened to the importance of becoming more intimately acquainted with structures of the ear, but with its diseases and modes of treatment.

The synoptical table of Messrs. Harvey and Buchanan will prove an important help to students and medical practitioners, inasmuch as they will see at a glance the symptoms which characterize a particular aural disease, and the most suitable means to be employed in combating it. The table has evidently had considerable care bestowed upon it by the authors; and we think that it will prove a very useful addition to the library of the surgeon.

THE MEDICAL TIMES.

SATURDAY, MAY 6, 1848.

ANOTHER APOLOGY.

To some men it is a pleasure to recount the multitudinous verdicts by juries of their countrymen which have immortalized Mr. T. Wakley in that character of "convicted libeller" which his conclusive authority has declared to be so dishonouring; but, for my part, I share the pleasure so little that it has been with real regret I found myself under the necessity of adding, during the last week, another condemnation to his dark and lengthening catalogue. The "Billingsgate organization," which unfortunately distinguishes the honourable member—as it forms, indeed, the main characteristic of his curious career—might have been exercised on me personally as freely as for twenty-five years it was on every respectable man connected with the profession, without my dreaming for a moment of subjecting to the hardships of the law of libel one who, with all his faults, is a contemporary, and a contemporary not without claims on the pity and forbearance of the public. But his defamations assumed a shape which left me no choice. It was not my character that was in question—for on *that* where find credentials if not in his aspersions?—but the usefulness of a public body to which I was the humble but active instrument. To one in my place the success of the Poor-law movement ought to possess the interest of a passion—the recommendation of duty merging, without being lost, in that of a pleasure. If the establishment of an organization—as unexpected as complete—had already done much and prepared *more* of improvement, the hope was becoming large and vivid before us that its influence, unimpaired, would ultimately achieve every change that could be fairly demanded in the name of poor-law reform. Enjoying, therefore, as a responsible privilege, my weekly meeting with the able and benevolent men who, with Dr. Hodgkin at their head, form the Committee—feeling that, great as was the good accomplished by each success, there were none of its members who might not claim to share in it, and assured that my portion of this usefulness rested on the trust, confidence, and kindliness of those for whom I acted—it seemed to me that my character in connection with it was freighted with more than my own comfort; that to stab my respectability was to stab in some degree the influence of the Committee; that to destroy confidence in me was to undermine faith in the movement; and that, therefore, my slanderer deliberately incurred a responsibility to the public which, in policy as in justice, he should not be suffered to evade.

I therefore placed him on his trial, and, when brought to the bar, what says he? Emphatically this:—That he never uttered the slanders—a mistake: that they were not meant to apply to me—another mistake: that nobody had seen them—a mistake, perhaps, also: and, finally, that they had done *me* no harm. Did he deny that his defamations were malicious and coarse to the last degree?—No. That they were stained with falsehood to the last word?—No. That there was nothing in sense or conscience to justify them?—No. In admission, denial, or extenuation, he was equally at fault; whatever point or inference there was, was a point or inference for more certain conviction.

In addition to the stupidly envious insinuations, the statements against me in the libels were:—1. That I had tried to levy contributions on the poor-law medical purse. 2. That through me the Convention had only 150 attendants. 3. That Dr. Burton, the chairman, had there offered me a public insult. 4. That the Committee, rejecting my aid, had erased my name; and 5. That through me the Committee had failed—in statistics, funds, and general success.

Before the court and the country he was told that each of these formal statements was a falsehood; and before him stood Dr. Hodgkin, Dr. Burton, and Mr. Ross (gentlemen acquainted with every act of the Committee) to prove on oath the asseveration. To his confusion he had no question to ask—no proof to offer; and the world saw that his defamation was founded on fabrication, and that malice and falsehood had gone hand-in-hand. To be a libeller in *law* is small matter—it may happen, and must happen, to every journalist; but to be a libeller in fact as well as in law—at the outrage of truth and justice no less than of legislation—happens only to such persons as the member for Finsbury.

If the defendant's libels—the instinctive brutalities and ready-made slanders of an uninformed intellect—had thus placed him in a very unfavourable position, it must be yet conceded that, through his able and eloquent counsel, he did something to atone to me, or rather the cause, for his mistakes. I accept unreservedly the apology offered by that gentleman; it was a disclaimer so full as to have only required to come from a credible party to be quite satisfactory; it had the influence with me it no doubt exercised with the jury: and if it had been made in a wiser spirit, in an earlier part of the proceedings, I should have thought it unnecessary to bring the calumniator to the bar of the court at an expense to him, I fear, of little less than three hundred pounds.

T. P. Healey.

SANITARY REFORM.

The great cause of Sanitary Reform recommends itself to us for the ameliorations which it promises to effect in the physical, social, and moral condition of the people. National health is indissolubly associated with national wealth; and whatever means are effective in promoting the one will, most assuredly, increase the other. Science has conferred no small boon upon mankind in pointing out the sources of certain malignant diseases, and at the same time announcing the means by which they may be divested of much of their power. The present sanitary movement is one of the results of increased knowledge; and, though we can hardly expect that *all* the good will be realized which its advocates promise by the adoption of these measures, yet we cannot doubt that they will be highly beneficial to every class of society. It is to be regretted, therefore, that the measures which have been proposed by Government should be so determinately opposed, not only by individuals, but by some public bodies; and we can only account for it on the supposition of wilful ignorance of the sanitary condition of the people, or of local prejudices. The bugbear which has been conjured up is "centralization," and attempts have been made to impress on the public that the Government is more concerned to wrest from local authorities the powers which belong to them than to check the progress of disease.

From these and other causes the sanitary bill has undergone considerable alterations: the compulsory clause has been omitted; the functions of the general board limited to supervision, and to the introduction of a few checks on the proceedings of local boards. A clause has also been introduced for the appointment of an officer of health—a member of the medical profession—whom the general board may appoint on the application of the local board: the general board to fix his salary, appoint his duties, and, if necessary, remove him. We should have been better satisfied if the appointment of this officer had not been left to the will of a local board, and if the salary had been distinctly named. Under present circumstances, there is danger, from the foolish supposition of keeping down the rates, either that the appointment will not be filled up, or that the duties will not be remunerated liberally.

We do not intend on the present occasion, however, to discuss the various clauses of the bill, but to urge the members of the medical profession to continue their philanthropic efforts to obtain some measure which shall check the progress of disease amongst us. Thousands are yearly sacrificed upon the altars of ignorance and prejudice, and, without the *disinterested* efforts of the profession, the work of destruction will proceed almost unchecked. While legislators are discussing the merits of the bill—while its friends are labouring for its enactment, while its enemies are indefatigable to destroy it—disease and death are busy at their work in the midst of an indigent and unprotected people.

This week's return of the Registrar-General records the deaths of three children, under four years old, at Shepherd's Bush, Hammersmith, from cynanche trachealis and bronchitis. The parents of the deceased infants lived within a few yards of each other; and two of the children, belonging to one family, died within five days of each other. The duration of illness was in two cases forty-eight hours, and the third did not exceed thirty-six hours. The cottages where these children lived had only *been built a short time, are very damp, and situated in a locality which is wet and entirely without drainage.* In the same page we have also reported the deaths, in Bethnal-green, of two persons, husband and wife—the former forty-nine, the latter forty-four, years of age—of continued fever, the duration of which in both cases was nine days; petechiæ appeared in both cases two days before death.

We offer no comment upon the slaughter of the infants at Hammersmith, as the Registrar-General has plainly stated how they were destroyed; not so, however, with regard to the husband and wife at Bethnal-green, who succumbed to a fever so malignant as to present the usual characteristics of *plague* two days prior to death.

This district exemplifies most appallingly what parochial ignorance, stupidity, and prejudice can do in fostering the elements of human destruction. Here filth reigns triumphant, and disease laughs to scorn all the efforts of medical skill; here typhus creeps from chamber to chamber, from house to house, from street to street, cutting down young and old, strong and weak. There is a fearful reckoning to be made, and the thousands prematurely slain will one day rise up in judgment against those who set their faces against sanitary improvement. Dr. Hector Gavin has recently published some "Sketches and Illustrations of Bethnal-green," in which we have very vivid descriptions of the general condition of the parish, and mode of management by the local officers. The exposure is complete, and we cannot wonder that disease is so rife in a district where so much indifference prevails with regard to causes which so greatly affect the lives, health, and happiness of the inhabitants. The streets, courts, and alleys are exhibited in all their deformity, and the human wretchedness and degradation associated with them is truly astonishing.

The district where the two poor creatures died, the registrar informs us, was the town sub-district. Dr. Gavin thus speaks of it:—"This part of the parish is about the oldest. The houses there built were chiefly to accommodate the weavers; and the practice followed was, to build a street of several stories, not, as in the present custom, to plant on the damp, undrained soil, two rooms on a ground floor. In this district a very great number of houses are built on a level from eighteen inches to two feet below that of the pathway. Dust and dirt, therefore, readily become deposited in the houses, and there is much difficulty in cleansing them. At all times they are very damp, and become sources of much disease to the inhabitants; rheumatism is extremely prevalent, and forms a large proportion of the cases of sickness. Overcrowding takes place to a great extent in this district. Many of the houses in Nelson-street, which have only four moderate-sized rooms, have a family in each floor. The larger houses in Hare-street, Swan-street, and Bacon-street are similarly overcrowded; sometimes as many as fourteen persons sleep in one room. From six to nine is a common number. The chief occupants are mechanics and labourers, but principally weavers. Their earnings are very small and very precarious, and their habits are commonly intemperate. Many of the old streets which have granite roadways are in a most disgracefully broken up state, rendering transit over them dangerous and disagreeable. The cleansing of the streets here seems to be utterly neglected. The complaints of the impossibility to have refuse removed by the contractor are everywhere prevalent, loud, and deep. The same practice of scattering the slops and all refuse on the streets is the rule. The same want of efficient drainage is manifest, and the same absence of sewerage is greatly to be deplored. Much poverty is apparent, and the causes of disease and death are to be found to an alarming extent. The water-supply is conducted on the same outrageous principles of utter defiance to the welfare and comfort of the miserable tenants. There are *two* water-closets in this district — one at the Parsonage, another at the Green-gate—both of these drain into cesspools. Generally there is one privy for every two houses, but in many instances there is only one for a much greater number. Some of them are very offensive. This district contains the graveyard attached to the parish church: 80,000 persons have been buried in it."

Such is the general description of this wretched district, where sanitary improvements are so urgently required for the physical and moral welfare of the inhabitants. The local authorities, it appears, are not only utterly incapable of designing, superintending, or executing great public works, but they cannot be led to conceive their necessity. And these men are but a type of others in different parts of the country; hence the opposition which has been given to every measure of sanitary reform introduced into the Parliament-house. We are fearful concerning the one now under discussion: true, it is defective in many important points; but as it will, if passed, accomplish much good, we hope the members of the profession will not withhold their support, though their labours have not been properly acknowledged or rewarded by the Government.

MEDICAL POOR-LAW RELIEF.

[To the Editor of the Medical Times.]

SIR,—Boards of guardians, with some show of plausibility, have cried out in their moments of irritation, when urgently pressed by the exposure of their iniquities in the administration of poor-law medical relief, "If, indeed, medical men are so discontented and dissatisfied with poor-law appointments as they are now constituted, why do they accept, ay, even compete for them; and even after having obtained these situations, if they see cause for complaint, why don't they throw them up and make way for others more willing and agreeable to second our plans and administrations?" These are the heartless retorts of boards of guardians to justifiable complaints of ill usage; this is their soothing syrup for wounds and irritations affecting the person. An answer may be found for them at least as plausible as their delicate retort:—Uncontrollable circumstances have engendered a numerous body of medical men, and equally uncontrollable circumstances compel them to accept, ay, even compete for such situations as a paternal Government may afford—even as circumstances, controllable or uncontrollable, compelled the Andover poor to accept, ay, even compete, both in cunning and prowess, for the delicious morsel afforded by a putrid cartilage or stinking bone.

But the great object of my present communication is to point out one or two facts in connection with the improper treatment of poor-law surgeons; and, in regard to this subject, I will undertake to handle the salaries of these individuals. An educated surgeon, perhaps, gets a guinea a week for six or more hours' daily employment, out of which sum he has to supply an indefinite quantity of medicine, many of which are very expensive; he has to keep a horse and groom, for which he pays assessed taxes; to visit indiscriminately the filthiest hovels any town can afford, and hold communion and deep converse with disease in all its lights and shades, from the most contagious and revolting to that feigned for the purpose of obtaining "parish relief," on all of which cases he is held responsible to give a good and correct judgment or opinion; and, last not least, he has to find himself with all necessaries, so as to be able to live and appear as a gentleman, and carry on the duties of his office. Behold a union surgeon, thus remunerated, in close attendance for two hours or more on a dangerous case of abortion, on each side of the mother a child lying with smallpox, the exfoliations and exudations from which have rendered the bed one mass of filth and bad odour, independent of which the clothes of the bed, of the children, and of the mother, unwashed for a month or more. This is not a creation of the brain, but a reality, which has occurred, and may and will occur again and again. I ask what class of men have such horrors as these to submit to, yet what is their reward when mentioned? Why, the delicate retort of boards of guardians above stated. Ought not the salaries of these men to be doubled more than once; and would it not be well to have a common dispensary for compounding and supplying medicines in towns where the districts are large and numerous, and where such dispensaries could be properly and practically carried out?

Now for the subject of the administration of medical relief to the pregnant poor. Under the supervision of medical men, midwifery has become a science, and a necessary branch of a medical education. The public would be the great losers were it otherwise. It requires all the superior energy, and firmness, and skill, and judgment of an educated and intelligent medical man to manage many of the cases of labour that occur. Yet how is midwifery treated under the poor-law? Proper cases for medical relief are left in the hands of ignorant and impudent relieving-officers, and it depends upon how they like or dislike a medical officer whether they give an order or not. These relieving-officers say, and act upon it, if the medical officer does not please me I can punish him—I can withhold extras in the shape of midwifery orders; and they do so. The relieving-officer in my district employs midwives (female) on the parish account. The reverse is also the case. If the medical officer goes hand in hand with the relieving-officer—if he overlooks iniquities and errors, makes a boon companion of him—the consequence is, extras are showered upon him. What remedy is there for such a glaring error? Take the power of granting midwifery orders out of the hands of relieving-officers, and let the poor apply for such orders at the board of guardians; let the chairman of such boards grant such orders at his periods of sitting; midwifery cases admit of such being done. There is time in these cases to prepare for the confinement; and all proper cases, such as cannot pay for themselves, should get tickets or orders for medical attendance during their confinements. No inquiries should be entered upon as to the probable kind of labour the woman has to undergo—whether it is a first or second labour, or whether previous labours have been dangerous or otherwise. In fact, neither boards of guardians nor ignorant relieving-officers should be allowed to enter upon such delicate speculations, for may a woman not have nine easy and natural labours, and the tenth require judgment and skill, &c., to bring it to a safe termination? The answer can only be affirmative. Lastly, do union appointments always lead to other and more profitable practice? This is a point urged by the advocates of low salaries in union medical appointments. Where two men are found in a district of equal skill, the one a union surgeon, the other depending on private practice alone, the wealthy classes will go to the latter, and say, indeed, we do not like to employ such a man in our families, he is constantly exposed to all kinds of filth and disease; it is not safe to employ him, we would rather employ a less skilful man than expose ourselves and families to what appears to us an unnecessary evil. And, though such a mode of argument is exaggerated and erroneous, yet who will undertake to correct public prejudices?

Again, union appointments have become so proverbial, so degrading, that a man holding the office of "parish surgeon" is very often rejected at all hands. Degraded by the law, and rejected by the public on such account, where is his chance of rising in the world? In whatever shade of light you look upon union medical officers they will be found an ill-used class of society. The remedy for him is simple and easy, provided legislators will make themselves acquainted with his wants. The law can make him respectable, and after that he holds in his own hands the power of making himself respected. Remunerate him properly, and let him have superiors as his rulers, and all will go well. Take all power over him out of the hands of relieving-officers.

Yours very obediently,

April 22. A UNION MEDICAL OFFICER.

PROFESSOR COOPER'S RESIGNATION AT UNIVERSITY COLLEGE.

[To the Editor of the Medical Times.]

SIR,—The intrigues and intestine broils which have hitherto characterized the proceedings of University College sink into insignificance when compared with the details of the recent *exposé* relative to the chair of surgery in that institution. The present is not a matter for those alone who are connected with this school. The entire profession feel the insult offered to one of its most honourable and honoured members, Mr. Samuel Cooper, the celebrated author of "The Surgical Dictionary." Bold, therefore, must be the man, blind to his own interests, ignorant and incapable of estimating the feelings of the profession, who can suppose for one moment that he will be silently suffered to drive Mr. Cooper from his chair, and to occupy it himself. There is no blinking the matter. It was foretold weeks ago in the pages of the *Medical Times* that Mr. Cooper was about to resign, and that one of his then colleagues wished to get his place. Here is a part of that prophecy fulfilled. Let us see if the other portion will be so likewise. If so, an extraordinary state of things at University College will be disclosed. One professor declares himself *en permanence* on £600 a year. The other covets a chair occupied by one of his colleagues: he drives him from it, and fixes himself therein. It is time for a change of management—at all events, a change which will cause such things to be investigated.

I remain your obedient servant,

London, April 19. JANITOR.

THE GOVERNMENT OF UNIVERSITY COLLEGE.

[To the Editor of the Medical Times.]

SIR,—Much surprise has been occasioned in the minds of many persons at sundry appointments which have been made of late at University College. That surprise would not be felt if your readers knew how things are managed at that institution. The public suppose that the council are the governing body, and that all appointments and all changes in the constitution of the establishment emanate from them; nothing is farther from the truth: the whole is managed by cliques and coteries, and what appears to the uninitiated to be the result of open and fair dealing, is in reality brought about entirely by petty jobbing and intrigue.

In its infancy the institution acquired celebrity, and prospered through the energetic guidance of its council; but of late years this body has consisted of old women only, who, for peace' sake, allowed interested parties to take the management out of their hands, and to conduct the business of the institution after their own fashion, *i. e.*, every one for himself. This catch and keep system, if system it can be called, has prevailed for some years, the ancillary body already alluded to having the credit of all that was done, whereas, poor innocent souls, they were frequently ignorant of what was being done in their name.

That the great cause of education, as well as the interests of the proprietary body, is sacrificed by this underhand corrupt system, nobody can deny. It was the point of the wedge, now dividing the whole establishment, which fretted, disgusted, and drove off Sir C. Bell, Mr. Dale, Dr. Conolly, Dr. Jones Quain, Dr. Watson, Dr. Elliotson, Mr. Cooper, and some others; the so-called republican form of government here has signally failed, except for the benefit of the few in opposition to that of the many. It has a head, it is true—Lord Brougham, a Mephistophiles in his way, who really *serves* the institution, however, by never going near the place.

When these facts are made known, the appointments that have been made will not astonish anybody. The departments of general literature, of medicine, and the junior school, have each their under current, the latter a kind of "preserve," but it exhibits woful symptoms of decline, if not of dissolution.

Assurance is the maxim of the place, and many, acting up to the principle, help themselves to guaranteed fixed salaries, rather than trust to the precarious responses to their respective talents or exertions; whereas several of old standing, profound research, and possessing a European reputation, are doomed to toil in penury and neglect. Such is the working of this model academy!

The management of King's College is perfection when compared with the licence that prevails here as regards the appointment and surveillance of the teachers; no vampires are tolerated, and were it in a better situation, and had a more convenient hospital, it would eclipse University College in every department as signally as it has already done in some, more especially in the junior school.

I am, Sir, your obedient servant,

April 22. AN OLD STUDENT.

ON THE NECESSITY OF PROFESSIONAL UNITY.

[To the Editor of the Medical Times.]

SIR,—In your number for April 7 you published some strictures on the mode in which the Government have thought proper to treat the Irish medical profession; as a member of that body I would beg leave to offer a few remarks, feeling that the fault does not rest altogether with the Government.

The great evil, the fatal disease, is to be found in the body itself—a false, jealous, vindictive, heterogeneous mass, uninfluenced (as a body) by proper, gentlemanlike, liberal feelings. How can we expect a Government or a public to respect us when we do not respect ourselves? Is there such a thing as union amongst us? Do we not daily see Dr. Scal-

pel trying, by fifty little tricks, to undermine the character of, and steal away the patients from, his more fortunate brother Dr. Lancet? Should one M.D. resent an insult to the profession, is he supported in it by another; or does not the other forthwith take advantage of it as a means of advancing himself in public estimation?

The Government very naturally consulted, in the late fever pestilence, a man at the head of the profession in the Irish capital; and they were told by him that 5s. per day was ample remuneration for attendance on an hospital containing from one to two hundred cases of typhus fever. On this information they acted. Do we ever hear of an attorney-general treating the members of his profession in this manner? Certainly not, for in the legal profession there is union; such acts are reserved for a surgeon-general, for in the medical profession there is no union—the senior does not uphold the junior.

If we are to be respectable and respected by others, let us set the example ourselves; let us become united; in union there is strength, without it we are as we are—weak; a code of laws and regulations should be handed (with his diploma) to every man leaving the college for the guidance of his conduct in life towards his brethren, the violation of which should be made punishable by the college.

An Irish M.D.

THE NEW OPERATION FOR FISTULA IN ANO.

[To the Editor of the Medical Times.]

Sir,—Having observed in the number of your periodical of the 8th inst. a notice of a new operation for fistula in ano by M. Huguier, and claiming to be a discovery, I beg to state that I have seen Dr. Pagan, of Glasgow, perform the operation with the speculum at least as early as the year 1844, when he was last surgeon to the Glasgow Royal Infirmary; and have heard him recommend it to his students in his clinical lectures. The merit of being the first discoverer, therefore, does not belong to M. Huguier.

If you think this communication of sufficient importance for publication, I will feel obliged by your giving it a place in your columns.

I am, Sir, your obedient servant,

David Fairly, M.D.,
late House-Surgeon to the Glasgow Royal
Londonderry, April 18. Infirmary.

COURT OF COMMON PLEAS.

(Sittings at Nisi Prius, at Guildhall, April 29, before Mr. Justice Maule and a Common Jury.)

HEALEY V. WAKLEY.—LIBEL.

This was an action for libel. The defendant pleaded that he was not guilty.

Mr. Sergeant Wilkins, Mr. Dearsley, and Mr. Lush were counsel for the plaintiff; and Mr. Sergeant Talfourd and Mr. Bramwell represented the defendant.

Mr. Sergeant Wilkins stated the plaintiff's case. The jury had heard the libels read, and the terms in which some of them were couched were certainly ridiculous and silly enough. At first sight he did not wonder that they provoked a smile; at the same time they were grave in their character. He could not ask them to require restitution of the defendant—restitution was impossible, since it was impossible to set bounds to the mischief of such attacks upon character. The plaintiff in this action is Mr. Thomas Piers Healey, a barrister of some years' standing, and proprietor and editor of the *Medical Times*. The defendant is Mr. Thomas Wakley—a man well known throughout the whole of this kingdom—a member of Parliament for the borough of Finsbury, a coroner for Middlesex, and proprietor of a rival medical publication called the *Lancet*. That publication has been long established; it has gained a wide circulation, and exercises some influence over the medical world. The *Medical Times* is of more recent date; however it has also gained a very extensive circulation, and is now exercising a very legitimate and proper influence over the medical mind; and I think it may fairly be inferred that some jealousy has been begotten in the mind of Mr. Wakley, and that, yielding to that jealousy, he has taken advantage of the influence which his position enabled him to exercise on the public mind, to publish a series of libels which he is utterly unable to justify, and which he will not to day attempt to justify. You will be impressed with the fact, that it is of vital importance to the plaintiff that he should stand well with the medical world: only make them believe that he is the character he said to be in these libels, and there is an end to his hopes. Compare him, in his moral attributes, with such men as the defendant has thought proper to associate him with, and what are his prospects, what his chances of success in life, as the proprietor and editor of a newspaper for the medical profession? What man of note would thereafter contribute to give circulation to his work, or lend his influence to its pages? It will be necessary to give a brief history of some anterior circumstances before entering upon the consideration of these libels. There are at this time in England and Wales about 2700 medical gentlemen engaged as poor-law medical officers; their duties are of the first importance to the poor, and must be of a very onerous and harassing character. It has become notorious, and I think that notoriety may be in some part attributed to the exertions of the gentlemen who conduct the *Medical Times*, that those medical gentlemen are most miserably underpaid. They are men of education—men who have spent their lives in obtaining, at great cost, that knowledge which may remove or alleviate the sufferings of the poor, and yet it is notorious that in nine cases out of ten the remuneration which they receive for their services—if remuneration it can by any fiction be called—is so small as scarcely to pay for the medicine they administer. In the autumn of last year the plaintiff, in his capacity of conductor of the *Medical Times*, was frequently written to by members of the profession, and his attention was thus called more particularly to this point; and at last, believing how proper it was that some exertion should be made to improve the condition and assert the rights of the gentlemen so wronged, in August and September a number of articles appeared in the *Medical Times* calling upon the medical profession to unite for the removal of their grievances. This appeal was loudly responded to. Meetings were held in different parts of the kingdom, much correspondence transpired on the subject, and in the end the Poor-law Convention of Medical Officers was organized, and the plaintiff was appointed its secretary. Besides this institution, the plaintiff had supported the cause of the National Institute of General Practitioners, and allusions will be met with in the course of this trial which will make it necessary that I should say a few words of that body. Of that association Mr. Wakley was one of the first members, and paid his subscription to it accordingly. After he had paid his subscription he solicited to be appointed a member of the committee. This appeal was considered at a committee meeting, when he was rejected unanimously by the committee acting for 4000 gentlemen. I mention this not simply to show the animus of the defendant in his connecting the National Institute, with the plaintiff in the attacks, but to avoid the necessity of further explanations when I come to comment upon the libels. To return to the Poor-law Convention. In the first instance, as I stated, meetings were held in nearly every important town and district in the kingdom, and on the 26th of October, 1847, a meeting of the delegates appointed from the provinces was held in London, at the Hanover-square Rooms. This meeting was numerously attended; there were between three and four hundred medical gentlemen present, and a lively interest pervaded the whole proceedings. The plaintiff was called on, as secretary, to read the various resolutions that had been adopted at the different provincial meetings. He himself twice suggested that it was almost utterly impracticable, from their great number; and Dr. Burton, of Walsall, the chairman, then suggested that the plaintiff should merely read the substance and state generally the effect; and Mr. Healey stated his full concurrence in that opinion. The general effect of the reports and communications was then set forth by Mr. Healey. Gentlemen, this meeting went off to the satisfaction of all parties interested. I have thus far detained you with preliminary matters, because they will serve as keys to the meaning of the libels. These are five in number. The first was published October 9, 1847, and was as follows:—

"In our last we advised the medical officers of poor-law unions to adopt an independent course—to trust to the justice of their cause, and to their own legitimate exertions, for an amendment of the grievances of which they so justly complain. This advice is doubly necessary at the present time. When we wrote there was only one party of a suspicious character attempting to obtain the management of the poor-law medical agitation for selfish purposes. Now there are two quacks in the field—the one recommending Charing-cross, the other the vacant rooms of the Institute: the one offering house-room gratis, the other attempting to levy contributions on the poor-law medical purse. If the poor-law union surgeons suffer either of these parties to intermeddle with their affairs, their cause will be inevitably ruined."

Now, to show you how utterly indifferent Mr. Wakley is of all regard to truth and the actual circumstances of the case, I should tell you that Mr. Ross, one of the gentlemen so maligned in the expression, "two quacks in the field," was at one time a contributor to the *Lancet*, and was lauded by Mr. Wakley as a man of the highest talent. Would you believe it, that, in the intensity of his spite and desire to injure the *Medical Times*, Mr. Wakley has condescended to slander a gentleman of whom he never spoke but in terms of the highest eulogium so long as it suited his purpose? But he goes on to say that "the other," meaning the plaintiff, "was "attempting to levy contributions on the medical profession." I defy his learned counsel to point to a scintilla of evidence to countenance the statement; I challenge him to show that, in any one single instance, the plaintiff sought to enrich himself at the expense of the profession, or avail himself of the funds of the association. I ask why the cause of the poor-law surgeons is to be eventually ruined if either Mr. Ross or Mr. Healey has any any share in its labours? What has there been in Mr. Healey's conduct to justify this accusation? The same article concluded thus:—

"As a mode of strengthening their cause, the poor-law officers should in every union obtain the support and co-operation of their professional brethren as much as possible. We have already urged upon the latter the duty and, indeed, the self-interest of making common cause with them; but, above all, we would exhort the medical officers to avoid the traps set for them by desperate adventurers who, participating in their efforts, would inevitably cover them with ridicule and disrepute."

Ridicule, gentlemen! Why, I have read the *Lancet* for some years before I entered the profession, and I have read the *Medical Times;* and I challenge Mr. Wakley, either in point of science, composition, intelligence—in point of anything which can dignify a publication—to put the *Lancet* side by side, week by week, and number by number, with the *Medical Times*, and leave it to be decided which is the most calculated to bring the profession into contempt.

The second libel was published on the 16th of October last, and ran thus:—

"We need not here dwell upon the impolicy of the connection between the present agitation and the National Institute,—a body which has disgusted the Government,—and with other persons not belonging to the profession, and whose weekly vocation it is to bring everything belonging to the profession into disrepute and contempt."

Gentlemen, how does it happen that Mr. Wakley, as coroner of Middlesex, has told us a man to be a coroner must be a man of medical skill? And that Lord Denman has said that a coroner should be a man of high legal qualifications, and of judicial qualities and a judicial mind? How does it happen, if it is indispensably necessary that the duties of a coroner should be performed by a medical man and a lawyer, that Mr. Wakley's deputy, Mr. Mills. is neither the one nor the other? People in glasshouses should not throw stones. It is true the plaintiff is not a medical man, but it is equally true he is a barrister of some years' standing, though Mr. Wakley has thought proper vexatiously to deny that fact. But, gentlemen, is it not true that, while each science and pro-

fession has its boundaries well marked, in some localities there are places where those boundaries are to a certain extent lost sight of; and may I not argue from some of the numbers of this very *Lancet*, in which I see important questions of medical jurisprudence dealt with, that an admixture of legal knowledge is not altogether a superfluity in conducting a medical paper, which in other respects is sustained by the talent and attainments of many of the most eminent members of the medical profession? But the National Institute is not forgotten: it has "disgusted the Government"—disgusted Mr. Wakley, rather, when it rejected him without ceremony. Did you pay a subscription, Mr. Wakley? You did. Solicit membership of committee? You did. Why, then, do you here come forward and talk of disgusting the Government, except because you were rejected by your brethren? You speak of persons whose weekly avocation is to bring the profession into contempt. They who live in glasshouses should not throw stones. The learned counsel on the other side interrupts me; how sensitively he speaks. They who cast the first stone are always the first to complain.

The third libel was published on the 23rd of October last, and is as follows:—

"We trust the meeting on the 27th will be united, numerous, and powerful. If it be what it ought to be, it will, do doubt, receive the support of the entire daily press, and thus an immense impetus will be given to the good cause. Nowhere should the press be neglected. Daily or weekly, metropolitan or provincial, wherever poor-law medical men have interest, a shot should be fired and publicity given to their exertions. One indication has given us sincere satisfaction—namely, the omission in the recent advertisements of the name of the quack lawyer and mountebank who intruded himself upon the poor-law medical men, and whose intrusion, if permitted to continue, must have tended to damage the question materially with all those who knew the character of this impostor. We trust this is an indication on the part of the union surgeons of their resolve to cast off all excrescences that might hinder the adhesion and slacken the enthusiasm of their supporters. There must be no rump in the matter, no discreditable alliances."

Gentlemen, to that statement which congratulates the profession on the absence of Mr. Healey's name I have a ready answer—that statement is a gratuitous wicked falsehood, from the assertion of which a man accustomed to feelings of honour would recoil. His name has never once been omitted from the advertisements. The rest of the libel will speak for itself: that a gentleman of Mr. Healey's standing and professional character should be further termed a mountebank and quack lawyer is as disgusting and vulgar as it is libellous.

The fourth libel was published on the 30th of October, and is as follows:—

"Every part of the three kingdoms of England, Ireland, and Scotland is furnishing its quota of resistance to the unjust system of medical poor-law relief which universally prevails. The meeting of English poor-law surgeons on Wednesday was not as it might and should have been. There were present about 150, including lookers-on. We firmly believe, but for the sinister influences we have before referred to, there would have been a thousand medical men at the meeting; one-third, instead of one-twentieth, of the medical poor-law officers of England and Wales. But it would be as wise to convene a meeting of the merchants at London, in the present panic, under the superintendence of Joseph Ady and Ikey Solomons—(laughter)—as it was to convene a medical meeting under the auspices of Healey and Ross. At the commencement of the meeting the self-appointed secretary would have taken up the whole day by reading a confused list of meetings and resolutions which have been held, and already reported, some of them weeks ago. However, the restlessness of the meeting warned the able chairman, Dr. Burton, of Walsall, and the Briefless Quack Secretary was unceremoniously snuffed out." (Laughter.)

[Through a technical error, neither this nor the following libel went to the jury.]

See, gentlemen, how unable men are to preserve consistency in a career of falsehood. The defendant first tried to show that, whatever these gentlemen (plaintiff and Mr. Ross) meddle with failed, and that they ruined everything which they touched; now it appears that every part of the three kingdoms—England, Ireland, and Scotland—has responded in vigorous action to oppose poor-law injustice. What! in despite of the withering touch, the pestilential influence, the baneful presence of the plaintiff, had every part of the three kingdoms furnished its quota! Thus does the defendant, though unwittingly, acknowledge the efficacy of the very exertions he meant to traduce.

"The meeting was not as it might and should have been: there were present about 150, including lookers on." Gentlemen, there were present 300 medical gentlemen, besides lookers-on. He pretends to believe that, from 2700 medical gentlemen scattered throughout England and Wales, one from every three would have been present, when he ackowledges that meetings had been held in all the provinces, and knew that it was a meeting of *representatives* from those districts that was called in London. This misrepresentation can mislead no one, and is, therefore, simply an exhibition of malevolence. The sentence which follows this vain attempt to deceive I do not know how to qualify. I am at a loss whether most to condemn its sheer stupidity, its utter barrenness of wit, and its coarse vulgarity, or the extreme malevolence which it displays. When my learned friend read this to you it provoked a smile, and I can well suppose that it arose at its buffoonery, for there is no point, no satire, no redeeming wit, to be found in it; it may be appropriately expressed by the term—low malignity.

Mr. Healey is a man, in point of birth Mr. Wakley's equal, in point of education his superior, his standing is as good as Mr. Wakley's any day in the week; is he then to be compared by *Mr. Wakley* to Ikey Solomons, of gold-dust notoriety? The defendant then travesties the proceedings of the meeting at which the plaintiff was present, and represents Mr. Healey as desiring to occupy the whole day in reading the reports of provincial meetings. Is it true, then, that the previous meetings had been so numerous as that their reports would occupy so much time in the reading? How does this consist with the previous statement that the cause was being destroyed by Mr. Healey's connection with it? I have shown you, gentlemen, that the discretion of the plaintiff and of the chairman had removed all inconvenience to the meeting by superseding the necessity of reading the reports. But defendant says the "briefless quack secretary was unceremoniously snuffed out." You now see, gentlemen, that, if snuffed out at all, he snuffed himself out. The last libel was published on the 1st of January last, and was as follows:—

"The Institute is singularly unfortunate in itself and its 'protégés.' The Poor-law Convention, which was to effect so much, has, under its auspices, proved a decided failure. We see the managers are busily imploring, by public advertisement, the poor-law surgeons to correspond with, and supply them with data and funds for their future proceedings; but, alas! neither statistics nor subscriptions are forthcoming. This is just as we predicted from the first, from our knowledge of the parties concerned in this affair. They, of course, attribute the failure to harsh poor-law guardians, and to idleness on the part of medical men; but the real cause of failure is much nearer home, and one that is not at all creditable to a body of gentlemen. With whom are they associated?"

"The Institute is singularly unfortunate," which means that it is not so fortunate as to have Mr. Wakley on its committee. "Decided failure," indeed! Why, the cause of the Convention has been flourishing, does flourish, and is fast progressing to the accomplishment of the objects for which it was established. It has sufficient funds at its disposal; it is giving shape and personality to a great want; is collecting information, and bringing it to bear in influential quarters. The statement of its decided failure is nothing but a decided falsehood. It has succeeded in attracting to its objects the notice of men of parliamentary influence, as was seen in the propositions of Lord Ashley. Mr. Buller, the president of the Poor-law Commission, with whom the committee of the association have been in protracted and personal communication, is at the present time collecting information in answer to inquiries which he has set on foot with reference to the objects of the committee. The press, also, has been warmly interested in its aims, and there is at the present time not a newspaper of any influence which has not taken up the subject. So much for the statement of a failure. Gentlemen, the facts are but too palpable: Mr. Wakley wished the failure of this body week after week; he has watched for anything that might serve to bring it and its proceedings into discredit, and he has watched in vain. Instead, therefore, of writing "This is just as we predicted from the first," it should have been "as we wished from the first:" the wish was father to the thought. The libel asks "With whom are they (the poor-law surgeons) associated?" Gentlemen, you have seen with whom they were associated, and you have seen the effect. But, supposing that you were strangers to Mr. Healey's character, and were in the habit, as medical men, of reading the *Lancet*, with a knowledge of Mr. Wakley's position, what inference should you draw from these words? What amount of moral turpitude would not these expressions suggest in the mind of any man so reading them?

The very means which the defendant has adopted to bring Mr. Healey into contempt are sufficient to satisfy my mind that at the time he published these libels he knew as well as any man could do that there was no foundation whatever for his attacks. If he had the means of bearing out and maintaining the truth of any one of these libels, he is not the man, gentlemen to refuse to employ them; he is not slow at making a charge, and the fact that he only deals in these general assertions is a proof that he had nothing which he felt he could substantiate before a jury of his countrymen. The plaintiff could not answer these charges because there was nothing tangible about them; he has been, therefore, driven to this action as his only course, here to afford Mr. Wakley an opportunity of justifying what he has written. Mr. Healey could not have proceeded criminally, for how could he go and make an affidavit denying statements so loose as those charged in these libels? Mr. Wakley, instead of meeting this action with a justification of his own conduct, comes and denies that Mr. Healey is a barrister—that he is proprietor of the *Medical Times*—things which are as notorious as day; he knows that that is the only policy available for him; he only confirms and adds to the malignity of his previous conduct, when he resorts to such means of putting the plaintiff to additional cost and trouble by requiring him to prove what he already knows to be true, while not a word is put on the record to justify his libel. Accuse a man of theft, or murder, or any dark crime, and he can meet the charge; but to such insinuations as these what answer can be given but a bold challenge before the world, such as is given this day? The defendant had the liberty allowed him by a recent act of Parliament to apologize or justify, if he could, the statements which he deliberately made. He has not done so; he has thought proper rather to trust to the ingenuity of his counsel. He trusts to no weak instrument; he knows that whatever aid he can derive from eloquence or ingenuity will be rendered him. But he will call no witnesses, nor will he give me an opportunity of replying to his statements. Nevertheless, I am satisfied that your verdict will be in accordance with the evidence you have heard, and I am sure it will be an answer to the calumnies with which the plaintiff has been assailed.

The following witnesses were then examined, to prove formally the facts stated by the learned counsel:—

Mr. Eldred, under-treasurer of the Temple; Mr. Palmer, of the firm of Palmer and Clayton, printers; Mr. Cooke, the publisher and registered printer; Mr. Ross, the secretary of the National Institute; Dr. Burton, chairman of the Convention; and Dr. Hodgkin, the chairman of the Committee.

Mr. Sergeant Talfourd then replied in a speech, which, with the summing up of the judge, we extract from the *Times*:—

Mr. Sergeant Talfourd addressed the jury for the defendant. He thought Mr. Healey, the plaintiff, must have been surprised to hear his counsel denounce the licentiousness of the press. In what position did the plaintiff present himself before the jury? He had been for a number of years proprietor of a paper called the *Medical Times*, for which, justly or unjustly, very great credit was taken by his counsel; and he (the learned sergeant) must presume, to have such eloquent testimony as that of Mr. Sergeant Wilkins to the high merits of the plaintiff, that publication

must have been the real object for which the plaintiff had presented himself in the character of a suitor there. *As to his character having been in the slightest degree affected by the publications referred to. the jury could have no hesitation in saying that it had not been prejudiced. The plaintiff's witnesses had never read a word of the libels in question*—excepting one of the witnesses, who had read one of them—and had only heard them read in the opening statement of the plaintiff's counsel. How, then, could that great extent of mischief be shown of which the learned counsel for plaintiff had said so much? The plaintiff was the proprietor of a rival medical publication, the merits of which he (Mr. Sergeant Talfourd) would not draw into the discussion, except to state that he thought the plaintiff was the last man in the world who should have complained of Mr. Wakley's attacks, for he had not dared to put in issue a sentence immediately following one of the passages selected as libellous, where it was imputed that he was "a twice-convicted libeller." He (Mr. Sergeant Talfourd) did admit that that applied to the plaintiff, and, in the face of that circumstance, he thought the plaintiff would not have been thin-skinned enough to have felt any sensitiveness about attacks in the public press. With respect to the expression, "the quack lawyer and mountebank who intruded himself upon the poor-law medical men," charged as libellous, there must have been some reason for the plaintiff taking that to himself. It was not unnatural that the medical profession, of which Mr. Wakley was a member, should be a little jealous at finding a gentleman of the long robe coming forward and taking such a very active part in medical matters. It was not for him (Mr. Sergeant Talfourd) to say that a man might not sometimes follow pursuits collateral to his ordinary vocation, but, generally spaaking, the world was very jealous of versatility of talent; and, when that versatility was shown in the many-coloured life of the plaintiff, it was not very unnatural that the medical profession should think that it should be allowed to transact its own concerns. Besides, the plaintiff was the editor of a weekly paper, and had the means of avenging himself, week by week, for aught the defendant or anybody else might write concerning him; it was, therefore, too bad to come into court, and seek to mulct Mr. Wakley in damages in this case. He (Mr. Sergeant Talfourd) submitted to the jury, that when they considered the position of the plaintiff and the defendant as editors of rival publications, in which rival abuse might be found, they would not think there was any serious imputation that would at all entitle the plaintiff, as a rival editor, to call for the vengeance or the justice of the law, but that the parties might be well left to fight it out in their weekly newspapers, the appropriate arena for such a contest.

Mr. Justice Maule told the jury the main question was with respect to the publication of the matter with which the defendant was charged, and whether it related to the plaintiff and had the sense charged and imputed to it on the record. It was imputed that those articles in the *Lancet*—which did not all of them mention the plaintiff by name—applied to the plaintiff, and the question was whether they did so apply to him; and on that the plaintiff had called several witnesses, who said they had read, or heard read, the libels, and seemed somewhat conversant with the transactions out of which those libels arose, and they stated in their judgment they applied to the plaintiff; and that evidence was not contradicted by any other. But then the question was whether those publications were libellous, and had the meaning imputed to them in the declaration? Now, a libel was a thing which was the subject of an action, and the subject also of an indictment; but, in respect to libels made general proceedings, there was an act of Parliament passed many years ago which was declaratory of the law, and which declared in an action of indictment for libel the jury might give a general verdict of not guilty, and were not bound to find a verdict of guilty on a simple proof of a publication of libel; and the character of the publication in the general case had been left to the jury since that time, the court commonly giving its opinion, which was reserved to it in the act, as to whether it thought the publication was libellous; but the jury still must say guilty or not guilty, according as they thought it was libellous or not; and a similar course had been pursued in civil cases. Now, a libel was the writing and publishing of something by one man concerning another which had a matter of aptitude and fitness to bring him into contempt or ridicule, or to defame his character so as to injure his reputation, and bring him into public hatred, contempt, or ridicule. That would be a libel if a publication had that tendency; and on the present occasion they were to consider whether the articles in question were of that description, and whether they applied to the plaintiff. The evidence went certainly to show that they did apply to the plaintiff. To call a man "a desperate adventurer" was libellous; but to say a person had formed an "impolitic connection" with others was hardly to impute anything that had a necessary tendency to defame him. If it had been said he had formed a criminal connection, that would be another affair. To call a man who was a lawyer of some sort, and an editor of a newspaper, "quack lawyer and mountebank" and "an impostor," was something, he (the learned judge) should say, which was injurious to his reputation. If anything of that kind was true, it was open to the defendant to prove it. It had been said on the part of the defendant the libels were too general to be proved; if they were so, they were things that ought not to have been said. With respect to comparing the plaintiff and Ross to "Joseph Ady and Ikey Solomons," it was not at all apparent from the declaration, nor was it at all proved in evidence, who Joseph Ady and Ikey Solomons were, for all that appeared on the record they might be men of high character, whom therefore it might be very wise to place at the head of important business. The jury would therefore take no account of that as a libel. (Laughter.) And saying that a man had been "unceremoniously snuffed out" was not imputing anything more to him than a man was fairly expected to bear who came forward as a speaker at a public meeting; but calling him "a briefless quack secretary" was a thing which had a strong natural tendency to impair his reputation, hurt and annoy his feelings, and injure him to some extent, and he (the learned judge) thought it was libellous. To say that a barrister was "briefless" was not a civil thing, though it would not be libellous, since many barristers do not practise; but to combine it with the term "quack" conveyed an imputation clearly libellous. If, on the whole, they considered any of the charges likely to bring the plaintiff into public hatred, contempt, or ridicule, then they would find the defendant guilty, in which case the question of damages would remain to be determined, and which was a matter entirely for their consideration.

The jury retired for a short interval, and on their return gave in a verdict for the plaintiff—Damages, 40s.

TESTIMONIAL TO DR. BERNCASTLE.

	£	s.	d.
Dr. James Arthur Wilson, senior physician to St. George's Hospital ..	1	1	0
— M. Hollis, Esq., Lewisham ..	1	1	0
Ditto from friends	1	1	0
George Ainslie, Esq., Lewisham ..	1	1	0
Ditto from friends	1	1	0
— W. Steel, Esq., Lewisham	1	1	0
Henry Corbould, Esq., Islington ..	0	10	6
F. J. Corbould, Esq., Suffolk-place ..	0	10	6
E. Unwin Berry, Esq., 7, James-street, Covent-garden	0	10	6
Dr. Lashmar, Croydon	0	10	6
H. B. "Fiat Justitia"	0	10	6
J. R. T. Burroughs, Esq., Lee	0	10	6
W. S.	0	10	6
F. C. Batt, Esq., Abergavenny ..	0	10	6
M. Hansby, Esq., ditto	0	10	6
William Steel, Esq., ditto	0	10	6
Elmes Y. Steel, Esq., ditto	0	10	6
S. H. Steel, Esq., M B , ditto	0	10	6
Richard Steel, Esq., Blaenavon ..	0	10	6

Subscriptions received at the London and County Joint-Stock Bank, Lombard-street, and at its country branches.

ROYAL INSTITUTION.

RESIGNATION OF PROFESSOR BRANDE.

On Saturday last Professor Brande concluded the course of lectures in the laboratory of the Royal Institution, and took his final leave of the class nearly in the following words:—

"The time has now arrived, gentlemen, when I must bid you farewell, and, when I remind you that I have fulfilled the duties of the office which I this day relinquish for a period little short of forty years, you will, I am sure, agree with me that it is time they should be transferred to other hands. Long as this period of service has been, I may conscientiously say that I look back upon it with unmingled satisfaction. I have received nothing but kindness and attention from the numerous individuals which each successive season has brought to my acquaintance; and I have the pride and pleasure of enumerating among them many who have attained professional eminence, and some who have shone as bright lights in the world of science; so that the comfort which I derive from the feeling of having done my duty, to the best of my talents, in the station in which I have been placed, is enhanced by the success which has attended my endeavours, and by the conviction that the character of the school to which I have so long been attached passes from my hands unsullied and unimpaired."

GOSSIP OF THE WEEK.

Naval Appointments.—John G. Williams, Surgeon-Superintendent, to the Kinnear convict ship.

Naval Surgeons.—At the last meeting of the court of examiners of the Royal College of Surgeons, M'William Lawrence passed his examination for naval surgeon; this gentleman had previously been admitted a member of the college, his diploma bearing date May 10, 1841.

Royal College of Surgeons.—Gentlemen admitted members on the 28th ult.:—Messrs. C. King, R. Stewart, J. F. Smith, H. P. Leech, S. T. Fearon, J. H. Brownfield, S. F. Statham, J. W. Parry, R. M'Nicoll, A. B. Sharp, and J. B. Hayes.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, April 27:—William Cox, Bridgend, Glamorganshire; Andrew M'Lellan, Liverpool; Edward Andrews, Rainham; William Fuller, Piccadilly; James White Money, Fareham, Hants; Thomas Veem, Payhembury, Devon; Charles Drew, Okehampton, Devon; Joseph Alfred Bean, Reldon, Essex.

The Asylum for Idiots.—On Thursday week a general court was held at the London Tavern, for the purpose of electing, by ballot, six applicants from a list of seventy candidates, for admission into the society's asylum, Park-house, Highgate, Sir G. Carroll, Bart., in the chair. The report stated that the charity, which was instituted in October, 1847, is for the care and education of idiots of both sexes, especially in the earlier periods of life, who will be boarded, clothed, and educated for at least a period of five years, to prepare them as far as possible, according to the development of each individual case, for the duties of life. There are now twenty-nine on the foundation, sixteen of which are destitute cases.

Asylum for Idiots.—The first anniversary festival of this most valuable charity took place on Monday at the London Tavern, and, although not numerously, was very respectably attended. It was expected that his Royal Highness the Duke of Cambridge would preside, but, owing to severe indisposition, that advantage was not enjoyed by the institution. Lord Robert Grosvenor, however, in the absence of his Royal Highness, filled the chair, and performed the duties with great tact and ability. He was supported by Sir G. Carroll, Mr. Sheriff Hill, Sir James Clark, Mr. G. Thompson, M.P., Dr. Forbes, Dr. Conolly, Mr. S. Amory, Mr. T. Calloway, Dr. Little, Dr. Carlile, Dr. Hitchman, Mr. S. B. Brooke, Mr. T. Cooper, and other gentlemen. The appeals to the sympathy of the company seemed not to have been without effect, for during the evening subscriptions to the amount of £800 were announced—a large sum, considering that the charity is still in the first stage of infancy.

Baths and Washhouses.—On Monday week, at a meeting of the inhabitants of St. Martin's-in-the-Fields, held in the vestry-room, a report was read from the auditors appointed to audit the accounts of the commissioners of the baths and washhouses, now erecting at the back of St. George's Barracks, Charing-cross, from which it appears that the work is progressing rapidly; that the vestry have subscribed £250, and a sum of £6000 has been had from the Economic Life-assurance office in part of a loan of £10,000 on the rates. In the treasurer's hands there is £2257. 5s. 10d., and in the clerk's £29. 5s. 2d.

Castor Oil.—There is at Munich an extensive establishment for the preparation of a peculiar kind of castor oil, now in great request, especially in Italy. With syrup of orange peel, and orange-flower water, it is readily borne by all patients, and it is efficient in much smaller doses than the usual oil—viz., from one drachm and a half to three drachms. Buchner has found in it seventy-two parts of oil to twenty-eight of alcohol and water. As alcohol dissolves the really purgative principle of the castor oil, the superior efficacy of this oil is readily explained.

Pneumatic Bones of Birds.—M. Jobard has advanced another hypothesis as to the purpose fulfilled by the air contained in the bones of birds capable of extensive flight. In certain cases a bird seems to remain motionless in the air; it has been generally admitted that there is, however, an imperceptible fluttering of the wings. M. Jobard thinks this explanation inadmissible, and looks upon the bird as a sort of eolipyle, giving issue, by the orifices seated on the under side of the wings, to a portion of heated air, the reaction of which serves to counterbalance gravity for a certain time. In support of this view, he says

that at Ostend one may often see flocks of gulls driven along like geese, and which make no attempt to fly when the femur has been perforated.

The Polytechnic Institution.—The new theatre is a very fine room, and well adapted for lectures or exhibitions of scientific effects. The great number of models and specimens with which the institution abounds have been rearranged and classified with proper attention to their various characters and natures, and the bill of fare, which consists of lectures by Dr. Ryan and Professor Bachhoffner, musical illustrations, dissolving views, &c., affords a variety sufficient to amuse and instruct visitors of every taste. Amongst the numerous minor exhibitions of art are some beautifully cut stones or seals by Mr. Giffard of various wild animals; they are very elaborate.

New Galvanic Apparatus.—The Rev. Dr. Callam, professor of physical science in Maynooth College, has invented a new kind of galvanic battery, in which the pile consists of alternate plates of zinc and cast iron. In the ordinary batteries, the use of platina plates is a source of great expense—the ordinary price of platina being about 32s. per ounce. In those in which copper is substituted for platina, the great number of pairs of plates required renders a powerful battery equally expensive. A Wollaston battery, to be as efficient as the one that has just been completed at the College of Maynooth, would require 10,000 pairs of copper and zinc plates, and thus it is estimated that the entire battery could not be constructed for less than £2000. A Grove battery as powerful as the Maynooth one would require an expenditure of £8000 for platina alone, independently of other cost, while the Maynooth battery has cost in the present instance only £40. A series of experiments were tried, from which it appears that this battery is three times as powerful as any other now in existence. A full-grown turkey was killed in half a second on being touched by the wires; discs of iron, thick pieces of copper, and pieces of the hardest tempered steel were ignited with the greatest ease.

Singular Application of Chloroform.—Mr. Bond, tanner, of Twerton, having condemned one of his pigs to die, not wishing to alarm his neighbours by its cries, and desiring to have the deed done in the most humane manner, determined on trying the effect of chloroform. The butcher being in attendance, Mr. Bond applied to his neighbour, Mr. Harding, druggist, for the article, Mr. Harding having offered to superintend its application. The necessary preparations being made, Messrs. Druggist and Butcher proceeded to the sty to rouse the hog. When driven out, instead of the usual preparatory torture of applying the noose and putting on the manacles, &c., as in the case of its swinish predecessors under similar circumstances, not the slightest coercion was used, but the animal was treated by its master to a good sniff of chloroform, which, to the satisfaction of all present, had the effect of instantly depriving the creature of all sensation and motion. The fatal stab was then inflicted; not a squeak or any other sound was heard; and the process was finished without the least inconvenience or injury to the carcase.

Intramural Burials.—On Monday a vestry meeting was held in St. Clement Danes parish, Strand, the Rev. Henry Ellis, rector, in the chair, to nominate churchwardens, to pass the churchwardens' accounts, and for the transaction of general affairs. In answer to a question from Mr. Huggett, the chairman said that the church committee appointed to adopt measures respecting burials in cities and towns had nominated twenty clergymen and twenty laymen, whose names were to be forwarded to Lord Morpeth, for his lordship to appoint a committee from those gentlemen for the purpose of finally suppressing burials in cities and towns, and that the following lay gentlemen were nominated for the parish of St. Clement Danes, viz.:—Mr. Mackinnon, M.P.; Mr. G. A. Walker, surgeon; Mr, Twining, banker; and Mr. Sambrook, coal-merchant. Mr. Huggett and other gentlemen were appointed to wait upon the trustees of the Holborn estate, to ascertain if they would subscribe a sufficient fund for the erection of public baths and washhouses. After the disposal of some further parochial business, thanks were voted to the chairman, and the vestry broke up.

Chloroform in Hydrophobia.—The *Baltimore Free Press* has an interesting account of the case of Mr. Tayman. He was bitten nine weeks ago by a little dog which he owned, but, not knowing it was mad, the wound, which at first bled freely, was permitted to heal up. The dog disappeared, but still he felt no apprehension of danger until Thursday of last week, when he felt a sudden and acute pain in the scar of the wound, which shot up his arm to his shoulder, and thence through his breast. Then for the first time were the fears of the unhappy man aroused. The part which had been wounded continued to feel uneasy, and perhaps to inflame; the patient became anxious, drowsy, melancholy, and prone to anger, and complained of everything around him. His slumbers, when he could sleep, which was hardly at all, were disturbed with convulsive agitations; his countenance frequently put on the appearance of the deepest sorrow; his face became pale and contracted, sweat broke out from his temples, followed at length by an unusual flow of saliva from his mouth, and by constant tremour and convulsions. Now all sleep was intermitted; watchfulness became constant and intense; delirium, and finally the *aquæ pavor*, showed itself by horrible shudderings whenever anything liquid came within his view. In his worst condition there appeared intervals of reason, during which he would talk sensibly of his condition, and warn his friends to beware of him—a warning very necessary, and the neglect of which nearly proved fatal to the Rev. William Fort, whose throat was for a short time in the convulsive grasp of the maniac, but was soon providentially released by the interposition of persons from the great crowd which surrounded the house, who at that moment entered the room. During the violence of the attack ether was administered, which prostrated his energies and caused him to fall, and in falling he inhaled it a second time, for the purpose, as he subsequently said, of producing death. On recovering from the effects of the ether, his agonies increased, and unfortunately he became impressed with the idea that the ether increased his misery, which it is believed was not the case. On the fifth day of the attack chloroform was administered, which rendered him insensible for ten minutes. Convulsions succeeded, which became so violent as to render it necessary to manacle the limbs of the patient. The chloroform was a second time administered, and for a while seemed wholly powerless; at length it took effect, the unhappy man fell back insensible, made three attempts at respiration, and died. The *Free Press* thinks the chloroform was administered too late, as the unfortunate man was dying at the time. Had it been given at an earlier stage of the attack, it is believed it would have at least assuaged his sufferings.

A Mesmerizer's Bill.—At the County Court, before Mr. Commissioner Lowndes, on Wednesday se'nnight, a rather singular case was heard. Mr. Edwin Thomas Hicks, the lecturer on mesmerism and phrenology, summoned Mr. William Davies, linen-draper, of Berry-street, for £3. 3s., for mesmeric operations performed upon the defendant at his own request, for a period of three weeks. Mr. Hicks stated that the defendant was operated upon for upwards of three weeks, for deafness, and that he had appeared in public at his lectures, and stated that he had received great benefit from the treatment. The defendant, after the period named, ceased to attend as usual, and, although he stated at first that he would pay Mr. Hicks's usual fees, when the bill for £3. 3s. was sent in, he returned another bill, in the way of set off, charging £3. 3s. for allowing himself to be operated on and exhibited at Mr. Hicks's public lectures. Mr. Hicks returned the bill, with a note, stating that, although no agreement was made as to payment for appearing in public, yet he had no objection to allow him 2s. 6d. a night, being the highest fee he had ever given any patient for such service. Mr. Hicks added that his usual fee was £1. 1s., for which the patient was entitled to six sittings, if they were required. If more than six sittings were necessary the charge was in the same proportion. In reply to a question from the defendant, Mr. Hicks said, he was neither a physician nor surgeon, and could not produce a diploma. He claimed the amount for work and labour done in the same way as if he had been employed to work in a shop.—The Commissioner (to the defendant): Did he operate on you for a period of three weeks?—Defendant: He stared me in the face and eyes, and passed his fingers over me. Defendant then proceeded to state, that having called on the plaintiff for a delineation of character, he urged him very much to be mesmerized for his deafness, and told him he would cure him in a week. By staring at him he had produced great irritation in the eye, and caused it for a considerable time to be much injured. He had never experienced the slightest benefit from the treatment. There was no absolute labour in the case besides staring in the face and in the eyes.—Thomas Bland (called as a witness by the defendant) said: Mr. Hicks stated in the Concert-hall that Mr. Davies would be well in a week.—The defendant also added, that Mr. Hicks stated in public that he (Mr. Davies) was much better under his treatment, but he did so without his authority. He (the defendant) never opened his lips in the Concert-hall.—Mr. Hicks gave a history at length of the whole transaction, stating, also, that Mr. Davies said he could, after the operations, hear his own clock strike, although before he could not hear the bell of St. Luke's Church.—The Commissioner said a person might charge for mesmerizing in the same way that he could charge for galvanizing; but, if he held out that there would be a cure effected by it, that was another matter. The case would require some consideration, and he should give judgment the following day, at ten o'clock.—The next morning the parties were again in attendance. Mr. Davies wished two witnesses to be examined, but the commissioner said he had heard the case the day before, and, after asking one or two questions, he proceeded to say, that if Mr. Hicks had undertaken to electrify a man he would have been entitled for his labour, to the amount for which he contracted. It would not alter the matter if the plaintiff stated, in the presence of the defendant, that considerable benefit had been received in consequence of the operations, although none had been received. If there was any imposture on the public, the defendant, not contradicting the statement made in his presence, became a party to that imposture on the public, and could scarcely be allowed to say no benefit had been received. That such benefit had not eventually been received as the language of the plaintiff might at first have induced the defendant to believe, might be a sufficient reason for directing that the costs of the suit should be divided. The defendant must pay £2. 15s. 6d. (2s. 6d. being deducted for each appearance in public), and half of the costs, on Monday next. The Commissioner, addressing Mr. Hicks, said—"It does not appear to me that there was an undertaking of 'No cure no pay.' If there had been such an undertaking you would have recovered nothing." Mr. Hicks: "There was no such undertaking."

The Royal Society.—The Earl of Rosse is mentioned as likely to succeed the Marquis of Northampton as President of the Royal Society.

Mesmerism in India.—Dr. Esdaile, whose name has become familiar in connection with mesmerism in India, has been appointed presidency surgeon by Lord Dalhousie, although the junior surgeon of the Calcutta presidency. We also learn that the re-establishment of the Mesmeric Hospital is contemplated.

Obituary.—On the 30th ult., Edward Duncan, Esq., surgeon, of No. 3, Leadenhall-street, aged

42, much respected by all who knew him.—April 5, at Finglas, aged 37 years, of fever, Charles Le Grange, Esq., L.R.C.S.I., medical attendant of the Finglas and Glasnevin Dispensary.—April 7, at Brixton-hill, Streatham, aged 26, Henry E. Cullen, Esq., surgeon.—At St. Servan, France, on Easter Sunday, in the 84th year of his age, John Hayne Newton, Esq., M.R.C.S., and of her Majesty's forces, sincerely and deservedly lamented by his family and friends.—On the 3rd inst., at his residence, Upper Portland-place, Wandsworth-road, William Squire, Esq., surgeon, aged 38.

Magnesia as an Antidote to Arsenic.—On the 27th of October last, at eleven o'clock in the forenoon, a lady in Paris took poison by eating a piece of bread and butter sprinkled with the powder of arsenious acid. Four hours after she took a cup of coffee, which produced vomiting. Between six and seven in the evening Dr. Chammartin was called in, who found the patient suffering under all the symptoms of arsenical poisoning. He prescribed hydrated magnesia; 300 grammes (between nine and ten ounces) of gelatinized magnesia were administered in four doses in the course of two hours, giving rise to liquid alvine evacuations. The patient recovered.—*Union Médicale.*

Removal of Iodine Stains.—It having been stated in the "Annals de Thérapeutique" that milk is an excellent means of removing from the fingers this stain now so commonly produced, Malgaigne found that it certainly did so when these were quite recent, but in nowise more easily than water. But, however deep or dry they may be, they yield to alcohol.—*Rev. Med.-Chir.*

MORTALITY TABLE.

For the Week ending Saturday, April 29, 1848.

Causes of Death.	Total.	Average of 5 Springs.
All Causes.....	966	943
Specified Causes...	966	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	238	176
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	35	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	105	122
Diseases of the Lungs, and of the other Organs of Respiration	148	129
Diseases of the Heart and Blood-vessels.....	34	33
Diseases of the Stomach, Liver, and other organs of Digestion	48	62
Diseases of the Kidneys, &c.	7	10
Childbirth, Diseases of the Uterus, &c	9	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	10	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age.....	40	55
Violence, Privation, Cold, and Intemperance.....	16	29

NOTICE.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

Gentlemen who have written to us for "slips" of "communications," "advertisements," &c., are informed that the publisher who has the superintendence of our printing operations, being the registered, and not a practical, printer, finds it quite impossible, in the large printing establishment of Messrs. Palmer and Clayton, in which the *Medical Times* is printed, to execute the numerous small orders that are forwarded to him. His correspondents will find it at once cheaper and easier to have these reprints made by a local printer.

"A Constant Reader" informs us, that "having recently had occasion to remove from the tibia of a boy, about fourteen years of age, a large sequestrum of necrosed bone, I determined, prior to the operation, to administer the chloroform. I accordingly poured about half a dram upon a silk pocket-handkerchief, and applied it in the usual way. In less than a minute the whole of the muscles became perfectly rigid—the hands were firmly clinched, and the face flushed. On examining the pulse at the wrist it was scarcely perceptible, and the breathing became stertorous. Alarmed for the safety of my patient, I commenced dashing cold water in his face, and had the windows of the apartment opened, that there might be a free circulation of air. In two minutes the spasm of the muscles subsided, the breathing became natural, sensibility returned, and his body became bedewed with a copious perspiration. He expressed himself as having been in a comfortable sleep, and felt no headache on the return of sensibility. I afterwards removed the dead portion of bone without having recourse to an anæsthetic agent." These cases are not uncommon.

"Mr. T. Mead."—The name is not on our roll.

"Omega" is labouring under a mistake. The surgeon who performed the operation was Mr. Fergusson, of King's College Hospital.

"N. G."—The Lord Mayor is a life-governor of the institution, but we cannot state how many cases he has the power of recommending.

"Psychologist."—1. We cannot give all the information sought in reference to American medical institutions. As regards the lunatic asylum at Bloomingdale, we are enabled to inform our correspondent that it is built at Manhattanville, seven miles from New York. About 100 acres of land are attached to the establishment, which can accommodate 200 patients. The charges are from two to ten dollars per week for board, &c. No free patients are admitted. 2. The College of Pharmacy of New York is composed of chemists and druggists, and was chartered in 1831. 3. We do not know what institution our correspondent refers to in this question, unless it be the College of Physicians and Surgeons, which was founded in 1807, by an act of the Legislature, at the recommendation of the regents of the university, by whom it is governed.

"A Regular Subscriber."—It would be illegal.

"Inquirer."—1. It is not certain that the ophthalmia is caused by contagion, as it has appeared in persons who have been especially careful not to touch their eyes with anything soiled by the urethral discharge. 2. Dr. Vidal de Cassis published the cases referred to.

"L. A. C."—The coroner had no business to call in question the qualification. The law has conferred upon licentiates of the Hall the right to practise, and our correspondent is entitled to the usual fee, which can be recovered in the County Court.

"Mr. Sherman" will oblige us by sending the whole of the manuscript.

"A Surgeon's Assistant."—There would be no impropriety in making the statement suggested. What the result may be we are unable to foretel.

"Mentor."—We do not touch general politics.

"Amicus Paupertatis."—The letter may probably be very interesting, but it is written in such a manner that we are unable to read it.

"Anti-Empiric" proposes that a Medical Tract Society should be established and well supported, "in order to give the public such information as shall guard them against being duped by quacks, whose only object is plunder."

"A Subscriber since 1842."—A foreign diploma purchased without examination is a worthless piece of parchment.

"Lucius" should call in the assistance of one of his brother practitioners in his neighbourhood.

"Aqua Pumpaginis" is evidently not a friend to the cold water system. His strictures are of too personal a nature to be published.

"T. B. G."—The leech is of the order annelides. It is oviparous.

"M. D." must be satisfied with the answer given some time back in our Notices to Correspondents. We cannot engage to send private communications to all who may wish it.

"Academicus."—We must decline the offer.

"A Constant Reader."—Foreign diplomas are not admissible for poor-law appointments.

"Mr. Leison."—Communication received.

"Medico-Chirurgus."—Yes.

"Dubitans."—We should recommend the sum offered to be immediately accepted.

"A Pupil."—"Two years of apprenticeship, with the consent of the master, may with propriety be spent in attending lectures in London. The Apothecaries' Company would raise no objection.

"A Young Surgeon."—We cannot state the usual salary paid to surgeons of passenger-vessels. It varies much.

"Curioso."—No work, that we know of, has ever been published on the subject.

"Electron."—We suspect our correspondent is not a member of the medical profession; if so, we would advise him to leave medical galvanism alone.

"An Irish Student, Dublin."—There are more English medical assistants than can find employment.

"Philos, Brighton."—Cooper's "Surgical Dictionary," or, Chelius's "Surgery," edited by South.

"Permissus."—Dr. F. Hawkins, the registrar of the College, should be addressed.

"Socius."—Proof must be given of the apprenticeship having been duly served, or the Company cannot admit to examination.

"Querist."—We should certainly prefer the antiphlogistic plan of treatment.

"T. B., Glasgow."—The candidate for an assistant-surgeoncy in the army must possess a diploma from either London, Edinburgh, or Dublin.

"Celsus."—Communications received.

"Mr. Alfred Ebsworth, Bulwell, Notts."—The letter on "The Profession as it is" has come to hand.

"Dr. Edward Hearne, Southampton."—The paper on Ether and Chloroform will appear at an early opportunity.

"H. H."—The communication has not been overlooked.

"A Two Years' Subscriber."—1. Yes. 2. We cannot exactly say; but not a large sum. 3. Yes.

"Mr. A. W. Close, Manchester."—We regret exceedingly the delay. This interesting case, however, has been in type for some time; but, owing to a press of matter, we have postponed its publication from week to week. It shall shortly appear.

"A Reader of the *Medical Times*."—Immersing the body in any material, such as ashes, salt, sand, &c., is called a *dry bath*. Perspiration was often produced in the ancient *sudatorium* by putting the patient in hot sand.

"Naturalist."—Eleven different races are enumerated of the *genus homo*.

"A Subscriber, Bideford."—Chloroform is generally administered in the way pointed out by Dr. Simpson. An ether-inhaler could be used with the precautions mentioned.

"Mr. W. H. Johnson, Great Marlborough-street."—1. By applying to the secretary of the College of Surgeons a paper will be obtained describing the course of education required for the diploma. 2. It is not necessary to obtain first the Apothecaries' licence. The expenses will depend on circumstances.

"Mr. A. Robinson, Lynn."—1. The diploma is not necessary; but there would not be so good a chance of succeeding in the colony without as with it. 2. The laws are nearly the same as those which govern the medical profession in England.

"Mr. J. H. Horne, 2, Princes-row, Coventry-street."—Communication received.

"Mr. G. C. Maxwell, Friars Lynn."—The publication of the papers has been delayed in consequence of "press of matter." The request shall be attended to.

"Mr. John Hogg, 71, Upper Gower-street."—The answer referred to another correspondent.

"Apothecary."—A still may be used for lavender-water, under the size mentioned, without our correspondent being liable to a prosecution.

"A Practitioner prior to the Act of 1815."—Communications addressed to the members of the Medical Mutual Protection Society received.

"Dr. C. Lockhart Robertson."—Communication received.

The communications from St. George's, Charing-cross, and London Hospitals, will be inserted next week.

Letters and communications have also been received from A Constant Reader; Mr. T. Mead; Omega; N. G.; Psychologist; A Regular Subscriber; Inquirer; L. A. C.; Mr. Sherman; A Surgeon's Assistant; Mentor; Amicus Paupertatis; Anti-Empiric; A Subscriber since 1842; Lucius; Aqua Pumpaginis; T. B. G.; M. D.; Academicus; A Constant Reader; Mr. Leison; Medico-Chirurgus; Dubitans; A Young Surgeon; Curioso; Electron; An Irish Student, Dublin; Philos, Brighton; Permissus; Socius, Querist; T. B., Glasgow; Celsus; Mr. Alfred Ebsworth, Bulwell, Notts; Dr. Edward Hearne, Southampton; H. H.; A Two Years' Subscriber; Mr. A. W. Close, Manchester; A Reader of the *Medical Times*; Naturalist; A Subscriber, Bideford; Mr. W. H. Johnson, Great Marlborough-street; Mr. A. Robinson, Lynn; Mr. J. H. Horne, 2, Princes-row, Coventry-street; Mr. G. C. Maxwell, Friars Lynn; Mr. John Hogg, 71, Upper Gower-street; Apothecary; A Practitioner prior to the Act of 1815; Dr. C. Lockhart Robertson; Mr. Kembell, Knowle; Mr. Spooner, Blandford; Mr. Loveless, Stalbridge; Dr. Heath, Ackrington; Mr. Lupton, Thame; Mr. Edwards, Chippenham; Mr. Hopper, Rotherham; Mr. Sparke, Newcastle; A Pupil, &c. &c.

No. 450. **SUMMARY.** May 13.

ORIGINAL LECTURES—

Lectures on some of the more Important Points in Surgery, by G. J. GUTHRIE, Esq.; read by Mr. HANCOCK—Lecture XIII. On Wounds and Injuries of the Chest..... 17

ORIGINAL CONTRIBUTIONS—

On certain Sources of Fallacy in Urinary Diagnosis and Pathology, and on the Means of avoiding them, by R. VENABLES, A.M., M.B. 20

PROGRESS OF MEDICAL SCIENCE—

Academy of Sciences; Meeting of May 1 21

Circulation of Blood 21

Academy of Medicine; Meetings of April 29 and May 2..... 22

Insanity resulting from Solitary Confinement .. 22

Cerebral Congestion 22

Influence of Political Events upon the Production of Insanity 22

Pathological Condition of Infants..... 22

ROYAL MEDICAL AND CHIRURGICAL SOCIETY 23

LEADERS—

The Parliamentary Committee 24

Bethnal-green Warriors and the College Diploma.. 24

Asiatic Cholera in the Metropolis 25

On Medical Education 25

Lectures on Gunshot Wounds 26

The Lunatic Bill for Scotland..... 27

First Charter of the Royal College of General Practitioners of England and Wales..... 27

GOSSIP OF THE WEEK..... 29

London University College 29

King's College..... 30

London Hospital..... 30

Charing-cross Hospital Medical School, West Strand 30

St. George's School of Medicine, Grosvenor-place 30

St. Bartholomew's Hospital..... 31

St. George's Hospital Medical School 31

Ex-parte Berncastle 31

Application of Chloroform to a Rabid Tigress 31

MORTALITY TABLE 32

TO CORRESPONDENTS 32

ORIGINAL LECTURES.

LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

By G. J. GUTHRIE, Esq., F.R.S.,

Read by Mr. HANCOCK, Surgeon to the Charing-cross Hospital, and Lecturer on Anatomy and Physiology at the Royal Westminster Ophthalmic Hospital.

Lecture XIII.

ON WOUNDS AND INJURIES OF THE CHEST.

Protrusion of a portion of the lung during expiration, when the wound of the chest is left open; treatment of the protrusion; cases by Roland, Sholtt de Burano, Tulpius, Hildanus, Raysch, S. Cooper, and D'Anglois; Mr. Andrews's case of extensive injury to the chest; description of a preparation in the museum of the College of Surgeons. Wounds of the intercostal and internal mammary arteries: *hemorrhage rarely occurs from wounds of these arteries; M. Goyraud's operation for ligature of the internal mammary, when wounded; Baron Larrey's case; treatment of wounded intercostal arteries; Ravaton on wounds of the intercostal arteries; Mayer on the means for suppressing hemorrhage from those vessels; difficulty of doing so, when the parts are unsound, and the hemorrhage secondary; case of General Sir George Walker; Mr. S. Cooper's case; Dr. Graff's case; case of wound of the intercostal artery, the hemorrhage suppressed without the ligature.* Wounds of the head and neck: *ligature of the main artery, when a branch is wounded; danger of tying an artery at a distance; M. Breschet's case; treatment of cut throat; gunshot wounds of the neck; treatment of incised wounds of the face; of incised or lacerated wounds of the eyelids and brows; of the eyes, nose, and ears; injuries from musket-balls; case of Capt. Fritz; Hildanus's case of wound of the superior maxillary bone, part of the sword-sheath remaining in the wound; cannon-shot injuries of the face; case of extensive wound of the face by a piece of shell; distressing results from wounds of the face from musket-balls; consequent amaurosis; penetrating wounds implicating the bones of the face; salivary fistula; wound of the parotid gland; of the lachrymal bones or sac; of the upper jaw; General Sir Colin Halket's case; wounds of the lower jaw, and their treatment; M. Baudens's cases; case of Colonel Carleton; wounds of the eye from shot; lodging of a ball behind the eye, and its consequences.*

A portion of lung will sometimes protrude during the efforts made by the sufferer to breathe, particularly in expiration, when the wound is left open, and is sufficiently loose to admit of it. When protruded it sometimes happens that the efforts of nature are not sufficient for its retraction, and it remains filling up the opening into the thorax. I have never seen a large portion of lung protruded, except through an opening, which readily admitted of its return; but when the epening is small, the return of the whole of the lung protruded has not appeared to me to be advisable, unless it should be evidently strangulated, a state which rarely occurs. The surface of the lung is but little sensible, touching it causes no apparent pain, and its adhesion to the edges of the cut pleura is more advantageous than its separation from it. It should, therefore, be allowed to remain, or be so far returned, if it can be so managed, as to rest within the edges of the divided pleura, and fill up the gap made by the incision, over which the integuments should be accurately drawn and retained as directed. The adhesion of the lung to the pleura costalis arrests the inflammation, and may prevent its progress to other parts of the cavity. That the inflammation may extend further into the substance of the lung, is possible; but, when the sufferers are otherwise healthy, the chance of evil from inflammation of the general cavity of the pleura is not greater than from pneumonia. I have had several opportunities of seeing the lung protrude, both in gunshot as well as in incised wounds, and whenever the protruded lung has been completely returned I have observed more inflammation follow than where it has been allowed to remain under the precautions recommended. Three cases were brought under my notice at Brussels, after the battle of Waterloo, and were not interfered with—greatly, as I afterwards understood, to the advantage of the patients.

The protruded lung, when left uncovered and unprotected, soon loses its natural brilliancy, dies quickly, and shrinks, and becomes livid, without being gangrenous, although it may become so. In such cases the protruded parts may be removed; but it should never be separated at its base from its attachment to the pleura costalis by which it is surrounded.

Roland, who practised in Bologna, in 1264, first cut off a portion of lung which had protruded; but not until he had obtained the permission of the bishop, and the certificates of the desire of the patient and thirty of his friends, that it should be done. Sholtt de Burano is said by Andre de la Cruz to have done the same thing.

Tulpius gives an acount of a man who, after four days, had three ounces of a mortified lung removed, and recovered. Dying six years afterwards, the lung was found adhering to the pleura at the part which had been injured, but no other sign of disease. Hildanus, having removed a piece by the actual cautery under similar circumstances, was not contented to allow Nature to act for herself, but introduced a wooden wedge between the ribs to keep them asunder, until the remaining portion of the lung shrunk back into the chest, the patient recovering in spite of his surgeon. Raysch records another case in which the portion of protruded lung was removed by mistake, nevertheless the man escaped. Mr. S. Cooper had a case, after the battle of Waterloo, in which he tied a ligature around a piece of protruded lung, and cut it off, but he learned afterwards that this man did not recover.

Case 153.—A child, thirteen years of age, fell from a height against the sharp end of the branch of a tree, and made a wound three inches in length between the fifth and six ribs, through which the lung protruded, having a transverse wound on its surface. The protruded portion of the lung was returned by D'Anglois with difficulty; the edges of the wound were brought together by bandages. The shock of the injury lasted three days; reaction was overcome by repeated bleedings, &c.; in six weeks the cure was complete.—*La Lancette Française*, April 1, 1845.

The two following cases are given, from their extraordinary nature and successful results:—

Case 154.—A Prussian sailor was admitted into the London Hospital, under Mr. Andrews, Feb. 25, 1831, in consequence of having been struck down by an iron bolt, five inches and a half long, and two and a half wide, belonging to the end of a trysail yard, which was lowering, and which perforated the chest, and entered the deck for an inch, compressing his chest into a space not exceeding four inches. The bolt entered the chest between the fourth and fifth ribs of the left side, about an inch and a half from the middle of the breast-bone, and came out between the eleventh and twelfth ribs, about four inches from the spine. The countenance was livid, breathing difficult, threatening suffocation, pulse irregular, and he spat up small quantities of frothy blood. After a time he rallied. This man recovered, and was convalescent on the 30th of May, or in three months. The quantity of blood spat up did not exceed that commonly coughed up in broken ribs. The discharge of pus from the wounds till they had healed was very trifling. The pulsation of the heart was very violent, distinctly raising the bedclothes. He lost about eighty ounces of blood from the arm, and had three hundred leeches applied at different times. His mouth was sore, in eleven days after his admission, from the exhibition of calomel and opium.

Mr. Andrews gave me the opportunity of examining this man, in 1841. He was in good health; the breathing of the side injured good; the action of the heart violent, but not irregular. The depression made by the bolt and its cicatrix was so directly over the great vessels that it must have passed between them, pushing them aside, constituting altogether one of the most remarkable cases on record; it was owing, perhaps, to the end of the bolt being blunt, and the great force, from the weight of the yard with which it was driven through, that the lung was but little injured.

Case 155.—In the museum of the Royal College of Surgeons there is a perforation of the breast-bone, with the cartilage and part of the ribs on each side attached, and a shaft of a gig, the wedge-like end of which was forced in by the violence of a horse, on one side of the chest, and came out at the other, going under the breast-bone; a second wound was observable lower down, made by the iron part of the shaft, for the reception of the belly-band. The man recovered at the end of nine weeks, after the loss of one hundred and twenty ounces of blood, taken at different times, and lived for five years

without further inconvenience than a slight loss of breath on any exertion; after that he suffered from dyspnœa and irregular action of the heart, and died nearly ten years after the accident.

Examination.—The thorax was somewhat distorted, from an angular projection at the union of the upper and middle portions of the sternum, on each side of which was an irregular depression; on the left, and four inches and a half from the middle of the bone, the depression extended forwards three inches, along the intercostal space between the second and third ribs; on the right, at three inches distance, the depression extended backwards two inches between the same ribs. The upper cicatrix on the left side was behind the margin of the great pectoral muscle, and the under one an inch below it. The right cicatrix was opposite the intercostal space of the third and fourth ribs. The pectoralis major adhered to a membranous substance, occupying the place of the destroyed intercostal muscles, thin, smooth, strong, and transparent, through which the lung could be seen on the left side, but not on the right. The cartilage of the left second rib had been broken, and was only united by ligamentous substance; and the rib itself, also fractured two inches behind, had united with its inner edge turned a little into the chest; the third and fourth cartilages had been fractured, but united by bone. The right third rib had been broken. On opening the chest, the lungs were found strongly adherent, at their back part, to the pleura. In front, on the left side, the lung adhered to the displaced second rib, and to the membrane between the second and third ribs, the adhesions extending to the mediastinum as low as the fifth rib. Another portion of lung also adhered between the third and fourth ribs, where probably the tug iron had entered. On the right side, the lung adhered to the membrane between the ribs, to the extent of an inch and a half around its margin. The pericardium was almost entirely adherent to the heart, but not very firmly. The heart itself was larger than usual, and the cavity and fibres on the right side proportionally greater than on the left.

Wounds of the intercostal and internal mammary arteries have occupied so much of the attention of theoretical surgeons, and so many inventions have been broached for the suppression of hemorrhage, particularly from the former, that it becomes consolatory to know that bleeding from these vessels rarely takes place, and that the inventions are more numerous than the cases requiring them. I have never had occasion to see a distinct case of hemorrhage from an internal mammary artery, but if a bleeding should take place from a wound in its neighbourhood, and of a nature to lead to the belief that it came from this vessel, the wound should be enlarged, until the part whence the blood flows is ascertained, when, if from the artery, the vessel should be twisted or secured by ligatures, and, if these methods should be impracticable, the wound should be closed and the result awaited.

M. Goyraud proposed in the "Lancette Française" for September, 1834, the following method of operating for the application of a ligature on this vessel, which should be borne in mind in all cases in which it may be supposed to be required:—"The operation," he says, "may be done with ease in the three first intercostal spaces; it offers some difficulties in the fourth; is very difficult in the fifth, and is scarcely to be done lower down. An incision two inches in length is to be made near the side of the sternum from without inwards, at an angle of forty-five degrees with the axis of the body. The middle of this incision should be three or four lines distant (a quarter of an inch) from the bone, and in the centre of the intercostal space, within which the vessel is to be found. The skin, cellular substance, and the great pectoral muscle having been divided, the external intercostal muscle, and its aponeurosis with the muscular layers of the inner intercostal muscle, are to be separated, and torn through with a director, until the artery and its two venæ comites are laid bare, at the distance of three lines from the edge of the sternum, lying before the fibres of the triangularis sterni muscle, which separates these vessels from the pleura. A bent probe, or other proper instrument, can now be readily passed under the artery." But, after all, the vessel can only be secured in this way when injured at the upper part of the chest; below this it must bleed into the cavity, unless there be an open wound.

Case 156, by Baron Larrey.—T. F. Besnier, twenty-three years of age, was wounded by a sword in a duel, in 1828, which penetrated the chest, about an inch and a half on the left side, injuring the cartilage of the seventh rib at its junction with the sternum, and, in all probability, dividing the internal mammary artery, besides opening into the mediastinum, and the pericardium. He lost a considerable quantity of blood, and was brought to the hospital in an apparently dying state. The pulsations of the heart were indistinct, and heard as if at a distance from the wall of the chest, as in dropsy of the pericardium; the right side was distended, and the nipple on that side more elevated than that on the left; the false ribs were motionless, and there was every appearance of an extravasation of blood having taken place into the cavity of the pericardium, and the pleura of the right side. The wound did not bleed.

After many serious symptoms, giving rise to the belief that the operation for empyema would be necessary, the patient began to improve, and he at last recovered under a great number of local bloodlettings, by the application of cupping-glasses and of thirteen moxas.

The intercostal artery, although often injured, rarely gives rises to hemorrhage, so as to require a special operation for its suppression; but, whenever it does occur, the wound should be enlarged so as to show the bleeding orifice, which should be secured by one ligature if distinctly open, and by two if the vessel should only be partially divided. The vessel is sometimes so small as to be easily twisted, or its end sufficiently bruised as well as twisted, to arrest the hemorrhage.

Ravaton, on the subject of wounds of the intercostal arteries, says:—"I have dressed as many sword-wounds as any surgeon who exists, and have seen many accompanied by very serious hemorrhages, although I have never been able to find the vessel which gave rise to them, and have, therefore, never attempted to tie or to apply styptics to an intercostal artery, from a wound of which, anywhere except near its origin, I do not think there is much to fear, more particularly as I have seen two ribs cut across by a sword, with a very ordinary amount of hemorrhage; and I suspect our predecessors have thought more of wounds of these arteries than they deserve, from their being more in the way of being injured than others;" a remark which accords with the experience of modern surgeons. I have had occasion to twist and bruise the end of an artery bleeding in an intercostal space, and I have tied a vessel under the edge of a rib; but I have not met with any of the great difficulties usually said to be experienced in suppressing a hemorrhage from this vessel, when the wound was recent, and the parts were sound.

Mayer, in his "Tractatus de Vulneribus Pectoris Penetrantibus," which is now in the library of the College of Surgeons, has enumerated some two dozen inventions for suppressing hemorrhage from an intercostal artery—from the string tied round the artery, rib and all, by Gerard, to the little pouch or ball introduced empty into the chest, by Desault, and then filled and drawn outwardly until it pressed upon the injured vessel, and closed the wound behind it.

When the parts are unsound, and the hemorrhage is a secondary one, greater difficulty is sometimes experienced in arresting it, from the ligature easily cutting its way through the softened parts, and from styptics being liable to fall into the cavity of the chest.

Case 157.—General Sir George Walker, G.C.B., after scaling the wall of Badajoz, with the 5th division, on the left of the breaches assailed by the 4th and light divisions, and of the castle scaled by the 3rd, was wounded by a slanting musket-ball, which struck the cartilages of the lower ribs of the right side, broke the bones, penetrating the chest, and then passed outwards. He remained in Badajoz under my care during the first three weeks, with many of the other principal officers wounded, and got over the first inflammatory symptoms in a satisfactory manner. Staff-Surgeon Burnall informed me that after I left him the wound sloughed, some part of the cartilages separated, and one of the intercostal arteries bled; and although the bleeding was arrested, once by ligature, and afterwards, on its return, by different contrivances, each time that it reappeared his life was placed in considerable jeopardy from it, and the discharge from the cavity of the chest, which was profuse. The bleeding was ultimately arrested permanently by the ol. terebinth., applied on a dossil of lint, and pressed on the bleeding spot by the fingers of assistants until the hemorrhage ceased. He recovered after a very tedious treatment, with a considerable flattening of the chest and a deep hollow on the lower part of the side, whence portions of the rib and of the cartilages had been removed.

Case 158.—Mr. S. Cooper relates the case of a young gentleman, in his "Surgical Dictionary," page 1491, seventh edition, one of whose intercostal arteries had been wounded by a penknife, about two inches from the spine. Eight ounces of blood flowed from the wound; but, as the opening was small, a much larger quantity collected among the muscles of the back, and gave rise to intense pain and symptomatic fever, ending in suppuration. Nearly eight pints of fluid, consisting of pus and blood, were discharged after an incision, and the recovery of the patient was tedious.

The following case, in which death followed a wound of the intercostal artery, is valuable from other causes. It was published by Dr. Graff, of Hesse:—

Case 159.—A young man, aged fifteen, was wounded by small shot in the chest, between the first and second ribs, and near the sternum, at the distance of about forty-eight paces. He ran about six hundred paces and fell. He died thirty-eight hours afterwards. On opening the injured cavity of the thorax, it was found to contain twenty-eight ounces of blood, the lung being collapsed to one-fourth of its natural size. An opening on its upper part corresponded to the external one in the paries; but the track of the shot could not be traced into its substance for more than two inches and three quarters; a lacerated spot was, however, perceived at the lower edge of the sixth rib, about two inches from its head, at which part the intercostal artery was found to be torn through; the shot could not be found, and there was no opening in the skin behind.

The discussions which took place on this case led to the statement of an anatomical fact, that when a man is standing erect, a line drawn horizontally from the upper border of the second rib in front, would touch the upper edge of the fifth rib behind, and that very little inclination, viz., an inch and a half, was necessary to make the shot wound the intercostal artery of the sixth. Auscultation would have made known the extravasation, and it does not appear that the loss of blood was sufficient to destroy life, unless some other injury had been sustained, which was not perceived.

Case 160.—A. B. was wounded by a sword midway between the fourth and fifth ribs of the right side, which opened the intercostal artery, and wounded the lung for some lines in depth. When brought to the hospital, the wound was still bleeding, and by small jets of blood, apparently from the intercostal artery. Instead of tying the vessel after enlarging the wound, it was brought together by compress and bandage, without care for any hemorrhage which might take place within. Shortly afterwards the patient felt relieved, and gradually recovered under a very strict antiphlogistic treatment, the extravasated blood being absorbed.

Wounds of the head and neck, attended by loss

of power of the extremities, from injuries done to the brain, spinal marrow, or nerves, have been already noticed, as well as those hemorrhages from the mouth and neck dependent on the lesion of arteries which can, or cannot, be perceived or attained. In my lectures on Wounds of Arteries I have said—"It is not possible in every instance to reach the wounded part of an artery, without making greater sacrifices, and without incurring greater dangers, than are consistent with that prudence and discrimination which should distinguish an accomplished surgeon. Wounds and injuries of the throat and mouth, implicating the carotid artery, furnish the most prominent examples of difficulties of this nature, and the propriety of placing a ligature on the main branch, at a distance from the part wounded, under these particular circumstances, must now be considered. I have in these peculiar cases given precedence to the external carotid, when its branches are wounded, and if that should fail, then the common or primitive, or even the internal, carotid."

Of the danger of tying an artery at a distance, on the supposition that it may be the trunk of the one wounded, the practice of M. Breschet, at the Hôtel Dieu, furnishes an example pregnant with interest.

Case 161.—A man was wounded by a ball in the side of the neck, and suffered severely from secondary hemorrhage some days after being brought to the hospital. Unable to arrest it, M. Breschet was about applying a ligature to the common carotid, when the man died in time to prevent it. On examination after death, the vertebral was found to be the artery wounded, between the second and third vertebræ. The ligature of the carotid, had he lived a little longer, would have been a useless addition to his misery. This case ought to be a warning to surgeons.

With respect to those wounds which are made with knives or razors, by persons attempting to destroy themselves, I shall merely remark in this place, that in all not actually superficial there are two great principles on which they should be treated. The first is, not to place the parts in contact until all hemorrhage has ceased, or the patient may be suffocated. In the mean time, a soft sponge may be placed between the edges of the cut. When the larynx or trachea is obstructed by a quantity of blood, it may be sucked out, or drawn up by an exhausting pump, and it may be necessary in some rare cases to introduce a tube. The second is to keep the divided parts in contact afterwards, by position and bandage, but not by suture. If the œsophagus is wounded, nourishment should be administered by a gum-elastic tube introduced through the nares even into the stomach. Ferey relates the case of a soldier, wounded between the trachea and œsophagus, who passed the ball per anum on the sixteenth day, and recovered. I have seen balls remove a portion of the larynx, and of the trachea, without destroying the patient. And in one case, that of Captain Hall, of the 43rd Regt., a ball passed between the upper part of the back of the larynx and the termination of the pharynx, without causing much further inconvenience than the loss of voice. In this instance it must have been the superior laryngeal nerve that was injured, and not the recurrent, yet the voice could only be heard in a whisper, and was not completely recovered for years. If a ball should lodge in the trachea, it must be removed by the operation of laryngotomy or tracheotomy, if the original wound cannot be enlarged; although Birch, says Christopher Wren, hung up a man wounded in this way by the heels, when the ball dropped out through the glottis and mouth. General Sir E. Pakenham, who was killed at New Orleans by a ball which went through the common iliac artery, had been twice shot through the neck in earlier life. The first shot, which went through high up, from right to left, turned his head a little to the right. The second shot, from left to right, brought it straight. My kind and excellent friend had ever afterwards a great respect and regard for the doctors and the wounded. The recollection of that regard has made me sometimes think it might be advantageous for the service, if every general could be at least once shot through the neck or the body before he was raised to the command of an army in the field.

Wounds of the face made by swords or sharp cutting instruments should be always retained in contact by sutures. When the cut is of small extent, and not deep, the skin only should be included by the thread in the slightest possible manner, and the part supported by adhesive plaster and bandage. When the cheek is divided into the mouth, one, two, or more sutures may require to be inserted more deeply; but the deformity of a broad cicatrix will in general be avoided by carefully sewing up the whole line in the manner pointed out, by taking the very edge only; and a cut in the bone or bones of the cheek should not prevent the attempt being made to unite the external wound over it.

Incised or even lacerated wounds of the eyelids and brows should be united by suture, as far as it can possibly be done, in the first instance, by which a subsequent painful operation may be avoided; great care should be taken in doing this; the suture must be inserted through the eyelid, and a leaden thread is the best, the first being introduced at the very edge of the lid, and two, or as many more afterwards, as may be necessary. They may remain for four or more days, as circumstances seem to require. If the eye be wounded, any part protruding beyond the sclerotic coat should be replaced or removed; but the eye, however injured, should not be removed unless nearly detached in every direction, and destroyed; the treatment should be strictly antiphlogistic, in order to prevent suppuration of the eyeball, which may in general be effected, if too much injury have not been done to it, and if the treatment be sufficiently decided and well continued. These observations apply to the nose and ears, and all parts not actually separated (or, if separated, for a short time only) should be replaced in the manner directed, and every attempt made to procure reunion. If this should fail, surgery may yet be able to yield assistance by replacing the piece separated from a neighbouring part—a proceding requiring a separate consideration. Injuries from musket-balls are often attended by considerable laceration, particularly when near the eyelids; and whenever this occurs, the parts likely to adhere should be brought together by suture, the actual holes made by the ball alone excepted, after any splinters of bone which may present themselves have been removed. If the bones should be broken, not splintered, they will, in all probability, reunite under proper management.

One of the most curious instances of the lodgment of a foreign body occurred in the person of Captain Fritz, at Ceylon, whose gun burst in his hand, and drove the iron breech into the forehead, whence it descended into the nares, and at the end of a year a part made its appearance in the mouth, through the palate. He died eight years afterwards, having suffered much inconvenience from the offensive discharge it occasioned, when the iron was removed, to the astonishment of every body; it had obviously injured no part of any material importance to life. I have seen balls descend in this way into the throat and soft palate, and have removed them from both places with success, and from the hard palate with equal surprise and advantage to the patient. I have known a ball lodge in the superior maxillary sinus for months, and even years, before it was removed, or before the death of the patient proved the fact. A case is recorded in the "Memoirs of the Academy of Surgery of Berlin," in which a ball remained in the maxillary sinus for twenty-five years, when it fell into the mouth, and was discharged. Ravaton relates many cases not less extraordinary.

Hildanus relates the case of a man struck in the face by a sword in its sheath, which was driven into the superior maxillary bone, and on being withdrawn left the end or ferule in the wound, which, being mistaken for the hole made by the end of the scabbard, was plugged and filled daily for four years before it came away, to the great surprise of his surgeons.

When a cannon-shot strikes the face, the death of the patient usually follows, after several days of misery. M. Ribes relates the history of one melancholy case of recovery, in the twenty-ninth volume of the "Dictionnaire des Sciences Médicales."

Case 162.—A. Louis, of the French Artillery, was struck by a piece of a shell, at the siege of Antwerp, in December, 1832, which carried away a portion of the check, upper lip, soft palate, and nearly the whole of the lower jaw, with the soft parts covering it. The tongue hung down for several inches over the fore part of the larynx, exposing the cavity of the throat. As digestion was little impeded when fed by a spoon placed on the face of the tongue, he gradually recovered. Dr. Forget and M. Verschuylen, of Antwerp, inserted a silver apparatus to support the tongue, &c., which was most successful; an account of it is given by Sir W. Whymper, in the twelfth volume of the *Medical Gazette*, and by Sir G. Ballingall, in the fifty-seventh volume of "The Edinburgh Medical and Surgical Journal," to which I refer.

MM. Paillard and Marx say, there are at least fifteen men in the Hôtel des Invalides, in Paris, wearing silver masks on the lower part of their faces, in consequence of the loss of the lower jaw.

When the lower jaw is carried away with the soft parts, leaving little but the coronoid and condyloid processes, nothing can be done, beyond aiding deglutition by some artificial assistance of the kind.

Wounds of the face from musket-balls often give rise to many distressing results. I have several times seen both eyes destroyed and sunk by one ball, with little other inconvenience to the patient; one eye sunk, the other amaurotic, and both even amaurotic, almost without a sign of injury, by balls which had passed from side to side through both orbits, behind the eyes, doing little injury to the inside of the nose. When the eye becomes amaurotic from a lesion of the first branch of the fifth pair of nerves, the pupil does not always become dilated; the iris retains its usual action, although the retina may be insensible and vision destroyed. This was well shown in the case of Major General Sir. A. Leith, who was wounded by a sword on the forehead, this nerve being divided; and I have observed it in other instances, so as to leave in my mind no doubt of the fact.

Penetrating wounds implicating the bones of the face are always distressing; when the bones of the nose are carried away, there must always be some deformity remaining, although there is oftentimes but little suffering. When these bones are merely splintered and depressed, great pains should be taken to keep them properly elevated. If the duct of the parotid gland is implicated by an incised wound, care should be taken to divide the cheek into the mouth, if it should not have been already done, and to keep the inside wound open until the external one is closed; if a salivary fistula should have formed externally from inattention, or otherwise, it must be treated according to the ordinary methods adopted in such cases. When a wound of the gland itself becomes fistulous and weeps, which is a rare occurrence, it will be best treated by actual or potential cauterization, if moderate pressure should fail. When these wounds are of some extent they are often followed by partial paralysis, in consequence of the seventh pair of nerves being injured, and the mouth is drawn somewhat to the other side. When the lachrymal bones or sac are injured by balls or swords, the tears usually continue through life to run over, and give inconvenience, although much good may be done by early attention to the injuries of this part. Wounds injuring the upper jaw are oftentimes followed by much suffering, and by permanent inconvenience.

Case 163.—General Sir Colin Halkett, G.C.B., was wounded on the 18th of June, at Waterloo,

when in front of his brigade, formed in squares, for the reception of the French cavalry, by a pistol-ball, fired by the officer commanding them, which struck him in the neck, and gave him great pain, but without doing much mischief; a second shot shortly afterwards wounded him in the thigh, and he was at last obliged to leave the field, towards the close of the day, by a third musket-ball, which struck him on the face, when standing sideways towards the enemy. It entered a little below the outer part of the cheek-bone, on the left side, and, taking an oblique direction downwards and forwards, shattered and destroyed in its course several of the double teeth of the upper jaw, and fractured the palate from its posterior part forwards to the front teeth. The ball then took a direction obliquely upwards, destroying the teeth of the opposite side of the upper jaw, which bone it also broke, and lodged under the fleshy part of the cheek of the opposite side. These wounds gave great pain, and until the ball was removed the left ear was totally insensible to sound and all external impressions, although the General suffered much from distressing noises in his ear. These subsided on the removal of the ball some days afterwards.

(Signed) J. P. Tupper, M.D.

Antwerp, July, 1815.

The treatment of this wound was most painful; the extraction of several pieces of bone was necessary at different times, during the three following years, under my care, before the wounds were finally closed. Considerable derangement of health followed; the deafness remains; and the General has ever since been subjected to attacks of fulness in the head of a distressing nature, requiring careful treatment, although of late these have given him less inconvenience.

M. Baudens relates the case of a French general, possibly the opponent of Sir. C. Halkett, wounded on the same day in the face by a musket-ball, which lodged in the frontal sinus, and at the end of twelve years fell into his mouth.

Wounds of the lower jaw are, perhaps, more common, and are certainly more troublesome, than those of the upper jaw; they are more difficult of management, and for the most part end in greater deformity, unless particular care be taken to prevent it, and then only, in very severe cases, by operations which were formerly not in use, but which the intrepidity of the surgeons of the present day has deprived of all their terrors. I mean the methodical division of the soft parts above, the removal of the broken pieces of bone, and the rounding off of those parts of the jaw which may remain irregular and pointed. Dupuytren was the first to recommend this mode of proceeding in comminuted fractures; and M. Baudens has given two good examples of its success during his campaigns in Algeria. In the first case the ball entered at the middle of the left cheek, and came out by the side of the spinous process of the seventh cervical vertebra. The ascending ramus of the lower jaw was broken into numerous splinters. M. Baudens divided the soft parts down to the bone, entering the straight bistoury four lines, or the third of an inch, below the articulation of the jaw with the temporal bone, and carried it downwards, and a little obliquely forwards, so as to terminate it in the fibres of the masseter muscle, and about half an inch below the base of the bone. This incision was begun below the seventh pair of nerves, and exposed the parotid gland, divided vertically at its middle part. The splinters were removed, a part of the pterygoideus internus muscle was divided, and a projecting point of bone attached to it sawn off. He then separated the attachments of the buccinator, temporal, and pterygoideus externus muscles, divided the ligaments, and removed the coronoid and articulating processes, taking care to avoid the fifth and seventh pairs of nerves. The bleeding from two arteries was suppressed by twisting their ends; and the parts were afterwards brought together by sutures, which remained for eight days. A month after the operation the patient ate solid food, and in six weeks was cured. In the second case, the ball entered near the left commissure of the lip, and came out behind on the side of the middle of the neck; three inches of the jaw were splintered, the ends of the bone being sharp and angular. In order to remove the splinters, and to prevent the evils anticipated, M. Baudens divided the lip from the angle downwards and outwards, below the base of the bone, and as far back as the edge of the masseter muscle. He then separated the flaps, and sawed the jaw across, first near the symphysis, and then behind, outside the attachment of the masseter. The facial artery was twisted, four sutures were inserted, and the jaw duly supported. The patient was bled twice, and in six weeks was cured; at the end of that time he could eat solid food. In the first case, in which the articulating process as well as the ascending ramus was removed, it required only fourteen days before he could eat. Perhaps the removal of the coronoid and condyloid processes was not absolutely necessary; the bone might have been cut off, by the strong spring-scissors now used for this purpose.—G.

Case 164.—Colonel Carleton, wounded at the assault of Bergen-op-Zoom, was an instance of a ball fracturing the jaw directly through its body, near where the masseter muscle is attached on both sides; the jaw was in three pieces, besides splinters; several teeth were knocked out, and the tongue very much hurt. By removing the splinters both from within and without, and by cleansing and supporting the parts with great care, he recovered after a length of time only, it is true; but after all, perhaps, in a better condition than he would have been in, if the anterior third of the jaw had been removed by operation, although the deformity and the suffering after such an operation are much less than might be expected.

Wounds of the eye from shot are remediable when these small bodies lodge in the cornea or sclerotica, whence they may be removed by any sharp-pointed instrument. When a shot or piece of a copper cap is driven through the cornea into the iris, or lies in the anterior chamber, it should be removed by an incision to the extent of about one fourth or fifth of the cornea, near its junction with the sclerotica; but in these cases a cataract, if not amaurosis, frequently results. When the shot passes through all the coats of the eye, it can neither be seen nor removed, with safety; vision will be lost, much pain may be endured, and the eye will frequently be lost by suppuration, or by a gradual softening and ultimate diminution in size. A contused wound from a large shot which only injures the coats of the eye, but does not perforate them, will oftentimes be cured by a proper antiphlogistic treatment, which in all cases should be most strictly enforced, although the loss of sight is a frequent consequence after such injuries.

When a ball lodges behind the eye, it usually causes protrusion, inflammation, and suppuration of that organ; if it be not discovered by the usual means, its lodgment may be suspected from the gradual protrusion and swelling of the eye itself. If it be discovered, it should be removed, together with the eye, if such proceeding be necessary for its exposure. If suppuration have commenced in the eye, a deep incision through the organ will arrest, if not prevent, the horrible sufferings about to take place, if they have not occurred, and allow the removal of the offending cause. It is of importance to prevent this state, which leads to the loss of the whole of the organ, rendering the application of a false eye useless, and materially distressing the sufferer, whereas, if the back part of the eye be left with the muscles attached to it, a stump remains, against which an artificial eye may be fitted, so as sometimes to render the loss of the natural one almost unobservable.

War-office, May 5.—Hospital-Staff: James Kellie, M.D., to be Assist.-Surg. to the Forces, vice Smith, promoted.

ORIGINAL CONTRIBUTIONS.

ON CERTAIN SOURCES OF FALLACY IN URINARY DIAGNOSIS AND PATHOLOGY, AND ON THE MEANS OF AVOIDING THEM.

By ROBERT VENABLES, A.M., M.B., Oxon; Inceptor Candidate, Royal College of Physicians, London, &c.

Urinary diagnosis, or, in other words, the morbid conditions indicated by certain phenomena developed in the process of *urination*(a) have lately received, and justly so, a degree of attention wholly unknown to former periods. The disorders of the urinary organs were at one time the hope and dependence of ignorant and unprincipled charlatans, who found it easy, through such a medium, to prey upon the fears and alarms of the credulous. Science has at last thrown its shield over this department, and it is to be hoped will rescue it from the unprincipled bondage in which it has been so long held.

The chemistry of the urine, then, it is now admitted, not only affords very valuable information as relates to *urination* itself, and the condition of the organs engaged in the process, but also presents the only means of unveiling the mysteries of various anomalous and otherwise incomprehensible maladies. In the conduct of chemical diagnosis, that is to say, the observation of the phenomena resulting from the application of tests and reagents, we must be attentive in our observation of facts, and careful in the conclusions which we draw from them. Upon the application of a test, certain results follow; but similar ones might possibly result from a variety of other causes; and it is, therefore, the part of the skilful and careful investigator so to vary and modify his operations as to obviate every possible source of error, otherwise we may be deceived in our diagnostics, in our pathology, and, what is of more vital importance, our principles of therapeutics.

To illustrate these principles we shall refer to simple albuminuria. We know that urine charged with albumen, even in very small proportion, becomes cloudy, if not opaque, on raising its temperature to 160° or 170° Fahrenheit. Some are content with this single test, and the patient is often alarmed by the apprehension of "Bright's kidney," as it is called. The more practised inquirer, aware that an elevation of temperature, by causing a deposition of the phosphates, will likewise render the urine turbid, adds an excess of nitric acid, which he knows will redissolve the phosphates, while it renders the coagulation of albumen more complete. One depending upon one or both of these tests may be betrayed into serious errors; one announcing the existence of "Bright's disease," while the other, relying too implicitly upon redissolving the precipitate from heat by means of nitric acid, anticipates the formation of a calculus in the kidney or bladder, or some other, though perhaps less serious, disease. Yet all these phenomena may occur from a mere trivial cause, and really indicate nothing of the least moment. Accident led me to a knowledge of these facts, and I consider them of sufficient importance to justify submitting them to the profession.

A gentleman, a solicitor, some time since applied to me, complaining of uneasiness in the urinary system, stating that the water passed was often very bad in its appearance. From his statement—for he had consulted several professional gentlemen and was tolerably conversant with the general properties of the urine—I imagined that the urine very probably contained *albumen*, and a specimen was left for examination. It exerted the usual reaction upon test-paper, and, when cold, deposited the alkaline urates. Having filtered a portion and introduced

(a) I adopt this term as expressing the whole of the phenomena, physiological and pathological, in relation to the elaboration and concoction of the urine.

it into a test-tube, it became turbid on being heated, the turbidity increasing as it approached the boiling point. Just at this moment I was suddenly called away; I therefore replaced the tube in the tube-rack, intending to resume the examination at a convenient time. This, however, I was unable to pursue till nearly three hours had elapsed, when, expecting to find the precipitate either diffused or subsided, I was greatly surprised to perceive the urine perfectly clear, and as transparent and free from cloud as when it first passed through the filter; nor had any precipitate subsided to the bottom of the tube. I felt greatly at a loss to account for this, but fancied that some interference had taken place during my absence. I, therefore, heated the tube again; its contents became turbid as before, but, on adding a drop or two of nitric acid, the precipitate dissolved and the urine became permanently transparent, neither heat nor cold producing any renewal of the turbidity. This induced me to watch the progress of the phenomena with another specimen.

Introduced into a tube and heated, it became turbid as before, but, on placing the tube in the rack, the turbidity after an interval began gradually to disappear, and as the urine cooled it began to resume its original transparency. When perfectly cold, it became as clear and free from cloud as when filtered. By immersing the tube containing the hot and cloudy urine in a freezing mixture, the cloudiness was more quickly dissipated, and the transparency much more rapidly restored.

It struck me that the only principle capable of exhibiting such phenomena, likely to form a constituent of urine, was *carbonate* of magnesia. I was aware that *cold* water is capable of holding a small proportion of this salt in solution, which it deposits on elevation of its temperature; accordingly I proceeded to examine the precipitate in the following manner:—

A portion of the urine was boiled, so that the salt became insoluble; it was then immediately filtered, and the urine passed through at nearly its boiling point. A gelatinous-looking precipitate remained, which was washed with ice-cold distilled water till all reaction disappeared from the washings. The gelatinous mass collected, and a part treated with diluted sulphuric acid, dissolved with strong effervescence, without leaving any residue; the solution had the cooling bitter taste of Epsom salts. Ammonia, added to the solution, threw down a white, bulky, gelatinous precipitate, insoluble in water. Solution of potass threw down from the same solution, largely diluted with water, a voluminous flocculent precipitate, also insoluble in water, although test-paper placed upon the precipitate exhibited a slightly alkaline reaction. The precipitate was infusible before the blowpipe, and seemed only to part with water. In its gelatinous state it dissolved in solution of hydrochlorate of ammonia, from which it again precipitated on ebullition with solution of caustic potass in excess.

Solution of carbonate of potass, added to the solution in sulphuric acid, threw down a precipitate, increased by boiling, which dissolved with strong effervescence in the mineral acids—the only ones tried. Solution of phosphate of soda threw down a crystalline precipitate rather slowly. On diluting very largely, and then adding solution of ammonia, the basic or stellar form of the double phosphate of ammonia and magnesia fell down; and by managing in the manner directed in my paper in No. 427, vol. xvii., of this journal, prismatic crystals of double phosphate of magnesia and ammonia were obtained.(a) Lastly, ignited upon charcoal, moistened with solution of nitrate of cobalt, and again strongly ignited, the assay acquired the feeble red tint indicative of the presence of magnesia.

(a) It is necessary in such case, after the intermixture of the saline, to add solution of hydrochlorate of ammonia, which precipitates the prismatic double phosphate.

I have been minute in the detail of the evidence in proof of the nature of the salt in question, because its behaviour with the reagents most depended upon for the detection of the urinary phosphates is so perfectly similar, that it seems important that such a source of fallacy should be thoroughly understood. The only way in which I could account for the presence of carbonate of magnesia in the urine was by supposing that the gentleman had been taking *magnesia* or its *carbonate* for some little time before; and on inquiring he told me that he had taken Dinneford's or Murray's solution of magnesia. I explained to him that, from the history which he gave me, I expected to have found albumen in the urine, and that, at first, I was inclined to maintain that opinion, although more close investigation proved me in error. He then told me that Sir Benjamin Brodie, whom he had consulted some considerable time before, had formed a similar notion, but which, upon further inquiry, he found to be groundless and incorrect. I think it not at all impossible that Sir Benjamin examined the first specimen of urine under circumstances similar to those detailed; but upon this I cannot be positive; I have, however, satisfied myself that in some cases the internal use of carbonate of magnesia will give to the urine of the individual those anomalous and deceptive characters which it has been my object in this paper to expose and explain.

There is another fallacy also from the ingestion of *magnesia*, and its *salts*, which, perhaps, I cannot better explain than by a detail of the particulars which led me to discover its nature. Between three and four years since some urine was given to me by a medical gentleman, with a request to examine the sediment which it let fall. This sediment presented, even to the naked eye, a crystalline appearance. Upon placing a portion under the microscope, it presented, in a certain degree, the appearance of the prismatic double phosphate, but still very far from the usual forms of this salt. Before, however, I had time to institute a more complete investigation, the gentleman who gave me the specimen called upon me to say that I need not take any further trouble, as his patient, who was captain, I believe, of an American ship, had been obliged to sail rather unexpectedly, and was no longer under his professional care. I consequently took no further trouble, believing the crystals to be some anomalous form of the urinary prismatic phosphate. Lately, however, I found in some urine, which was given to me for examination, crystals almost identical in form and appearance, to the best of my recollection, with those which I had observed three or four years before. They seemed long crystalline plates, very flat, and differing widely from the triangular prisms of double phosphate, to which, however, they bore some resemblance, however faint. I had never before seen anything of urinary origin similar, if we except the case already noticed. I suspected, however, that the crystals must be those of some salt of magnesia; and, upon inquiry, I found that the patient was constantly in the habit of taking a favourite combination of a physician either now or formerly resident at Leamington. It consisted of Epsom salts, carbonate of magnesia, and a small proportion of sulphate of iron. I, therefore, determined to ascertain the chemical composition of these crystals, and found them to consist almost exclusively of *crystallized phosphate of magnesia.*

The salt, on being heated before the blowpipe, underwent watery fusion; after which it suffered no further change till the heat was rendered most intense, when it cohered as an imperfectly fused mass. A portion was dissolved in hydrochloric acid, and to the solution one of sesquichloride of iron was added in excess, and the whole precipitated by ammonia, which threw down a reddish-brown precipitate. From this precipitate the sesquioxide of iron was dissolved out by acetic acid, leaving a brownish-red precipitate of *perphosphate of iron* behind. This phosphate, subsequently treated with hydrosulphuric acid and ammonia, was decomposed and converted into *sulphuret* of *iron* and *phosphate* of ammonia. This phosphate gave evidence of the presence of phosphoric acid, by the yellow precipitate with nitrate of silver.

A small quantity of the phosphate of magnesia was heated before the blowpipe upon charcoal, and then fused with boracic acid. The bead, transfixed with a steel wire, was withdrawn from the charcoal, and then strongly ignited in the manner directed in my lectures published in the *Medical Gazette*, 1838-39. The assay at first spread out upon the length of the wire, and then contracted into a *round globule*, easily detached, very *brittle*, breaking up under the hammer into numerous *crystalline* fragments of *magnetic phosphuret of iron.* The magnesia was proved and identified by means similar to those detailed in an earlier part of this paper.

These facts leave no doubt as to the composition of these crystals, which certainly might have been mistaken for the double magnesian phosphate. But afterwards I availed myself of the very close and accurate discrimination of my friend Mr. Quekett, of the Royal College of Surgeons, whose microscopical capabilities are so well known. I merely told him that they were of urinary origin; to which he observed he had not seen any similar, but admitted that a hasty and unpractised observer might be easily betrayed into the belief that they were *modified* or *anomalous* forms of the *ammonio-magnesian phosphate.* Lastly, I find that, when very dilute solutions of sulphuret of magnesia and phosphate of soda react upon each other, *crystals* of *phosphate* of *magnesia*, precisely similar to those under consideration, slowly precipitate.(a)

There is one more subject to which I am anxious to direct attention, and that is what may be named a *sanious* condition of urine. A very short time since, a small quantity of urine, about half an ounce, was given to me for examination. The patient, whom I had not then seen, complained of pain in passing water; great difficulty in retaining it; urgency to pass water very frequent—eight or ten times in the twenty-four hours; pains in the loins; digestion imperfect, though not, in his own opinion, bad; has been the subject of this urinary inconvenience for the last three years or more. Age, sixty-eight; has never suffered from illness of any consequence, but once with a painful swelling of the knee, pronounced by the professional attendants "chronic rheumatism."

The half ounce of urine was furnished in an ounce-and-a-half vial, very turbid, with a pale, almost white, coloured matter, which, when allowed to subside, occupied about two-thirds of the whole volume, leaving a pale amber-looking urine in possession of the upper third. A small quantity of the lower portion, placed under the microscope, showed it to consist of an abundance of globules intermixed with numerous minute square-figured crystals of the double magnesian phosphate. The clear supernatant fluid, tested with yellow prussiate of potass, became opalescent; and the same effect was produced by boiling, the opalescence being much increased by nitric acid. The albumen, of course, apparently was derived exclusively from the *liquor puris.*

Subsequently I received another specimen, but in two separate portions—one, a six-ounce bottleful, the first poured off; and the residue which remained at bottom filled an ounce-and-half vial. That in the six-ounce bottle showed the globules, was albuminous, and the deposited sediment collected and diffused through a little water, and treated with either solution of caustic potass or of ammonia, became a gelatinous viscid mass, resembling, both in colour and consistence, the thickest mucilage of gum arabic.

(a) If the solutions be too concentrated, the crystals form in tufts, with long spiculæ projecting. The best plan is to let the solutions be so dilute that crystallization does not commence till after a slow evaporation in a warm atmosphere has reduced the solutions to the requisite degree of concentration.

There were no crystals of double phosphate in this instance, but on treating a portion of the urine with a solution of sesquicarbonate of ammonia, in the manner mentioned in my former paper, an immense number of these crystals subsided, and the surface of the urine became a deeper dense sheet of the same. Ammonia threw down the basic double salt in the stellar form.

From the above detail it is evident that the most obvious inference would be, that the albumen, for it was not in very great quantity, was derived wholly from the pus. But the vial was allowed to remain at rest for about thirty hours, when a tolerably copious sediment occupied the bottom, but surrounded at its upper margin by a red ring, apparently of blood. To determine its nature, the urine was poured off, and its place supplied with a small quantity of distilled water, through which some of the sediment was diffused by agitation; a drop or two of nitro-hydrochloric acid was added, and the whole raised to the boiling temperature. It was next filtered, and the filtered portion, treated with solution of *yellow prussiate of potass*, gave immediate evidence of the presence of iron by the *prussian-blue* colour, and *prussian blue* subsided. Another portion, submitted to a current of chlorine gas, filtered, boiled, and treated with prussiate of potass, gave similar evidence of the presence of iron by the formation of *prussian blue*.

In the specimen just now considered, the red portion of the blood was evident to the unaided senses; but there was no *sensible* evidence of the presence of blood in that portion which was contained in the six-ounce bottle, although it was part of the same urine as that in the ounce-and-half bottle, in which the red particles were quite evident. The six-ounce bottle contained pus equally with the two-ounce, but no red particles could be distinguished, nor anything to lead to the presumption of blood. I, therefore, determined to ascertain whether chemistry could solve the question. For this purpose a portion was filtered, and what was retained was diffused through distilled water, and subjected to a current of chlorine gas, boiled, and filtered. The filtrate, treated with *yellow prussiate* of potass, afforded faint, but still perfectly sufficient, evidence of the presence of iron. This proves that chemistry is sufficiently delicate to detect the presence of certain principles, when all other means—I may say even the microscope—fail. The proportion of red globules in the six-ounce portion was so small that it was impossible to collect even one for microscopic observation. But, moreover, their character might be so far altered as to defeat all optical means of detection. Upon mentioning to the patient that there was a very slight intermixture of blood, I discovered that he had observed upon one or two occasions, after micturition, a drop or two of blood had come away and stained his linen.

Concluding Observations.—The details here submitted may perhaps, at first sight, seem to present nothing of any practical utility, and that they offer little else than a few facts, interesting only in a chemical point of view. But those the least conversant with urinary phenomena will, no doubt, attach to them their due importance. First, it will be allowed that an exclusive reliance upon heat, as a diagnostic for albumen, is very likely often to lead us into error. From what has been stated, too, it is evident that even the subsequent addition of nitric acid is insufficient. All we can learn is, that something is separated from the urine at a high temperature which is readily dissolved in nitric acid. The received inference is in favour of the phosphates, for, if it had been carbonate of lime, the solution would have been attended with active effervescence.(a) The habitual separation of the phosphates is rather a formidable appearance, and demands attention. But the presence of a little carbonate of magnesia in solution in the urine, if we except the fallacies to which it may lead, is really a matter of no moment whatever: its presence depends upon a mere accidental cause, and it will disappear with the cessation of the cause which produced it. But how are we to guard against the fallacy? There is nothing more simple: either let the precipitate subside, and examine it with the microscope, or place the tube with the hot urine in a freezing mixture; when, if it be carbonate of magnesia, the salt will dissolve as the urine cools, which will become as transparent and clear as at first. If the precipitate be permanent, its nature and composition can be determined by means upon which it would be foreign to the present purpose further to expatiate.

The second question, the phosphate of magnesia and its origin, is one of some interest. I can only account for its presence by some unusual agency upon the sulphate of magnesia which the patient had been taking. Perhaps this and the phosphate of soda may have materially reacted on each other in the system, and the earthy phosphate, in the crystallized state, have appeared in the urine as the result. This salt, so far as I am acquainted, has never been noticed as forming a urinary deposit;(a) but, if liable to be formed and to appear in the urine during the ingestion of magnesian compounds, it may easily prove the cause of errors in diagnosis, and consequently in prognosis and therapeutics.

The last matter is the existence of blood, but in such small proportion as to give no sensible or obvious property to the urine. True, it gave evidence of the presence of albumen, but this would be fairly referable to the pus which it contained. It must be admitted that blood had subsided sufficiently in the small vial to attract notice; and the fact is sufficient to show the necessity, not only of having the entire urine of a given period—twelve or twenty-four hours—for examination, but that time should be allowed for the spontaneous subsidence and arrangement of the different principles. Had not this latter circumstance shown or rendered the blood evident, I must confess it would, in all probability, have escaped me.

But the most important question is, whence the blood? As it appeared, it seemed more like the sanious or ichorous discharge from the surface of an ulcer, than any really sanguineous effusion;(b) and I am disposed to believe that some such condition of a part of the mucous lining of the bladder, or of the urethra, may have been the source. In the first specimen, so abounding in the prismatic double salt, there was no appearance of blood; and this specimen had been collected for several days before it was put into my hands; and but a very small proportion was given for examination. In the second example, the blood was found, and pus, but no spontaneous deposition of the prismatic salt, although the urine abounded in it; but here time had not been allowed for the conversion of the urea into carbonate of ammonia, and the subsequent precipitation of the crystals. I have just received another small specimen of this patient's urine. It presents much the same appearances as the others, but there is no appearance whatever of red globules.

5, St. Vincent-place, City-road.

(a) See the author's "Lectures on Urinary Disorders," in the *Med. Gaz.*, 1838-39.

(a) Dr. Prout, in speaking of ammonio-phosphate of magnesia, states that this salt sometimes shoots into long, shining, spicular crystals, and that he has seen them *half an inch* in *length*. These characters correspond more with the habit of phosphate of magnesia than with those observed as belonging to the double salt. It would be interesting to know if the composition of these spicular crystals were chemically determined.

(b) It might have been an oozing from congestion of vessels, as sometimes occurs from the Schneiderian membrane.

NAVAL APPOINTMENTS.—George P. Cooke, Acting Assistant-Surgeon, to the Victory.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of May 1; M. POUILLET in the Chair.

CIRCULATION OF BLOOD.—In a paper on this subject, M. Wanner endeavoured to establish that the lung is the central organ of circulation: this opinion M. Wanner supports by the following proofs:—It is in the lungs that venous blood becomes arterial, and when any cause prevents the accomplishment of hematosis, the pulsations of the heart and of the arteries are arrested. Further, the action of the heart is limited to one half of the vascular system. In the venous ducts it is perceptible only from the right ventricle to the pulmonary tissue; and in the arteries, from the left ventricle to the capillaries. It is only in these vessels that alternative and intermittent movements exist. The immobility of the serum and of the globules contained in the most minute vessels shows that the entire column of blood does not obey the contractions of the heart, and that the return of the fluid to that viscus in a continuous stream could not be obtained without a special act of composition and decomposition of the fibrin and the globules of the blood by the salts contained in the serum.

ACADEMY OF MEDICINE.

Meetings of April 29 *and May* 2; Professor ROYER COLLARD in the Chair.

INSANITY RESULTING FROM SOLITARY CONFINEMENT.—A letter from M. Bouchat, of Nantes, was read by M. Ferrus: it referred to fifteen cases of mental derangement observed in subjects imprisoned in the Penitentiary of Vannes; three of these cases appeared to M. Bouchat to demonstrate the influence of solitary confinement upon the production of insanity. In general, it might be said that derangement of the intellect was likely to be benefited by a well-regulated life in common; which, on the contrary, was detrimental to deviations of the moral functions. He, therefore, looked upon Auburn's rule with considerable distrust, and was more inclined to approve of the Pennsylvanian system.

CEREBRAL CONGESTION.—M. Durand Fardil read a paper on this subject, in which he established the connection between congestion of the brain and softening or inflammation of that viscus.

INFLUENCE OF POLITICAL EVENTS UPON THE PRODUCTION OF INSANITY.—In 1830, M. Belhomme communicated to the Société Médico-Pratique several cases of insanity which had been occasioned by the Revolution. In 1832 other cases were published by the same gentleman, due to the political disturbances of the same period; and in 1848 he observed ten instances of cerebral derangement occasioned by the recent political events of this country. All these patients had a predisposition to madness: some had previously had attacks of mania; others were the children of insane subjects, or had been remarkable for eccentric notions or unreasonable habits. These cases had an acute form, a rapid progress, and a favourable termination. Often patients, eight had been cured, one was incurable, and one died. The treatment had been of a sedative nature, and chiefly consisted in prolonged baths, combined with cold affusions upon the head, and purgative medicines.

PATHOLOGICAL CONDITION OF INFANTS.

M. Loir—who, already, on various occasions has called the attention of the profession and of the Administration to the very injurious practice enforced at present by law, of carrying newly-born children, during the three days which follow birth, to the office of registration—brought before the academy some statistics relative to the mortality of infants during the first month of life.

During this first month three maxima of mortality are observed:—The first during the forty-eight hours which follow parturition, and which is the same at all seasons of the year; the second, called winter maximum, is observed

from the fourth to the twelfth day; the third, summer maximum, from the tenth to the twenty-second day of life. Hence, in winter, the first half of the month—in summer, the second—is most fatal to infants. Amongst the foremost causes of mortality, the author places premature exposure to the open air, and, consequently, deprecates the custom of carrying children before the registering magistrate, as it is at present adopted.

THE ANASARCA OF PREGNANT WOMEN.

M. Miguel, in the "Revue Med. Chirurgical," publishes some interesting cases of anasarca during pregnancy, and subsequent convulsions during parturition. The remarkably practical spirit which characterizes the communications of this gentleman induces us to publish the greater part of the conclusions of his memoir.

The anasarca of pregnancy is usually caused by a disease of the kidney, appears frequently at an early period, and is accompanied by albuminuria. The cause which exercises the most evident influence on its production is diet of too nutritious and stimulant a nature; abstinence from animal food seems, also, one of the aptest remedies. When the convulsive symptoms make their appearance, Dr. Miguel strongly recommends enemata containing laudanum, and the application of blisters to the inguinal regions.

THE TREPHINE IN INJURIES OF THE HEAD.

M. Malgaigne, a constant adversary of this operation, publishes an instance in which he considered himself warranted in performing it; the case proved fatal, and seems to the author a confirmation of all his objections to the trephine.

L., a boy aged sixteen years, was shot in the head on the 23rd of February. After remaining unconscious for several hours, he was brought to hospital, and on his admission he had completely recovered his intellect and consciousness; motion and sensation were unimpaired; a contused wound was observed in the left parietal region, two inches and a half in extent, and directed downwards and forwards. The patient was bled, and for the first ten days appeared to be doing well, when, on March 6, the wound became very painful, and in its deepest part a drop of pus appeared to be issuing from the skull. The trephine was applied the next day on the injured spot, and no suppuration escaped. The symptoms, however, became daily more aggravated; diplogia, loss of vision, diminution of motility, and increased irritability were noticed; coma followed, and the patient expired on the 14th of March—twenty days after the infliction of the wound. On dissection, the pericranium was found to be infiltrated with pus, and a considerable quantity of the same fluid had collected under the parietal bone. The dura mater was perforated, and the convexity of the left cerebral hemisphere was covered with a thick layer of adhesive pus, so adhesive that it resisted repeated and prolonged irrigations. At its basis the left hemisphere also presented inflammatory secretion, and the same was also observed on the surface of the right lobe. The anterior third of the falx cerebri was lined with purulent matter, and only one very small collection of pus was detected within the white substance of a convolution.

M. Malgaigne remarks that, although the return of alarming symptoms after a temporary improvement permitted him to establish the diagnosis of suppuration within the cranium, still he had no guide whatever to lead him to detect the precise seat of the suppuration, and the exact spot where the trephine should have been applied; and, if even he had been so fortunate as to light accidentally upon the proper spot, the removal of the suppuration would not have been possible, on account of its dissemination and adhesive nature. "From 1836 to 1840," says Dr. Malgaigne, "thirteen cases of injuries of the skull were trephined in the hospitals at Paris—all died. In 1841, two cases were operated, with the same fatal result. A case was operated at the end of January, 1848, by M. Maisonneuve, and the patient did not recover." We are not aware of the termination of a case in which Professor Blaudin applied the trephine during March, 1848. The results of this limited statistical account are, doubtless, anything but encouraging; may they not, however, we will ask, be referred at least as much to the severity of the cases in which the operation was performed, as to the operation itself?

D. M'Carthy, D.M.P.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

J. M. Arnott, Esq., F.R.S., President.

OBSERVATIONS ON SOME PECULIARITIES OF POLYPUS OF THE UTERUS.

By Charles Locock, M.D., First Physician-Accoucheur to the Queen.

Upwards of twenty years ago, the late Dr. Robert Hooper showed the author a uterus having a polypus not larger than a pea attached high up within the cervix. It had been taken from the body of a young woman who had died from long-continued uterine hemorrhage. Several years after this the author was consulted by a medical friend about his wife, who was suffering from frequent attacks of profuse uterine hemorrhage. By examination, the tip of a very small polypus was discovered considerably within the cervix. From its situation and small size, it appeared impossible to remove it. Some weeks afterwards, the author was called to see the lady at some distance from London, in consequence of the hemorrhage having been alarmingly profuse. He found her with a bloodless countenance, and a most feeble, flickering pulse, and it seemed evident that, if the hemorrhage continued, she could not much longer survive. The polypus was still as far out of reach that all attempts to catch hold of it by forceps or hooks entirely failed; but the author succeeded in picking off or digging through the polypus with his finger-nail, and the patient perfectly recovered. He had since met with four cases of a similar character. In all, the peculiarity existed, that the small polypus could not be detected, except during the attacks of hemorrhage, at which times the os uteri was found open and flaccid. It was with exceeding difficulty, and after many failures, that the author succeeded in removing the polypus in three of the cases. But he often felt that if he had a finger-nail long enough, strong enough, and sharp enough, he might scoop away the polypus, as in the case of his medical friend's wife. He, therefore, had an instrument made, which is simply a very small, fine, and sharp scoop, like a carpenter's gouge, enclosed in a canula, either to remain entirely within, or made to protrude beyond, the sheath—the length of the protrusion being regulated by a screw at the handle. This instrument (exhibited to the society) is passed through the os uteri, its cutting edge is pressed against the base of the polypus, and it is then worked gently half round and back again once or twice, till it has cut through the object. The author then offered some remarks on polypi of larger size, recommending their removal by excision rather than by ligature. Before excision, he twists the polypus round several times, so as to produce torsion of the arteries. In very large polypi, it may, perhaps, be better to apply the ligature first, and after two or three days, when the circulation has become well strangulated, to cut through the neck of the polypus above the noose. When the polypus, though quite within reach of the touch, is too small to be noosed by a ligature, and baffles the operator in attempting to seize it with forceps or hooks, the difficulty vanishes if a bivalve speculum be used to bring the polypus within sight. It can then be snipped off with a pair of curved scissors, with or without the assistance of the forceps, the cut surface being afterwards touched with nitrate of silver. Lastly, the author noticed the circumstance that a large polypus may exist, even of the size of a fœtal head, without the usual symptoms, hemorrhage or leucorrhœa, being observed—its presence being discovered through its pressure on the bladder leading to the necessity for the catheter.

REMARKS ON UNNATURAL DESCENT OF THE WOMB, WITH A PROPOSED NEW INSTRUMENT FOR ITS ALLEVIATION.

By James Reid, M.D., Physician to the General Lying-in Hospital, &c.

After some introductery remarks on the frequency of prolapsus uteri, its effects, its different degrees, the rationale of the symptoms it produces, and its causes, the author proceeds to consider the treatment of the disease when "dependent on relaxation, and uncomplicated with tumours, either uterine or ovarian, or with disease of the adjacent parts." When there is vascular congestion or ulceration of the protruded womb, some preparatory treatment should, in most cases, be employed before the uterus is replaced. To retain the replaced uterus in its position, mechanical support is, in the majority of cases, needed—the requisites of which are—1, that it should be constant while the patient is erect; 2, that it be as little prejudicial as possible to the contiguous soft parts; 3, that it should not remain applied when unnecessary, as during the night; 4, that it should not interfere with the proper functions of the sexual organs; and 5, that it should be readily applied and removed by the patient herself. The author notices the various means of support in general use—namely, binders or abdominal supporters, pads, sponges, and pessaries; and states his opinion as to the circumstances under which some of them are useful, and the objections to which they are liable. He then describes the instrument invented by Professor Kilian, which consists of a steel spring, which is introduced, in the bent state, within the vagina. This instrument produces much pain by its lateral pressure, and is liable to other objections. The author has, therefore, contrived a new instrument, which he calls the "womb supporter." It is formed of two separate steel springs, very narrow at the ends by which they are joined together; the free extremities being each one inch and three quarters broad, convex externally and concave internally, so as to admit of cork being attached to it; and, the whole being covered with elastic gum, it has no sharp edge. The two narrow ends of the springs are fastened together by an intervening piece of ivory or wood, so formed as to allow the broader extremities to separate from each other to the extent of two inches and a quarter at their outer surfaces. The two free ends are pressed together when introduced into the vagina, and are then allowed to expand, and to become applied to either side of the cervix uteri. The instrument is then gently pushed up, until its narrow end is at the vulva, thus raising the womb with it at the same time. (A second form of the instrument has a contrivance by which the ends can be easily drawn together, and the introduction as well as the extraction of the instrument facilitated.) A button is fixed to the connecting piece of ivory, and to this button a loop of vulcanized india-rubber is attached, through which a T bandage, ribbon, silk handkerchief, or other guard, can be drawn, and attached to the stays before and behind, for the sake of security, although in some cases the author has found the instrument requires no support of this description. This instrument does not exert much lateral pressure on the vagina, and does not produce pain. The patients find no difficulty in its introduction and removal, and it is effectual in relieving the symptoms caused by prolapsus. The author, at the conclusion of his paper, refers to a pessary invented by Dr. Bronard. It differs, however, materially from the instrument proposed by himself.

University College Hospital.—The total amount of contributions received at the dinner in aid of the funds of the hospital on the 4th of May was, by donations, £1709. 7s.—annual subscriptions, £37. 11s.

THE MEDICAL TIMES.

SATURDAY, MAY 13, 1848.

THE PARLIAMENTARY COMMITTEE.

This committee continues to sit on the medical bills with about as much advantage to the country as a venerable hen on some half dozen blind eggs. The evidence is all elementary. It is the A B C of Medical Reform made easy to some half dozen ignorant members of Parliament. We hardly wonder, after reading it, that the committee is kept "select,"—reporters and curious inquirers being carefully excluded. There is something absolutely comical in some of the questions put, and, for any aid the inquiry will give to our knowledge on the subject, it might as well be held, with doors equally closed against observation, in the halls of Lilliput.

The great use of the sittings and reports of this "select vestry" of parliamentarians consists of the lesson they teach of the necessity of forcing into the House of Commons some respectable member of the medical profession. At present we are worse than non-represented there. Made responsible for the capricious insanities we pity, and the vindictive vulgarities we deplore, we pay in hopes, as in character, the price of all that ignorance or prejudice which the "selectness" of the committee at once shelters and encourages. Before such a tribunal, in fact, medical men stand unprofessionalized: they must either sum up impudence to lecture their examiners in elaborate theses, or submit in indignant or amazed silence to be misunderstood or mistaken. An honest medical member would defend us from all this; and why are we without him? Medical men have great influence in many of the smaller boroughs which might surely, on an emergency, be withdrawn from the usual party channels to give preferment to a medical candidate. In France much good has been done in this way, and more seems preparing. The present President of the National Assembly, M. Buchez, chosen to that honourable distinction by a large majority, is a medical man. M. Trelat, who was the Opposition candidate, and came next in the votes, was also a medical man. One of the Vice-Presidents of that Assembly is also a medical man—M. Recart; and, with these at their head, there are not a few others mixed in the body of the new Parliament of France. As we have more than once taught, there are no men so competent to direct the cumbrous machine of modern legislation, which has lost many of its old and assumed not a few new characteristics, as medical men; and we ardently trust that in this country a new feeling may be propagated which will give us in Parliament a few medical men of ability and respectability. They will not be less useful to the Government than to us, nor more useful to us than to the country.

BETHNAL-GREEN WARRIORS AND THE COLLEGE DIPLOMA.

The Medical Protection Association, whose formation was announced through our columns three months ago, has at length commenced operations in the parish of Bethnal-green. The campaign has been opened by a slight skirmish with blank cartridges in the shape of handbills in which are announced the penalties incurred by those who, without a licence from the Society of Apothecaries, assume the functions of general practitioners, and the names of some persons who are not possessed of the necessary qualification. The handbill forwarded to us has somewhat the appearance of an official proclamation, being surmounted with the royal arms, and terminated with the usual loyal phrase of "God save the Queen." When we consider the manner in which this document has been got up, and, moreover, that it has been issued without the printer's name and address, we are disposed to think that it has never been published under the sanction of the association, as it is neither calculated to suppress illegal practice nor to put down the persons whom it denounces by name.

An onslaught so gallantly made has been met with the same display of courage by some of the persons attacked—

> "Cerdon and Colon, warriors stout
> And resolute as ever fought"—

who have returned the fire with a shower of red-hot words, truly terrible to contemplate. One has boldly offered a reward of £10 for the detection of "persons in the parish whose abilities are not sufficient to enable them to acquire and maintain a professional practice without the assistance of slanderous publications;" and two others "do challenge and defy the authors of the said circulars, or any other person or persons, to disprove this our declaration, or any part of it, and do denounce them as guilty of an unmanly and assassinlike attempt to deprive us of that position which we have fairly earned, and to which we are justly entitled, for their own private ends."

This mode of warfare is something new in the annals of the medical profession, and is greatly calculated to lower it in the estimation of the public, while it cannot fail to benefit personally those individuals who are attacked. Notoriety is generally the foundation of success; and to assail persons by a proclamation such as we have now before us, who are exercising the vocation of medical practitioners, is one of the surest means of making them popular with the public. Bethnal-green, if we may believe those who have examined this locality, abounds with all kinds of things injurious to health—unsewered streets, ill-ventilated houses, stinking privies, filthy ditches, and unqualified medical practitioners. In this renowned district, where disease is so rife, and doctors of one sort or another so abundant, we are informed by a letter now before us, which is the production of a gentleman possessed of the double qualification, that a poor man can obtain a bottle of physic for a shilling, and have his wife put to bed for a crown. Physic-taking and child-getting are rather serious drawbacks upon the artisan's prosperity in most parts of the kingdom, but Bethnal-green may be taken as an exception, so far as the doctors' fees are concerned, for here they are at least cent. per cent. below the average cost. A poor man who wants to save money in that locality cannot do better than get on the doctor's books.

The letter which affords us all this useful information gives, as a reason for this low scale of medical remuneration, the number of *unqualified* practitioners in the district, and amongst these it places "*those* who only hold the College licence." Had such a statement been made by one who possessed only the Apothecaries' certificate, we should either have passed it over without note or comment, or have severely rebuked the assertion, as one made under the influence of jealousy. Coming as it does, however, from a member of the College, who thus with forethought depreciates one of his own qualifications—repeated as it has been from time to time by other members of the College—we consider it our duty at the present moment not to allow the statement to pass without offering some observations upon it.

1. The constitution of the College is unfavourable to a high standard of qualification for its members. It is a college of pure surgeons, and it is intended that it shall be so, if we may believe the declaration of some of its officers. In this it differs from the Edinburgh College, which is assuredly a college of general practitioners. In the London corporation there is not a single person, either in the council or court of examiners, who is not a "pure," and Sir B. Brodie informed the select committee of the House of Commons that the institution was established for the express purpose of cultivating *pure* surgery. Ignorance of medicine is honourable amongst them, for Sir Astley Cooper is said to have thanked God that he knew nothing about it. To expect, therefore, an efficient examination from such gentlemen would be as wise as to imagine that the method of squaring the circle would hereafter be reserved for *their* discovery.

The interests of "pure" surgeons require that the great body of surgical practitioners should not be too highly educated, and hence, in many instances, the diploma is obtained after a lenient examination. Add to this, that the College court of examiners are incapable of instituting a searching investigation into the candidate's knowledge of medicine, botany, chemistry, &c., certificates of attendance upon which he is compelled to present.

2. The statements emanating from persons in authority at the College have tended greatly to depreciate the diploma. Sir Benjamin Brodie before the House of Commons, and Mr. Lawrence before the profession, have said that it is no test of high surgical ability. The latter gentleman has gone the length to remark that it merely testifies to the possessor's capability of undertaking "the ordinary exigencies of surgery." Had such statements been made by any other than persons connected with the College, they would have been justly considered as libels upon the members; and they have certainly experienced bad treatment after they have submitted to a certain course of education, paid a large sum of money, and undergone an examination, to be told by those who have testified to their competency in an official form, that such declaration must be taken *cum grano salis*.

3. Some persons who have received the College diploma have been instrumental in degrading it. Obscene quack advertisements have been unblushingly sent forth into the public newspapers by men who have appended to their names the title of M.R.C.S.L. The Taunton pastrycook obtained letters testimonial to his surgical abilities, although he had only devoted thirteen months in attendance upon lectures and hospital practice, and he now flourishes as a homœopathic doctor in his native town.

It is a happy accident for the College, however, that a great number of its members are men of enlarged and cultivated minds; these are they who give weight and respectability to the corporation, and prevent the diploma becoming as insignificant as the ruling powers have endeavoured to make it. These members are scattered up and down the length and breadth of the

land, and "exigencies" of no ordinary kind, constantly occurring in their practice, prove that they are adequate to the successful accomplishment of the most onerous professional undertakings. To such the stability and prosperity of the profession are matters of supreme interest, and they will rejoice to see those measures adopted which are calculated to promote them. Reform is now needed, but it cannot be secured without mutual concessions by members of our profession holding different qualifications. Without this the war which is kindled in Bethnal-green may extend to the provincial cities and villages of England and Wales, and it must inevitably produce an unfavourable impression on the public mind. The issuing of placards denouncing persons with only a single qualification, or without any at all, is not calculated either to deter them from practice, or to promote the respectability of the profession. The great bane in our country has been the number of licensing bodies, which have produced so many little interests, ready, like the ancient Grecian republics, to wage war upon each other. Till these are united in a compact commonwealth, we can hardly expect the profession will occupy its legitimate position in society.

ASIATIC CHOLERA IN THE METROPOLIS.

Two cases of this direful malady are again reported this week by the Registrar-General. One is stated to have occurred in the Islington east sub-district, and the patient was a woman, forty-four years of age, who expired after an illness of only fifteen hours. The other happened in the east sub-district of Greenwich, and the patient was also a female, fifty years of age, who died a few hours after the attack. These serious indications of the approaching plague should stimulate sanitary reformers to increased exertions, and the members of the medical profession to increased vigilance. We hope that they will report no cases as cholera in which the symptoms are not decidedly characteristic of the disease.

ON MEDICAL EDUCATION.

[FROM A CORRESPONDENT.]

"Honos alit artes, omnesque incenduntur ad studia gloriâ; jacentque ea semper quæ apud quosque improbantur."—CICERO *in Tusc. Disp.*

(Continued from vol. xvii., page 509.)

HITHERTO I have alluded only to the moral and intellectual education preparatory to medical study; and, before proceeding further, it may not be inappropriate to speak of a few branches of physical science necessary to be acquired, and which it would appear more prudent to have become conversant with, previous to entering on the theoretical and practical study of medical art. These are mechanics, botany, chemistry, and, I might even add, natural history.

Various are the advantages to be gained by such a regulation. The value of these collateral sciences I by no means wish to advocate as of primary importance. Saving as ancillary to the one great end in view—that of giving a higher, more scientific, and, consequently, more perfect character to the profession—they may not be considered as of absolute necessity; but their proper place seems to me to be amongst preliminary studies. To men engaged in any of the various occupations of life, they never can be useless branches of knowledge; but to persons intending to practise surgery and medicine, and to look on their art, not as "one of the vilest of trades," but as "one of the noblest of sciences,"—to those who have an aim to something higher than the mere routine treatment of those practitioners who may be considered as little better than legalized charlatans,—to such, I say, a previous knowledge of these sciences is indispensable. When a medical student enters upon the actual study of his profession, the hospital and dissecting-room must be the chief scenes of his labour. The constant study of the structure and functions of the various organs of the human body, proceeding, *pari passu*, with his observation of the treatment of disease, must claim his unremitting attention. Every moment, then, devoted to these subjects is of the utmost importance; and it is but a solemn mockery upon the study of medical pupils to imagine that they can run day after day from one teacher to another, from an hospital to a dissecting-room, from thence to the lecture theatre; listening, one after another, to an hour's chemistry, an hour's botany, an hour's materia medica, an hour's anatomy, an hour's surgery, an hour's midwifery, an hour's practice of medicine; and then, with this heterogeneous mixture jumbled together in their brains, sitting down to read some work on each subject, inspired by the vain hope that this is the way to obtain a knowledge of his art. To make this system effective, the mind of a medical student should be like a box divided into many compartments, each of which should have a key of its own, by which instant access could be gained without interfering or communicating with the contents of the others. Such a system is an unjust and iniquitous farce, and, were every student even endowed with mental energy beyond the lot of ordinary mortals, he could not avoid feeling himself utterly inadequate to such a task; whilst the depression caused by such irregular, yet constant, action must eventually leave his mind in that condition described by a beautiful simile of Curran—"As a little hand that strives to grasp a mighty globe is thrown back by the reaction of its own effort to comprehend."

A very important advantage, gained by early initiation into these branches, is the knowledge communicated to students of the nomenclature of medicines and medicinal preparations, and of the many technical terms used in connection with them. Many young men, it is to be feared, lose the benefit they would otherwise derive from their first lectures by a want of information on these points. "If the lecturer," observes Mr. Edgeworth, "does not communicate much of that knowledge which he endeavours to explain, it is not to be attributed either to his want of skill, or to the insufficiency of his apparatus, but to the novelty of the terms which he is obliged to use. Ignorance of the language in which any science is taught is an insuperable bar to its being suddenly acquired; besides a precise knowledge of the meaning of the terms, we must have an instantaneous idea excited in our minds whenever they are repeated; and, as this can be acquired only by practice, it is impossible that philosophical lectures can be of much service to those who are not familiarly acquainted with the technical language in which they are delivered."

And not only are these studies to be regarded as important in this light, but we may view them in another still more interesting. They serve to prepare the mind for its great destiny, as well by the actual knowledge obtained from them as by showing, when studied rightly, the changes of nature perpetually taking place around us, and displaying the workings of one infinite Power in all the forces of the universe—the manifestation of one unsearchable Wisdom in all its wondrous arrangements. They stimulate our energies into healthy action, and vigorously set in exercise all the intellectual capacities we have received from our Creator; they tend to lead the mind from frivolous thoughts to graver studies, and prepare the spirit for stirring scenes, before professional business comes like a warning Mentor, whispering in our ears that there is "a steep and thorny path" before us, along which an honourable fame is to be acquired by honourable means, and by these alone.

But even a higher and nobler tendency than this may be claimed for those pursuits—to give us a true and fitting sense of the imperfection of human faculties and the limited amount of human knowledge. The secret recesses of the vegetable and mineral world; and the stores of Nature in which are locked her choicest treasures, are opened to us through them, to proclaim God's unbounded love towards his creatures, and to point out the immeasurable distance interposed between the simplicity of divine power and the most sublime efforts of human skill. "Splendid as the steam-engine is," observes an eloquent lecturer, "teeming as it does with the elements of a power, a monument of man's industry and man's ingenuity, yet as it issued from the manufactory, so must it ever remain. The combined genius of a Watt, a Bolton, and a Maudslay could never make even the most distant approach to that simple phenomenon—growth—which the animal and vegetable world daily displays." In elevating those faculties through which the mind holds converse with material things,—in arousing those æsthetic powers which grow from the exercise of the external senses,—it often happens that a study of nature leads to the development of the happiest efforts of art and science. And thus it was that Sir C. Wren took his idea of the solid spiral staircase, for which he gained so much fame, from the delicate shell called turnetella; thus, in like manner, Brunelleschi, in his model of the dome of Santa Maria, at Florence, imitated nature, by observing the double plate in the human bones, with the light but firm cancelli connecting them; thereby gaining a combination of strength and lightness in the highest degree,—a similar plan being afterwards adopted in the construction of the dome at St. Peter's, by Michael Angelo.

It would be unreasonable, surely, to expect that every one should study with the like advantage; nor is it in the majority of cases necessary or desirable. But it should be kept in mind that, unless we aim for the highest standard, we may never be able to pass even mediocrity. "*Excelsior*" should be the motto of the medical student, written in living letters on his mind,—visible in its glorious aspiration to his thoughts by day, and his dreams by night: for we can admire the power and beauty of many things in Nature's garden to which chemistry, botany, or natural history can give us no positive clue; but shall our worship be the less, or shall we not be content without a knowledge that is too wonderful for our grasp? "Do the stars think of us, and yet, if the prisoner see them shine into his dungeon, wouldst thou have him turn away from their lustre?" There are thousands of things in natural science which it may never be permitted the wisest to understand, still we are not to underrate their beauty and utility. The duty of keeping in view what we cannot analyze is as imperative on us as directing our faculties

to objects which we can appreciate; and we should remember the remark of that great and wise man, Newton, who, after all his grand discoverics, said that he had picked up only a few pebbles on the shore of time, whilst the great ocean of truth still lay before him—a vague and fathomless mystery—a dream unpenetrated and unguessed.

It is a feeling stronger and more potent than any personal enthusiasm in the matter, that makes me dwell so much on the advantages to be derived from these pursuits in early life. They are gems in the treasury of spring-time knowledge, within whose rays are reflected all minor objects, imparting life and light to every thought and deed within the sphere of their influence. The book of Nature is a chartered volume of loveliness and grandeur that will last for ever. The glory which shines forth in its varied forms, hues, and proportions cannot fail to inspire the mind with a sense of faithful reliance upon the divine power of Him who "holds the sun in its meridian course, circumscribes the limits of the mighty ocean, and, whilst he bowls the spheres at his own will and pleasure, counts the pulsations of the humblest insect that revels in the rose."

LECTURES ON GUNSHOT WOUNDS.

We are rejoiced to hear that the Lectures we have had the honour of publishing in the *Medical Times* from the pen of Mr. Guthrie are very shortly to appear in type, as a separate work. We have been favoured with the Preface, which is as follows:—

"The following observations, constituting the last of the records of the Surgery of the War in Portugal, Spain, France, and the Netherlands, are published nearly as they were delivered on all practical points, in those lectures on the principles of surgery which for thirty years were open to all the officers of the various branches of the public service. I can only repeat now to them, and to all others to whom these recommendations may afford assistance, what I was in the habit of saying formerly. 'Follow implicitly the precepts I have laid down, until you have reason, from your own observation, or from that of others, to doubt. A little further experience will then enable you to confirm what I have said, or to lay down in turn other principles, which, whilst they supersede mine, may be of more service to mankind.' It is almost needless to add, that the principles and the practice thus inculcated were not those which prevailed anterior to that war.

"The precepts I have endeavoured to enforce cannot, however, be carried into execution on any of the great occasions in which they are most wanted. They require a greater attention, a greater degree of labour on the part of the medical men, than the number usually allowed can give. They generally have been totally unequal, from their scarcity, and oftentimes from their age, to the duties required from them. The sick and wounded, when in great numbers, have been neglected; all receive some little attention, few enough on those essential points which are necessary for their safety.

"When the army, under the command of Sir Arthur Wellesley, landed in Mondego Bay, in August, 1808, it appears in general orders that the head of the medical department obtained two carts drawn by bullocks for the conveyance of the stores necessary for the army, which he loaded with a certain quantity of bearers, tin cups, spitting pots, and other pots, none of which did or could arrive either at the place, or at the time, that even they could be wanted; and nothing need be more inefficient than the medical department of the army during the first two-thirds of that war. It was only when it had attained the summit of the Pyrenees that its medical department approached perfection. The Duke of Wellington crossed the Adour in the beginning of 1814, and after some hard fighting gained the battle of Orthez on the 27th of February, the little fight of Tarbes on the 10th of March, and the last victory of Toulouse on the 10th of April. On all these several occasions, from the Adour to the Garonne, a sufficient number of doctors was forthcoming; and when the army moved forward from Toulouse, the medical department accompanying it was equal to the charge of the wounded of another battle, if one had taken place. The hospitals at Toulouse were left in the highest order. The French and English surgeons visited each other, every case of interest was thoroughly investigated, and the surgery of the British army, and of the Empire, dates much of its improvement from the facts elicited or confirmed on that occasion. And why was this so? Simply because the necessary means of every kind were at hand; the medical men were numerous, young, and efficient.

"Within one year the battle of Waterloo took place. The army was not the Peninsular army, neither were all its doctors. Few, if any, of the medical staff-officers left at Brussels (not placed in charge of wounded officers) had seen a field of battle, and the confusion during the first few days need not be described. Among the assistant-surgeons I found some who had served at Toulouse. They were doing everything they should not have done. An amateur myself, and no longer their immediate chief, I was not entitled to signify my disapprobation. It was not, however, necessary; for they all, as I looked first at their cases and then at them, expressed the regret they felt that I should see them doing what they knew I could not approve. They urged, in extenuation, that they were overwhelmed with work, and were half dead, and could not do more. Their apologies were offered without one word from me, and merely from their own sense of right and wrong. The greatest efforts were made to obviate this state of things. Flemish surgeons were hired; amateur surgeons flocked over from London; and some of the ablest and most efficient officers of the staff were brought from all quarters. They rectified these evils as far as they could, but nothing could recal the past, nor the irretrievable mischief the insufficient medical care had occasioned in the first few days. The result was, that the great battle of Waterloo, with its host of wounded, and its almost wonderful opportunities, added little to surgical science. I am not aware of one single fact brought out, confirmative of any surgical principle beyond what was known and had been practised in the south of France the year before.

"The same result has followed the four great battles lately fought in India: the same loss of life, the same succession of human sufferings, the same loss to science; and solely because the surgeons of the royal and of the Indian armies were, in a similar manner, overwhelmed by the extent of their labours. It was utterly impossible for them to give due attention to even half the wounded depending on them for the alleviation of their miseries.

"It does not signify by whom an army is commanded, the same evils will always follow if the same system is pursued. It may be the Duke of Marlborough or the Duke of Wellington, a Moore or a Lyndoch, a Beresford or a Hardinge. Their armies have all suffered alike on this point, and their successors will also suffer if the civil authorities of the country will not allow themselves to be guided in matters which they do not practically understand, and a knowledge of which they have not acquired in a manner to render it thoroughly efficient.

"When the private and public reports of the medical officers present at the four battles on the Sutlej arrived in England, I addressed a letter to the Honourable the Court of Directors of the East India Company, dated March 11, 1846, pointing out the faulty nature and the insufficiency of their medical arrangements, and I took the liberty of transmitting a printed copy of this letter to those members of the late and present Administration whose duties led them to be conversant with such affairs. Two years have elapsed and nothing has as yet been done; but as no one line of that letter can be controverted or disproved, and as I know it has attracted the attention of some of the highest authorities, I feel it will best become me to leave the matter in their hands. Future evils they may prevent, the past they cannot recal.

"When the invalids from these four battles arrived at Chatham, I wrote to the medical officers in charge, requesting that they would examine in the most careful manner all those men who had been wounded through the chest, that any information thus obtained might appear in these lectures. My astonishment was great to find that *seven* such cases only had arrived from India. It induced me to turn to the records of the persons similarly wounded at Toulouse, and I find it stated that, after that battle, on the 10th of April, 1814, one hundred and six cases of wounds of the chest, in officers and soldiers, were admitted into the hospitals of the town, on the 12th; and that, between that day and the 28th of June, thirty-five died, fourteen were discharged to duty, and fifty-seven were forwarded to England—few or none, in all probability, to return to the service. The number of wounded received into the hospitals of Toulouse was 1359, including 117 officers.

"The medical staff present during the first week consisted of the Inspector-General, Sir J. M'Grigor (to approve or to censure), two deputy-inspectors, eight staff-surgeons, two apothecaries, eighteen assistant staff-surgeons, and twenty-three regimental assistant-surgeons, but not one regimental surgeon, they having all remained with their regiments: this number was augmented, in the second week, by two staff-surgeons, seven asssistant staff-surgeons, one regimental assistant-surgeon, and four apothecaries.

"The ten staff-surgeons are dead; but there is not one of the forty-nine assistant-surgeons now living who will not declare that from six in the morning until nine at night he laboured as hard as he ever had done before or since.

"The number of wounded of the royal army in the four great battles in India amounted to three times that at Toulouse; the proportionate number of men shot through the chest and sent to England would be by computation *one hundred and seventy-one*, instead of *seven*—a difference which can only be accounted for by the fact that the inspector, the two deputy-inspectors, the eight staff-surgeons, and the eighteen assistant staff-surgeons, were none of them to be found with the army on the Sutlej. The regimental medical staff were totally incapable of doing the duty required of them, and the medical department of the Indian army was even more inefficient in point of numbers. The same Herculean efforts were made by the Governor-General and the Commander-in-Chief to procure doctors as after the battle of Waterloo, and with a similar result. They came too late.

"I have in my possession a report from a medical officer of the Company's service on the state of the wounded, three months after the first battle, which it would answer no good purpose to publish. It would be merely what might have been said of the state of the wounded in Portugal and Spain during the first four years of that war. The *official* statistical returns of the sick and wounded during the Burmese war show a loss of forty-eight and a half per cent.; those, when published, of the war in China will, I understand, be no better. The cause is well known—the remedy is in great part attainable. The evil remains.

"When Charles VI. of France sent to Spain, in aid of Pedro the Cruel, the renowned warrior, Bertrand Du Guesclin, at the head of the reitres, the lansquenets, the free compagnons of his army, from whose prowess he had derived the greatest advantages, and heard in due time that their bones were whitening the fields of Castile and Navarre, he drew consolation from the fact that they could not return, and would not be able to

claim the rewards, the pensions he had promised, and to which their services entitled them. I am afraid that, after the lapse of three centuries, no better consolation can be afforded to the people of Great Britain under a similar, but more severe, infliction.

"The royal army of Great Britain is not composed of mercenaries. Its soldiers are the blood, the bone, the sinew of the nation, on whose indomitable valour alone can dependence be placed in the hour of danger. By them the victory must be won, by them the loss must be sustained; and a country, grateful for their services, should watch over them in their necessities as a mother over her children.

"I have been asked why I presume to obtrude my opinions on any one, much more on the great civil authorities of this country, who do not desire them? The answer is simple. There is no one who ought to understand the subject so well, although there are many, perhaps, who do understand it better. It has been inquired what place I am seeking to obtain? The answer is more simple still. I am a man without a wish—without desire—for anything which belongs to this world; I seek a place in which I and all the authorities I have ventured to address shall one day stand before Him by whose all-seeing eye our inmost thoughts will be laid bare, and when I earnestly pray that my endeavours in behalf of the helpless may be favourably judged.

"4, Berkeley-street, Berkeley-square,
March 31, 1848."

The Lunatic Bill for Scotland, introduced by the Lord Advocate, is deserving of the attention of the profession. It divides the country into districts, each with an asylum for pauper lunatics, to be supported by assessment, and managed by a district board. Medical certificates and judicial orders are required in order to the reception of lunatics either into a public or private asylum, or into a private house, unless in the case of a temporary residence for a period under four weeks. A lunatic, who has no funds or property of his own, and no support from his relatives, is to be maintained by the parish of his settlement. Besides the district boards, a central board is created, to consist of a chairman, the Lord Advocate, and Solicitor-General; the sheriff of Mid-Lothian and two other sheriffs; one or two members appointable by her Majesty; and two medical persons, as consulting members, with salaries under £200. The board is to have an inspector-general at £800, a secretary at £500, and a clerk at £200. It is to have the most ample powers over public and private asylums. It can grant or refuse licences; dismiss or suspend every functionary, from medical men to keepers; inspect everywhere through its inspector-general or other officers; and pass, with the approbation of a Secretary of State, rules in regard to airing-grounds, ventilation, and, in fact, every particular connected with the economy of madhouses.

FIRST CHARTER OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS OF ENGLAND AND WALES.

Victoria, by the grace of God of the United Kingdom of Great Britain and Ireland, Queen, Defender of the Faith;

To all to whom these presents shall come, greeting:

Whereas there are many persons practising the medical profession in England and Wales, not being of the degree of physicians, who combine the practice of medicine, surgery, midwifery, and pharmacy: And whereas all persons, other than physicians, who are desirous of becoming duly authorized by law to practise medicine, surgery, and pharmacy in England or Wales are required to present themselves before the Royal College of Surgeons of England, for examination as to their fitness and capability "to exercise the art and science of surgery;" and such persons (if they were not actually practising as an apothecary on the 1st day of August, 1815, or have not acquired the right of practising as an apothecary by virtue of an act passed in the sixth year of the reign of King George IV., intituled "An Act to amend and explain an Act of the fifty-fifth year of his late Majesty, for better regulating the Practice of Apothecaries throughout England and Wales") are also required to present themselves before the Court of Examiners of the Master, Wardens, and Society of Apothecaries of the City of London for examination as to their "skill and abilities in the science and practice of medicine," and their fitness and qualification to practise as an apothecary, "and such persons, upon obtaining the diploma of the said Royal College of Surgeons, are authorized to practise the art and science of surgery," and upon obtaining a certificate of qualification to practise as an apothecary from the Court of Examiners of the said Master, Wardens, and Society of Apothecaries, are entitled to practise as an apothecary: And whereas very many persons, who have obtained such diploma and certificate of qualification, practise the art or science of midwifery; but no adequate provision has hitherto been made by law for ascertaining the skill and abilities of those who practise the said art or science: And whereas persons not being of the degree of physicians, who have obtained such diploma as aforesaid, and have also obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practise as an apothecary, are known to the law as surgeons and apothecaries, and have also been heretofore commonly known and designated as "surgeon-apothecaries," and have been of late years better known and distinguished by the name and title of "general practitioners:" And whereas the necessities of a large portion of the population of England and Wales imperatively require the existence of a well-educated and numerous class of persons competent to practise all branches of the medical profession, and to minister to the sick in all emergencies: And whereas, in order the more effectually to promote and encourage the study of medicine, surgery, and midwifery, and to provide an adequate supply of such well-educated and well-qualified medical and surgical attendants for all classes of the population in England and Wales, it appears to us expedient that the surgeon-apothecaries, or general practitioners, should be united into one body politic and corporate, with power to appoint a Court of Examiners to examine all persons who shall hereafter desire to practise as "surgeon-apothecaries," or "general practitioners" in medicine, surgery, and midwifery, and in the sciences connected therewith, and to grant or withhold letters testimonial of the fitness and qualification of such persons to practise as general practitioners in medicine, surgery, and midwifery: And whereas it has been represented to us that there are now practising in England and Wales as surgeon-apothecaries, or general practitioners, divers persons who have obtained the diploma of the College of Surgeons of England, but who have not obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Master, Wardens, and Society of Apothecaries, and are not otherwise authorized by law to practise as an apothecary in England or Wales, and divers other persons who have obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practise as an apothecary in England or Wales, but who have not obtained the diploma of the College of Surgeons of England, and are not otherwise authorized by law to practise the art of surgery in England or Wales, and divers other persons who are not authorized by law to practise either as surgeons or apothecaries in England or Wales, but who are legally authorized to practise either as physicians, surgeons, or apothecaries in some other part of the United Kingdom, and it appears to us expedient that such several persons should, under certain restrictions hereinafter expressed, be admitted into the said body corporate: And whereas our trusty and well-beloved of and of now lawfully practising as surgeon-apothecaries, or general practitioners, have by their petition humbly besought us to grant to them and to such other persons as are hereinafter in that behalf mentioned, our royal charter of incorporation for the carrying into effect the purposes aforesaid: Now know ye that we of our especial grace, certain knowledge, and mere motion have willed, ordained, constituted, and granted, and by these presents, for us, our heirs and successors, do will, ordain, constitute, and grant unto the said and in manner following; (that is to say)

1. The said and and the other members of the council hereinafter named, and the president hereinafter named, and also every person qualified as hereinafter provided, who, within the times respectively for that purpose hereinfter limited, shall cause his name to be enrolled as a member of the college hereby constituted, or who shall at any time hereafter be chosen as hereinafter mentioned, shall be incorporated into one body corporate and politic, by the name of "The Royal College of General Practitioners of England," and by that name shall have perpetual succession in all time coming, and shall and may sue and be sued, plead and be impleaded, in all courts and before all justices and others.

2. The said body corporate or college shall and may have and use a common seal for their affairs, with full power from time to time, at their will and pleasure, to break, alter, or make anew the same.

3. The said college shall provide and have a common hall in London or Westminster, or elsewhere, in the county of Middlesex, and shall at all times hereafter be capable in law to buy, take, hold, and enjoy for their own use, any hereditaments, so that the yearly value of the whole thereof do not exceed £5000 sterling, at the time or several times of acquiring the same, and from time to time to sell, exchange, demise, and mortgage such hereditaments at their will and pleasure.

4. The said college shall consist of an unlimited number of members, and shall be governed by a president, three vice-presidents, and a council, and the several persons hereinafter named as the first president and the first council shall be the first members of the said college.

5. Every person who was actually practising as an apothecary on the 1st day of August, 1815, or who, before the grant of these our letters patent, shall have acquired the right of practising as an apothecary, by virtue of the act of the sixth year of the reign of King George IV. hereinbefore mentioned, and also every person who, before the grant of these our letters patent, shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the City of London, and also every person at the date of these our letters patent actually practising as a surgeon or apothecary, or practitioner in medicine, surgery, or midwifery, in England or Wales, being a fellow or licentiate or extra-licentiate of any one of the royal colleges of physicians of England, Scotland, or Ireland, or a fellow, member, or licentiate of any one of the royal colleges of surgeons of England, Scotland, or Ireland, or a member of the Faculty of Physicians and Surgeons of Glasgow, or a doctor or bachelor in the faculty of medicine of any university of the United Kingdom of Great Britain or Ireland, shall be entitled at any time within twelve calendar months next after the grant of these our letters patent, if at the date thereof he shall be resident in the United Kingdom, but if not resident therein at such date, and not of the class hereinbefore required to be actually practising in England or Wales at such date, then, at any time within two years after the grant hereof, to cause his name to be enrolled as a member of the said college on payment to the said college of the fee of for the use of the said college, and, on being so enrolled, he shall become a member of the said college and body corporate.

6. The names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications, who within the first calendar month next after the grant of these our letters patent shall severally signify in writing under their hands, addressed to the registrar of the said college, at the common hall thereof, for the time being, their desire of becoming members of the said college, shall, within the calendar month next ensuing the end of such first month, be set forth in a schedule to one general diploma under the seal of the said college, which diploma and schedule shall be enrolled in our High Court of Chancery within two calendar months after the seal of the said college shall have been affixed thereto, and the order of the names contained in the said schedule shall be according to the priority of the dates of the several qualifications by virtue of which each person shall have been admitted a member of the said college, without discrimination of the several kinds of qualification hereinbefore enumerated, and in all cases in which the order of precedence of any names shall appear to the council of the college to be doubtful according to the foregoing rule, the doubtful matter shall be settled by the council either by lot or in such other manner as to the council shall seem expedient.

The names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications, who, in the course of the second and every following calendar month until the end of the twelfth calendar month after the grant of these our letters patent, shall signify their desire of becoming members as aforesaid, shall within one calendar month from the end of each such month, be set forth in like manner in schedules to successive general diplomas of the like kind, each containing the names of all the applicants of that month, and each of which shall be enrolled in like manner in our High Court of Chancery within two calendar months after the seal of the college shall have been affixed thereto, and the order of the names contained in each schedule shall be settled in like manner as is provided respecting the names in the schedule to the first general diploma.

7. Every person entitled to enrol himself as a member by virtue of any of the foregoing qualifications, who shall apply to be enrolled after the expiration of the said twelve calendar months, under favour of the extension of time hereinbefore granted to certain persons not resident in the United Kingdom at the time of the grant of these our letters patent, shall be admitted by a special diploma, which shall recite the date of the qualification by virtue of which such person shall be admitted a member, and the cause of the postponement of the grant of such diploma.

8. The admittance of every other member shall be by separate diploma, under the seal of the said college, in such form as the council of the college shall from time to time think fit and direct, which several diplomas shall bear date respectively at the several times when the same shall be granted.

9. Except as hereinbefore and hereinafter mentioned, no person shall become or be admitted a member of the said college until after he shall have attained the age of twenty-two years, and shall also have complied with such rules and regulations as the council of the said college shall from time to time consider expedient, and by a by-law or by-laws direct, nor unless he shall have passed such special examination or examinations as the said council shall from time to time, by a by-law or by-laws, direct to be undergone by candidates for admission into the said college; but every fit and proper person having attained such age, and having complied with such rules and regulations, and passed such special examination or examinations, shall be entitled to be admitted a member of the said college.

10. The fee to be paid on the admittance of every such new member as last aforesaid shall be any such sum, not exceeding the sum of as the council of the said college shall from time to time fix by a by-law.

11. The council shall have full power, from time to time, to admit into the said college as members thereof, without examination, but on payment of the same fee as shall be payable by those admitted after examination, any of the persons following; that is to say, doctors or bachelors of medicine who shall have obtained such degree from any university in the United Kingdom entitled to grant degrees; graduates or licentiates in medicine of the several universities of Oxford and Cambridge, and members of the Royal College of Physicians in London; provided nevertheless that in all these cases the candidate for admission shall have attained the age of twenty-two years, and shall be able to adduce evidence satisfactory to the council that he has been engaged for at least five years in a course of professional study, embracing all the subjects in which an ordinary candidate for admission into the college would be examined, and also that the examination which he underwent for his degree or licentiateship was of a standard at least as high as that of the examination imposed by the College of General Practitioners on ordinary candidates.

12. Where several diplomas shall be granted, bearing date on the same day, or as regards special diplomas reciting qualifications of the same date, such diplomas shall be numbered under such regulations as the council may think fit, in order to show the order and priority of such diplomas among themselves.

13. The council of the said college shall cause the name of every member for the time being of the said college, and such other particulars concerning such members as the council shall think it desirable to register, to be entered according to their respective seniorities (to be determined as hereinafter mentioned) in a book or register to be kept for that purpose at the common hall of the said college, or such other place for the time being as the said council shall direct; and such book or register of members shall at such times, and subject to such reasonable regulations as the council for the time being shall direct, be open to the inspection of any member of the said college, at the said common hall or such other place as aforesaid.

14. The president hereinafter named shall be entered first in such book or register; the three vice-presidents to be named by the council as hereinafter mentioned shall be entered next after him in the order in which they shall be so named; then the members of council hereinafter named, except the three vice-presidents, in the order in which they are hereinafter named; then such of the members of the college as shall be admitted by general diplomas, each of such members to have priority according to the date of his general diploma, and according to the order of his name in the schedule to such general diploma; then such of the members of the college as shall be admitted by special diplomas, each of such members to have priority among themselves according to the date of his qualification recited in his special diploma, or the number of such special diploma, as the case may be; and, lastly, such of the members as shall be admitted by ordinary diplomas, each of them to have priority among themselves, according to the date or number of his diploma; and the precedence and standing of every member of the said college shall be regulated by the order of his entry on the said book or register.

15. The council of the said college shall consist of forty-eight of the members of the said college, of whom twenty-four shall reside within ten miles by highway or road from the General Post-office, in the city of London, and such twenty-four shall be called "Resident Members of the Council."

16. A. B. shall be the first president of the said college, and shall continue as such president until the second Wednesday in the month of August, in the year 1851, and thenceforth until his successor shall be elected as hereinafter provided, and he shall then go out of office, but shall be forthwith re-eligible.

17. C. D., &c., shall be the first resident members of the said council, and E. F., &c., shall be the first other members of the said council, and the said resident and other members shall all continue of the council until the several days and times hereinafter mentioned, and until the successors of those who shall then be the members to go out of office shall be elected; and on the second Wednesday in the month of August in each of the years 1851, 1852, and 1853, one-third of the resident members, and one-third of the other members, of the said council hereinbefore named shall go out of office in the order in which the council shall in each of such years appoint among themselves, and shall not be re-eligible on the council until the year following that in which they shall so go out of office.

18. The president and council shall be hereinafter elected by a majority of the votes of the members of the college for the time being, and the members shall be entitled to give their votes, either personally or by proxy, in writing, according to such regulations as the council shall establish by any by-law.

19. On the second Wednesday in the month August in the year 1851, and on the second Wednesday in the month of August in every third succeeding year, the members of the college shall meet in the common hall for the time being of the said college, or in such other place as the said council shall from time to time direct, and shall elect a president from those members who are qualified to be elected president as hereafter provided; and every president so elected shall continue to be president for three years, and until his successor shall be appointed, and shall then go out of office, but shall be forthwith re-eligible.

20. The council for the time being shall nominate from time to time, in such order as they shall think fit, three vice-presidents from the members of the council, two of whom at least shall be nominated from the resident members, and the vice-presidents shall continue to hold their office during the presidency of the president, in whose presidency they shall have been appointed, if they shall so long continue members of the council, and if not, their place shall be filled up by the council; and in every case of the vacancy of the office of president in any manner other than by regular rotation, the first-named or senior vice-president for the time being shall have all the powers of president, until another president shall be appointed.

21. On the second Wednesday in the month of August in the year 1851, and on the second Wednesday in the month of August in every following year, the members of the college shall meet in the common hall for the time being of the said college, or in such other place as aforesaid, and shall elect from those members who shall be qualified to be elected as hereinafter provided, eight persons to be resident members, and eight other persons to be members of the said council; and every such member so elected shall continue of the council for three years, and until his successor shall be elected: Provided always that each person who shall be elected as a resident member of the council shall reside within ten miles by highway or road from the General Post-office, in the city of London, during the whole of the said three years, or in default of his so doing he shall cease, *ipso facto*, to be a member of the council, but without invalidating any acts in which he may have concurred, after ceasing to be such member.

22. No one shall be qualified to be elected president or a member of the council of the said college, unless at the time of such election he shall either have been for fifteen years a member of the said college, or unless he shall have possessed the diploma or licence, by virtue of which he shall be a member of the said college, for at least fifteen years before the day of election.

23. Whenever any vacancy shall happen, either in the presidency or among the members of the council, in any way other than by regular rotation as aforesaid, such vacancy shall be filled by the election (upon some early and convenient day, to be fixed by the council for that

purpose, of which notice shall be given to the members in such manner as shall be regulated by the council) of a substitute, instead of the person by whom the vacancy shall have been made, and every such substitute shall continue president or a member of the council, until the time when the person in whose stead he shall be chosen would have gone out of office in regular rotation; and whenever such vacancy shall have been made in the council by a resident member, the substitute shall be a person qualified to be a resident member of the council: Provided always that any such substituted member of council, who shall have been elected less than twelve calendar months before the time when the member in whose stead he shall have been elected would have gone out of office in regular rotation, shall be eligible for immediate re-election on the council.

24. The council shall meet on such days and times as they shall from time to time appoint, and also whenever they shall be summoned by the president. The council shall not be competent to transact any business, or to pass any resolution, except for adjourning their meeting, unless twelve members of council at least be present; and at all meetings the president, or, in his absence, the senior or only vice-president present, or, in their absence, one of the council, to be chosen by the majority of those present, shall preside, and shall put all questions to the council; and the president, or any vice-president or member of council, presiding shall be entitled on every question, when the votes of the members of council present shall be equal, to give a second or casting vote.

25. Subject to the control of such general meetings of the members of the said college as are hereinafter provided, the council shall have the sole and entire management of the college, and of the funds and property thereof, and shall have power to make by-laws, rules, and orders for the regulation and government of the college, and of the members and affairs thereof, and for the conduct of the candidates for admission into the college, and for directing the course of study to be followed, and the particulars of examination to be undergone, by candidates for admission into the college, and for imposing reasonable penalties, fines, and amerciaments for non-performance of, or for disobedience to, the same by-laws, rules, and orders, and such by-laws, rules, and orders, penalties, fines, and amerciaments, or any of them, from time to time, to alter, change, or annul, so that all and singular such by-laws, rules, orders, penalties, fines, and amerciaments be not repugnant or contrary to the laws or statutes of this our realm, or to the provisions of these our letters patent: Provided always that, until a change shall be made by the said council, the course of study, and particulars of examination, shall be such as are now required of members of the Royal College of Surgeons of England, and also of licentiates of the Society of Apothecaries of the City of London; and that no change in such course of study, or particulars of examination, shall be made by the said council, unless notice shall have been given at a previous meeting of the council, holden not less than fourteen days before the meeting at which the motion for such change shall be made, that at such meeting the course of study, or particulars of examination, as the case may be, will be taken into consideration, and the registrar or secretary shall forthwith send a copy of such notice to the president and to every member of the council.

26. The council shall from time appoint, and at their pleasure may remove, a treasurer, and a registrar or secretary, of the said college; and shall also appoint, and at their pleasure may remove, such other officers, clerks, and servants as may from time to time be necessary for the service of the college, and shall prescribe their respective duties.

27. The council shall annually appoint examiners from among those who shall have been members of the college for at least ten years, or who shall have possessed for at least ten years the qualification by virtue of which they were enrolled as members of the college, but no president or member of council shall be eligible to be appointed an examiner.

28. At all examinations, either the president, or one of the vice-presidents, or, in their absence, some member of the council, to be from time to time appointed by the council for that purpose, shall be present, and shall preside, but he shall not interfere in the examination, or have any voice in the admission or rejection, of candidates.

29. If it shall happen that any election of a president, or of any member of the council, shall not be made on the day hereinbefore appointed for that purpose, the said college shall not thereby be deemed to be dissolved, or the said members disabled from proceeding to such election, but in every such case the person then filling the said office shall continue to fill the same until another person shall be appointed thereto; and the president or any vice-president of the said college shall, in the manner to be prescribed by the said council, call a meeting of the members of the said college, who shall thereupon elect a person or persons to fill the said office or offices so vacant, in like manner as if such election had taken place on the day hereinbefore fixed for that purpose.

30. If it shall at any time hereafter appear that any member of the said college shall have obtained his diploma by any fraud, false statement, or imposition, or that either before or after obtaining such diploma he shall have been convicted of felony, or of having wilfully and knowingly given a false certificate in any case in which the certificate of a medical practitioner is required by law, or shall have wilfully violated any by-law, rule, or regulation of the said college, then and in every such case, and after such previous notice to, and such hearing of, such member, as under the circumstances of the case the council shall think proper, it shall be lawful for the council, with the concurrence of not less than three-fourths in number of the members of council present, at a meeting lawfully summoned for that purpose, to pass such censure or sentence of suspension against the person so offending as to the council shall seem meet, or wholly to expel such member from the college; and, upon any such sentence of suspension or expulsion, such member shall cease to be a member of the college, either absolutely or for such time as shall be specified in the sentence of suspension; and all the privileges granted to such member shall cease and be determined upon such expulsion, or during such suspension.

31. And our will and pleasure is, that a general meeting of the members of the said college shall be held within the space of six calendar month after the date of these our letters patent, at such time and place as the council shall appoint, for the purpose of considering and reviewing such by-laws, rules, and orders as shall be made before that time by the said council, and of confirming, altering, or annulling the same as to the said meeting shall seem expedient; and that afterwards an annual meeting of the said members shall be held for the like purposes in the month of in every year, at such time and place as the said council shall direct, and that other general meetings may be held from time to time as occasion may require and the council shall direct.

32. And we will that at all general meetings the president of the said college, if present, and if not, the senior or only vice-president present, or, if they shall all be absent, some member of the council to be chosen by the members of the college present, or, if all the members of the council shall be absent, some other member of the college, to be chosen by the members present, shall preside as chairman.

33. Provided always, and it is our further will and pleasure, that no by-law, rule, or order hereafter to be made by the council, and approved by any general meeting of the said college, shall be of any force until our approval thereof shall have been signified to the said college under the hand of one of our principal Secretaries of State, or until the same shall have been otherwise approved in such manner as shall be directed by us, with the advice and consent of the Lords Spiritual and Temporal, and Commons of our realm, in Parliament assembled.

In witness whereof, we have caused these our letters to be made patent. Witness ourselves at Westminster the day of in the year of our reign

GOSSIP OF THE WEEK.

LONDON UNIVERSITY COLLEGE.

On Saturday last the annual distribution of prizes to the medical department of this college took place in the presence of a large number of the students and their friends. Lord Brougham, the president of the institution, took the chair, in the theatre of the college, at three o'clock, supported by Sir L. Goldsmid and Sir E. Ryan.

Dr. Grant, the dean of faculty, read the report of the committee, by which it appeared that the income and the number of students were increasing.

The different professors then read the names of the successful prizemen in their respective classes. On rising each was received either with marks of applause or disapprobation on the part of the assembled students. Professors Sharpey and Quain were badly received, upon which the latter said, "I am not surprised at this. Statements injurious to me have been circulated in reference to a respected colleague, and, if they be not fully inquired into, it will be no fault of mine." (Cheers and hisses.)

The Chairman: If you had been as long in the House of Commons as I have been you would not be surprised at these things.

The following is a list of the prizemen and prizes:—

Prize of £40, for general proficiency (August, 1847), Thomas Park, of Lincoln.

COMPARATIVE ANATOMY.

Gold Medal.

MEDICINE.

Gold Medal.—William Bayldon, Royston, Cambridgeshire.

First Silver Medal.—William Squire, of Silsoe, Bedfordshire.

Second Silver Medal.—William B. Hill.

ANATOMY AND PHYSIOLOGY.

Gold Medal.—Nathaniel T. Betts.

First Silver Medal.—Edward H. Paget, of Leicester.

Second Silver Medal.—James Rigby, of Stockport.

CHEMISTRY.

Gold Medal.—Arthur A. Taylor.

First Silver Medals (equal).—Alfred Sherriff, G. T. Jones, of London.

Second Silver Medal.—Rich. Lee, of Islington.

ANATOMY.

Gold Medal.—Henry Briggs, near Halifax, Yorkshire.

First Silver Medal.—Stephen M. Webb, of London.

Second Silver Medal.—James Rigby.

Junior Class Silver Medals (equal).—Walter Acton, Henry Thompson, of Cornwall.

MATERIA MEDICA.

Gold Medal.—C. W. Hammond.

First Silver Medal.—H. Lawrence, of Bath.

Second Silver Medal,—James Stoate.

MIDWIFERY.

Gold Medal.—Nathaniel Stenson Wood.

First Silver Medal.—Henry D. Smith, of Sandwich.

Second Silver Medal.—W. Squire.

SURGERY.

Gold Medal.—William Bayldon.

First Silver Medal.—Henry Briggs.

Second Silver Medal.—Frederick James Gant, of London.

SUMMER TERM, 1847.

PATHOLOGICAL ANATOMY.

Gold Medal.—William Filliter, of Wareham, Dorset.

MEDICAL JURISPRUDENCE.
Prize.—J. G. Thompson, of London.
BOTANY.
Gold Medal.—Archibald P. Childs, of Bungay.
Silver Medal.—William Bayldon, of Royston.

The new students to May 1, last year, were		79
This session, to the same period	..	96
Total		303
New entries to hospital practice	..	96

KING'S COLLEGE.

The annual distribution of prizes in the medical department of King's College took place on Saturday last at three o'clock, in the presence of a large and highly respectable assemblage. The Archbishop of Canterbury presided, and among the company present we observed the Bishops of Winchester and Lichfield, Lord Howe, Lord Radstock, Mr. Gladstone, and Sir R. H. Inglis.

The proceedings having been opened by his Grace the Chairman, who shortly stated the objects of the meeting,

The Dean of the medical department read a report on the state of the medical schools, and which represented them to be in a very satisfactory and prosperous condition.

The award of honours, under the following prize-list, then commenced, his Grace the Chairman addressing a few words of compliment and encouragement to each of the successful candidates as they presented themselves before him:—

MEDICAL DEPARTMENT.
DISTRIBUTION OF PRIZES.
SCHOLARSHIPS.
Second Year.—John Wood.
First Year.—George May, Edward Simpson, Charles Pardey.
Daniell.—Frederick Vaux.
ANATOMY.
Prize.—G. A. K. Lake.
Certificates.—J. W. Wakem, T. C. Beale.
PHYSIOLOGY.
Prize.—R. C. R. Jordan.
Certificates.—G. A. K. Lake.
CHEMISTRY.
Prize.—T. F. Hardwick.
Certificate.—W. S. Nason.
CHEMICAL MANIPULATION.
Prize.—J. Vaux.
MATERIA MEDICA.
Prize.—W. Hewett.
Certificates.—R. Fowler, J. Wilkins, W. Browne.
SURGERY.
Prize.—J. D. Macdonald.
Certificates.—J. Wood, T. C. Beale.
MEDICINE.
Prize.—W. C. Lake.
Certificates.—L. S. Beale.
MIDWIFERY.
Prize.—J. B. Ruck.
Certificates.—W. C. Lake, D. Ferguson, L. S. Beale.
BOTANY.
Prize.—W. Hewett.
Certificates.—H. E. Turnour, J. Wood.
FORENSIC MEDICINE.
Prize.—T. Jeston.
Certificates.—C. J. Evans, T. C. Beale.
MEDICAL CLINICAL.
Prize.—J. B. Ruck (summer); J. B. Ruck (winter).
SURGICAL CLINICAL.
Prize.—R. W. Broster (winter); R. C. Davies (summer).
WARNEFORD.
Prize.—1. R. C. R. Jordan; 2. J. N. Coffin.
LEATHES.
Prize.—1. H. H. Salter; 2. G. A. K. Lake.
ASSOCIATES.
Thomas William Nunn, James John Roughton, Henry Stevens, Evan Thomas, Samuel James Augustus Salter.

LONDON HOSPITAL.

The distribution of prizes for the past session took place on Tuesday, May 2, in the presence of a numerous assembly of the governors and friends of the hospital, Sir E. N. Buxton, M.P., in the chair. The following were the prizes awarded:—

The Hospital Gold Medals, presented by the governors for zeal and humanity in attendance on the patients, to John Page Cooper, Bow, and John Weir Draper Brown, Deptford.

MEDICINE.
Gold Medal.—Alfred Ball, Bishopsgate.
First Honorary Certificate.—William Talbot King, Hackney.
Silver Medal.—Charles Harper, Plymouth.
Honorary Certificates.—George Cochrane Millar, Finsbury; Philip W. Govett, Plymouth.
SURGERY.
Gold Medal.—John Wyatt, Bognor.
First Honorary Certificate.—Thomas Nadauld Brushfield, Spitalfields.
Silver Medal.—Henry Erasmus Fox, Godmanchester.
Second Honorary Certificate.—William Prater, Exeter.
ANATOMY.
Gold Medal.—John Wyatt, Bognor.
Honorary Certificates.—John Weir Draper Brown, Deptford; John B. Mountford, Exeter.
Dressership.—Major Charles Dukes, Kingsland.
PHYSIOLOGY.
Gold Medal.—George Cochrane Millar, Finsbury.
Honorary Certificate—Major Charles Dukes, Kingsland.
MATERIA MEDICA.
Gold Medal.—John Page Cooper, Bow.
First Honorary Certificate.—Charles Harper, Plymouth.
Second Honorary Certificate.—Edward O'Callagh Foott, Cork.
CHEMISTRY.
Gold Medal.—Alonzo Hy. Stocker, Sheerness.
Silver Medal.—Leonard G. Boor, Warminster.
Honorary Certificate.—Henry Erasmus Fox, Godmanchester.
MIDWIFERY.
Gold Medal.—John Page Cooper, Bow.
Honorary Certificate.—J. W. D. Brown, Deptford.
FORENSIC MEDICINE.
Silver Medal.—Frederick William Pearce Jago, Bodmin.
Honorary Certificate.—J. W. D. Brown, Deptford.
BOTANY.
Silver Medal.—F. W. P. Jago, Bodmin.
Honorary Certificate.—J. W. D. Brown, Deptford.

CHARING-CROSS HOSPITAL MEDICAL SCHOOL, WEST STRAND.

The annual distribution of prizes and testimonials of honour to the students most distinguished for their acquirements in the various branches of medical study at this institution took place on Monday, May 1, 1848. The Rev. Dr. Worthington in the chair.

CHEMISTRY.
Mr. Turnbull.
MATERIA MEDICA.
Mr. Dickinson, Mr. Savery.
ANATOMY.
Mr. George M. Young, Mr. Paternoster, Mr. Savery.
MIDWIFERY.
Mr. G. M. Young, Mr. Paternoster, Mr. C. Terry, Mr. Woodd, Mr. Hamilton.
PHYSIOLOGY.
Mr. Ludlow, Mr. Paternoster, Mr. Young, Mr. Savery.
MEDICINE.
Mr. G. M. Young, Mr. Rawlins, Mr. Hamilton, Mr. Terry.
SURGERY.
Mr. G. M. Young, Mr. Paternoster, Mr. Woodd, Mr. Hamilton.
MEDICAL JURISPRUDENCE.
Mr. Rawlins.
GOVERNOR'S CLINICAL PRIZE.
Mr. Rawlins.
GOVERNOR'S GENERAL PROFICIENCY VIVA VOCE EXAMINATION.
Mr. G. M. Young.
GENERAL PROFICIENCY.
Mr. G. M. Young.
DILIGENCE AND GOOD CONDUCT.
Mr. J. W. B. Steggall.

ST. GEORGE'S SCHOOL OF MEDICINE, 1, GROSVENOR-PLACE.—May 1.

Distribution of prizes to the students, and presentation of a portrait to Dr. W. V. Pettigrew. Sir James Clark, Bart., F.R.S., in the chair.

SENIOR ANATOMY.
Silver Medals.—Mr. R. E. Price, Mr. H. Brown.
Certificates.—Mr. Finnimore, Mr. Turner.
JUNIOR ANATOMY.
Bronze Medal.—Mr. T. Ball.
Certificates.—Mr. Bullock, Mr. Goodall, Mr. V. Jones.
MEDICINE.
Prize.—Mr. Allen.
Certificate.—Mr. G. Fast.
CHEMISTRY.
Prize.—Mr. T. Ball.
Certificates.—Mr. Bullock, Mr. Warden, Mr. V. Jones.
MATERIA MEDICA.
Prize.—Mr. T. Ball.
Certificates.—Mr. Brown, Mr. Bullock.
SURGERY.
Prize.—Mr. R. E. Price.
Certificate.—Mr. Finnimore.
MIDWIFERY.
Prize.—Mr. R. E. Price.
Certificate.—Mr. V. Jones.
PRACTICAL MIDWIFERY.
Prize (a set of instruments).—Mr. Gundry (for 700 cases).
Certificate.—Mr. Gatliff.
SUMMER SESSION.
MEDICAL JURISPRUDENCE.
Prize.—Mr. R. E. Price.
Certificate.—Mr. Turner.
BOTANY.
Prize.—Mr. R. E. Price.
Certificates.—Mr. Bullock, Mr. Turner.
PRACTICAL CHEMISTRY.
Prize.—Mr. H. Brown.
Certificates.—Mr. W. Bloxam, Mr. Price.
CLINICAL SURGERY.

Presented especially by the lecturers of this school, and open for competition to all students entering to the hospital practice, irrespective of the school at which they attend lectures. Adjudicators of this prize—Professor Fergusson, of King's College, and Mr. Lane, lecturer upon surgery at this school.

Prize.—Mr. Peter Allen, of this school.
Certificate.—Mr. Finnimore, of this school.

The report, when read, showed the increasing prosperity of this school, and also the greater amount than usual of diligence and emulation displayed by the pupils; there had been more subjects dissected during the past session than during any term for the last eight or nine sessions. Allusions were also made to the death of Mr. J. A. Elliott, a former assistant-demonstrator at this school, who died in August last; also to Mr. Liston, who lectured upon surgery at this school for two sessions.

It was proposed by Mr. R. D. Grainger, and seconded by Admiral Sykes, that the report be adopted; this was unanimously carried.

Mr. Lane, on behalf of his colleagues and the students, in a very neat and eulogistic speech, requested Dr. W. Vesalius Pettigrew's acceptance of a portrait and lithograph, by Beauguiel, in testimony of their respect and attachment to him as a friend and one of the lecturers upon anatomy and physiology. Mr. T. B. Phillips, as chosen by the students, also made a very excellent speech upon the occasion, and Sir James Clark then presented the portrait.

Dr. Pettigrew, who could not fail to be highly gratified, replied in an appropriate manner.

Votes of thanks were then given to Professor Fergusson, and to the chairman; and the proceedings terminated highly to the satisfaction of all present.

ST. BARTHOLOMEW'S HOSPITAL.

The annual distribution of prizes to the pupils of the medical school in this hospital took place on Wednesday, the 3rd inst., before a numerous assemblage of governors of the hospital, students, and visitors. The Right Hon. the Lord Mayor presided; and additional interest was lent to the ceremony by the circumstance that this was the first public occasion on which his lordship had taken the chair as president of the hospital.

The proceedings of the meeting were opened by Mr. Lawrence, who gave a very satisfactory account of the progress of the medical school and college, and of the conduct of the students. The successful competitors for honours in the different classes were then severally introduced to the Lord Mayor by the medical officers and the lecturers, and the prizes were delivered by the Lord Mayor, Sir Robert H. Inglis, the Rev. Dr. Russell, the President of the Royal College of Surgeons, the Master of the Apothecaries' Company, and other distinguished visitors, each of whom in turn addressed the company on the objects of the meeting, and congratulated the students receiving the prizes on the distinction they had gained.

The following is a list of the prizes and of the students to whom they were awarded:—

Wix Prize.

Founded by the Rev. the Hospitaller, for the best essay on the connection between the study of ancient and modern literature and the study of medical science.—G. H. Griffiths, Cheltenham.

Bentley Prize.

Given by the Treasurer for the best report of surgical cases.—H. B. Dobell, Cheltenham.

Scholarship in Medicine, Surgery, and Midwifery.

W. H. Slade, Frome.

Scholarship in Anatomy and Physiology.

H. Ludlow, Hertford.

Surgery.

Prize.—R. C. Hurst, Bedford.

Clinical Surgery.

Awarded by the Surgeons of the Hospital.—Prize.—J. Hinton, London.

Medicine.

First Prize.—C. C. Piper, Guildford.
Second Prize.—W. Helps, Gloucester.

Clinical Medicine.

Awarded by the Physicians of the Hospital.—Prize.—C. C. Piper, Guildford.

Anatomy.

senior class.

First Prize.—H. Ludlow, Hertford.
Second Prize.—J. German, Derby.

junior class.

Prize.—C. H. Roper, Exeter.

Physiology.

senior class.

First Prize.—H. Ludlow, Hertford.
Second Prize.—E. G. Pitt, London.

junior class.

Prize.—H. W. Sharpin, Bedford.

Materia medica.

First Prize.—F. F. Andrews, Lynn.
Second Prize.—E. J. Blyth, Richmond.

Chemistry.

First Prize.—F. F. Andrews, Lynn.
Second Prize.—W. Dingley, Sherborne.

Botany.

Prize.—G. H. Griffiths, Cheltenham.

Midwifery.

Prize.—H. Rogers, London.

Practical Midwifery.

Prize.—S. W. Aldred, Yarmouth.

Medical Jurisprudence.

Prize.—H. B. Dobell, Cheltenham.
Second Prize.—H. R. Hoskins, London.

Collegiate Prize.

Given by the Treasurer of the Hospital to the resident student of the collegiate establishment who obtains the highest honours in the examinations.—H. Ludlow, Hertford.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

Session, 1847-48.

The distribution of prizes took place on Monday, Sir B. Brodie presiding.

The successful candidates were as follows:—

Anatomy.

senior class.

Prize.—Mr. Howse.
Certificate.—Mr. Rouse.

junior class.

Prize.—Mr. Hornidge.
Certificate.—Mr. Ker.

Botany.

Prize.—Mr. Hastings.
Certificates.—Mr. Rusher, Mr. Amesbury.

Chemistry.

Prize.—Mr. Hornidge.

Materia Medica.

Prize.—Mr. Hornidge.

Medical Jurisprudence.

Prize.—Mr. Howse.
Certificate.—Mr. Hastings.

Midwifery.

Prize.—Mr. Merriman.
Certificates.—Mr. Henry Dixon, Mr. F. Goodchild.

Medical Clinical Reports.

Prize.—Mr. Ogle.

Medical Essay.

Prize.—Mr. Ogle.

Surgical Clinical Reports.

Prize.—Mr. Howse.

Surgery.

Prize.—Mr. Parnell.

Scholarship.

Mr. Hornidge.

Ex-parte Berncastle (Bail Court).—Mr. Boville was instructed on behalf of Dr. Berncastle, who had lately been the medical officer of the Croydon union, to apply for a *certiorari* to remove into this court an inquisition which had been taken before the coroner for the Croydon district on the body of Elizabeth Hopkins, otherwise Elizabeth Howard, in order that such inquisition might be quashed. The matter had led to considerable discussion, and had been very injurious to the character of Dr. Berncastle. The facts of the case were then stated. The woman's death occasioned a strong feeling in the people's mind against Dr. Berncastle. An inquest was held, which lasted three days, but no medical man was examined. The jury returned the following verdict:—"We find that Elizabeth Hopkins, otherwise Howard, died from exhaustion, resulting from a protracted labour, and that Dr. Berncastle has shown the greatest inhumanity towards the deceased, in leaving her when in labour; and we consider him to be an unfit person to act as medical officer to the union." Certificates had since been obtained from Dr. Blundell and other eminent men in London, expressing an opinion that the verdict was not justifiable, as there was nothing to show that death had been caused by any of the circumstances stated, but that it resulted from natural causes, which no care or skill could have prevented. The guardians, without instituting any inquiry into the facts, had dismissed Dr. Berncastle as the medical officer of the union. It was, therefore, submitted that the court was called upon to interfere in such a case, because, if any blame existed, it was to be attributed to the guardians for directing Dr. Berncastle to discontinue his attendance, or to the medical gentleman who had succeeded Dr. Berncastle in attending on the woman. The verdict of the jury charged Dr. Berncastle with having been guilty of the greatest inhumanity, and, in fact, with having caused the death of the woman; but Dr. Berncastle, in his affidavit, swore that he had paid her every attention in his power up to the very time when the guardians, by the course they had adopted, had left him no alternative but to cease his visits as medical officer of the union. He denied being influenced by any other feeling than that of obeying the order of the board. The jury had pronounced their verdict upon an *ex-parte* proceeding, but had seriously injured the character of Dr. Berncastle.—Mr. Justice Coleridge said that the nonsense which coroners' juries were apt to append to their verdicts should not be permitted. Many times much of their observation was nothing but nonsense, and ought not to be introduced.—Mr. Boville said an application had been made to the coroner for a copy of the depositions, which he had refused to give.—Mr. Justice Coleridge said he would take time to consider the case; but he confessed that at present he had some doubts.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, May 4:—Francis Yeates Jones; Robert Twemlow Spark, Newcastle-under-Lyne; Joseph King, Lewes, Sussex; Henry Coleman, St. Martin's Priory, Dover; William Edward Jeffereys, St. Peter's Port, Guernsey; Alexander Somers, Thame, Oxon; Thomas Thrush Frankland, Northallerton, Yorkshire; William Hyde Cooke, The Green, Stockton, Worcestershire.

Royal College of Surgeons.—Gentlemen admitted members on the 5th inst.:—Messrs. G. J. Thurston, J. W. Davidson, L. T. Cumberbatch, J. H. Boughton, A. C. Sydenham, C. Wethered, W. Benham, A. R. Benson, H. R. D. Marratt, and J. J. Parrish.

Munificent Bequest to the Middlesex Hospital.—A meeting of the governors and friends of this institution was held on Friday last in the board-room of the hospital. His Grace the Duke of Northumberland, K.G., presided. The chairman announced that it was his pleasing duty to relate that since the last meeting the secretary had received a letter from the executors of Lady Murray, wife of Sir James Murray, informing them that her ladyship had bequeathed to the committee for the time being of Middlesex Hospital the sum of £10,000, for the purpose of building and endowing a new ward in the hospital, to be called the "Murray Ward." It was, therefore, agreed that a vote of thanks should be sent to the executors of the late Lady Murray. The secretary then announced that a legacy of £500 had been received from the trustees of the late Mr. Marlow. After some routine business had been gone through, the meeting passed a vote of thanks to the chairman, and separated.

Application of Chloroform to a Rabid Tigress.—A few days since, a number of caravans, containing a quantity of trained animals, known as Offley's menagerie, whilst passing through King's Langley, met with the following singular accident:—It appears that recently a fine tigress had been added to the collection, but which, in consequence of her viciousness of temper, had not been exhibited to the public. Symptoms, however, of a more serious character began to present themselves about the commencement of last week, and it was thought advisable to attempt the administering of an opiate. This, however, signally failed, increasing the fury of the animal to such an extent, that in one of her paroxysms she forced away a portion of the back of the caravan, so as to be visible to the passers-by. After having with some difficulty secured her, Hempson, the keeper, suggested that, as from the alarming symptoms there could be little doubt but the beast was suffering from hydrophobia, it would be advisable immediately to destroy her. Prior, however, to doing so, Mr. R. Norton, a veterinary surgeon, was sent for, and by his advice a quantity of chloroform was procured, and, with the assistance of Hempson and young Mr. Offley, they proceeded to administer it to the infuriated animal. At this time the agony of the tigress was of the most distressing character, bounding from side to side of her den, and snapping and howling at everything within her grasp. The appearance of fluids

visibly increased her agony, and the slightest rush of air for a few moments completely prostrated her. The instant that the chloroform approached her the eyes became dilated to a most powerful extent, the body was thrust forward, and, after remaining in a fixed position for a few moments, she sank down in a state of lethargy, remaining insensible until they reached Harrow, when, the symptoms again making their appearance, the chloroform was a second time applied; during which process the tigress, after several struggles to rise, fell upon her back, and expired. Upon opening the body, an inflammation of the heart of a most extensive character was discovered, sufficient to have caused the speedy death of the animal.

OXFORD, May 9.—The Aldrichian Professor of Medicine proposes to deliver a course of lectures on the practice of physic during the present term. Gentlemen who desire to attend the same are requested to call on the professor, at 63, St. Giles's-street, on or before Saturday, the 13th instant.

Dr. Lee's Reader in Anatomy proposes to deliver six elementary lectures on the development of the higher classes of vertebrata, and on the changes in the egg of birds during incubation. The lectures will be commenced on Friday, the 26th inst., at two o'clock, in the Anatomy School, Christ Church. All gentlemen desirous of attending are particularly requested to enter their names on or before the preceding day.

OBITUARY.—On the 23rd ult., at Girvan, Dr. Andrew Robertson, of typhus fever, caught in the discharge of his professional duties.—On the 24th ult., at Rosefield-avenue, Portobello, Mr. John C. Alexander, surgeon.

MORTALITY TABLE.

For the Week ending Saturday, May 6, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	1015	
SPECIFIED CAUSES...	1009	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	271	271
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	41	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	127	122
Diseases of the Lungs, and of the other Organs of Respiration	158	129
Diseases of the Heart and Blood-vessels.....	19	33
Diseases of the Stomach, Liver, and other organs of Digestion	49	62
Diseases of the Kidneys, &c.	14	10
Childbirth, Diseases of the Uterus, &c	8	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	9	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age.....	54	55
Violence, Privation, Cold, and Intemperance.....	19	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"Ouvrier."—1. It is necessary to have served the office of house-surgeon or dresser in a recognised hospital in the United Kingdom. Clinical reports, with observations of six or more surgical cases made by the candidate, are also required to be presented for examination. 2. A list is published annually in the month of July.

"O. M."—M. Lallemand has treated the subject of syphilitic deafness, an account of which will be found in the fourteenth vol. of the *Medical Times*.

"A Student."—Either of the schools is respectable. The latter mentioned by our correspondent is the cheapest.

"Chirurgus, a Constant Reader."—The bursal swelling may be punctured without danger.

"Anti-Humbug" has undue fears concerning certain homœopathic doctrines: the public begin to discover that theories are directly opposed to practice.

"Querist."—The qualification makes the possessor a legal medical practitioner, but it does not render him eligible for a union appointment. There is no law which specifies the qualifications necessary for the office of medical attendant upon a benefit society. Every club has its own rules, and there are generally some which especially refer to the "doctor."

"A Medical Reader and Friend."—The composition of Sedillot's pills was, we think, published some time ago in the pages of this journal. As we are unable, however, to refer our correspondent to the number, we state for his information that the following is the formula:—Three drachms of strong mercurial ointment, two drachms of Castile soap, and one drachm of liquorice powder, beaten into a mass and then made into pills weighing four grains each.

"M.D., Londinensis."—We are not aware of the changes alluded to. Perhaps our correspondent will favour us with the particulars.

"Philosophos."—The summer courses, during the second year, at the Parisian Faculty of Medicine, are on hygiene, medical pathology, and pharmacy. The members of foreign colleges may present themselves for examination after having studied only two years in Paris.

"Dr. Dwight, New York," has our best thanks for the packet received.

"A Licentiate."—The Apothecaries' certificate is received at the University of St. Andrew's as a title to examination for M.D. The possessor has merely to present it at a certain time before the day appointed for the examination.

"J. F., Chelsea."—Our correspondent is evidently not a member of the medical profession; we must, therefore, decline offering an opinion upon the subject on which he writes.

"Tiverton."—It will be productive of good.

"Medicus Juvenis."—Yes.

"Mr. Thomas Mason."—The paper, according to request, is left at our office.

"O. P. Q." had better apply personally to Sir B. Brodie.

"A Surgeon-Apothecary."—1. We are unable to state the number of prosecutions which the Apothecaries' Society has instituted against unlicensed practitioners since 1815. 2. Till within the last few months the expense incurred was great; now, however, it is comparatively trifling.

"Jacobus."—We cannot agree with our correspondent's suggestions. It is to the advantage of the surgeon to dispense his own medicine.

"An Old Subscriber."—A surgeon can recover payment for an operation performed, as for work and labour done.

"G. M."—The ordinary silver catheter will answer the purpose better than a new and complicated instrument.

"An Unfortunate Medical Student"—Any qualified medical practitioner is capable of undertaking the case and effecting a cure.

"Alpha" will find all the information he seeks in the Students' Number, published last October.

"Medico-Chirurgus."—The suggestion to employ beer yeast in burns is not original. If our correspondent has cases in which *he* has employed it with success, and will send them, authenticated, it is probable we might notice them.

"Hibernicus."—Any one can be a licentiate of the Edinburgh College of Physicians who has previously obtained the degree of M.D. Graduates of the Scotch Universities, or of Oxford, Cambridge, or Dublin, are admitted without examination; not so with regard to foreign graduates.

"Oh fie!"—Letters referring to hospital proceedings, when the conduct of one of its officers is condemned, must be authenticated or they cannot be published. Our correspondent failing to do this, we must decline his communication.

"A Country Surgeon" shall be considered next week.

"Dr. Jennings."—Communication has been received.

"F. C. D."—Not at present.

"A Suburban Practitioner" informs us that he has recently had occasion to apply croton oil externally over the abdominal region, and that it not only acted as a drastic purgative, but produced erysipelatous eruptions on other parts of the body untouched by the medicine. Such effects are not uncommon.

"An East India Medical Officer" informs us that it is erroneous to suppose the Hindoo females generally arrive at puberty at the early age of ten years. He says, from the observations which he has made, and which have extended through many years, he has found the average age of puberty to be about twelve years and a half.

"Delta."—The glycyrrhine can be obtained of any respectable chemist, pure.

"A Subscriber for Five Years."—The debt can be recovered in the County Court. 2. Address a letter to Mr. Upton, Apothecaries' Hall.

"A Reader and Druggist."—Acetum lyttæ induces blistering properties in paper soaked in it.

"Mr. Normandy's" "Essay" is under consideration.

"Æneas."—To admit the communication would open a discussion upon a subject which would not interest the majority of our readers.

"Omega."—Ordinary candidates pay for the diploma of the Edinburgh College of Surgeons £7. 5s.

"A Medical Creditor."—The money cannot be recovered.

"Scotus."—A private communication has been forwarded,

"Mr. Boulton."—Communication received.

"F. M."—The school is defunct.

"Argus."—The publication of our correspondent's paper would render us liable to an action for damages.

"Philo."—The old apparatus, being the simplest, is the best.

"M. R. C. S., Liverpool," asks if we can inform him concerning "the Radclyffe Travelling Fellows." We do not exactly understand whether our correspondent wishes to know who are the *present fellows*, or seeks some information concerning the founder of the fellowships. If the latter, it was Dr. Radclyffe who left by will an endowment of £600 per annum, to be paid to two persons, to be chosen out of the University of Oxford, when they are M.A., entered on the study of physic, for their maintenance for ten years, the half of which time they are to travel in parts beyond the sea for their better improvement.

"Alpha."—It will depend in what manner the agreement is worded.

"Mr. J. Deane, Chatteris, Cambs."—Paper received "On a Singular Case of Gunshot Wounds."

"Chirurgus" writes us as follows:—"Often I find myself puzzled to account for the presence of symptoms of a disease, or rather in a disease, appearing to me so remarkable as not to be passed over; and yet I cannot trace any notice of them in the compilations of those who have sifted and summed up the experience of ages on the subject. For instance, in two cases of poisoning by arsenic, which I have attended, and in both the result was recovery. Besides all the usual symptoms of burning pain, vomiting, eczematous irruption, and so forth, I have observed a peculiar fetid, fæcal exhalation from the body, accompanied by a faintly metallic odour, and which was so intolerable that no one could remain in the room. The smell was distinctly fæcal, and, strange to say, the patients in each case were themselves quite unconscious of the smell. In one case the extremeties of the toes and fingers shed the cuticle, as you would peel off an onion; in the other, no such occurrence took place. I also wish to direct the attention of your contributors, particularly those engaged in obstetric pursuits, to the following:—Both in my studentship and since, for a period of ten years, I have observed, in every case of the disease I have attended, a symptom which I believe to be peculiar to puerperal peritonitis, and which I have never seen noticed in any treatise on obstetrics—that is, a sensation of dryness or of burning heat, as some say, being felt in the tongue when the abdomen is pressed; and the physiology of which I am unable to explain. For the present I shall add another fact. I have invariably observed, both in the workhouse, dispensary, and amongst private patients, that women coming with severe eruptions on the lips were sure to be affected by some vaginal disease. I do not mean to say we have such a symptom in all cases of vaginal disease; but where the symptom *did* exist, I was never mistaken in the expected answer I received to my first question."

"Mr. Robert Brandon, 46, Gloucester-square, Hyde-park," writes us, in reference to private lunatic asylums, thus:—"I am prepared to prove that the inquisition was never half so dreadful in its effects on society as are the private asylums of this country. In the first place, private asylums are not necessary, and the public asylums afford better classification and means for the employment of the insane; whilst, in the private establishments, nothing is thought of but the safe custody of the patients, and, if any are cured, it is those who are but slightly ill, or who would have been better treated at their own homes, had not the friends wished to rid themselves of the trouble and charge of their relatives. I will here state that many medical men who attend us at our own homes, and who know our dearest secrets, are interested and have a share in one or more private asylums to which they send patients, when they think they can effect this without undue publicity. The act of Parliament declares that no medical man shall send a patient to a house in which he has an interest; and this law is evaded by obtaining the signature of two other medical men for the incarceration of the patient. Young medical men are chosen for this purpose, for obvious reasons, and on account of their inexperience."

Letters and communications have also been received from Ouvrier; O. M.; A Student; Chirurgus, a Constant Reader; Anti-Humbug; Querist; A Medical Reader and Friend; M. D., Londinensis; Philosophos; Dr. Dwight, New York; A Licentiate; Æneas; J. F., Chelsea; Tiverton; Medicus; Mr. Thos. Mason; O. P. Q.; A Surgeon-Apothecary; Jacobus; An Old Subscriber; G. M.; An Unfortunate Medical Student; Alpha; Medico-Chirurgus; Hibernicus; Oh fie; A Country Surgeon; Dr. Jennings; F. C. D.; A Suburban Practitioner; An East India Medical Officer; Delta; Guyensis; A Subscriber for Five Years; A Reader and Druggist; Mr. Normandy; Socius; Omega; A Medical Creditor; Scotus; Mr. Boulton; F. M.; Argus; Philo; M. R. C. S., Liverpool; Mr. J. Deane, Chatteris Cambs; M. Robt. Brandon, 46, Gloucester-square, Hyde-park; Mr. Macraught, Liverpool; Mr. Taylor, Balieborough; Mr. Gyde, Painswick; Mr. Hodgson, Hull; Mr. Lupton, Cheadle; Mr. Smith, Redditch; Mr. Brierley, Ashton-under-Lyne; Mr. Lane, Boston; Mr. Dyson, Manchester; Mr. Green, Wellington; Mr. Hefferman, 17th Regiment; Mr. Nicholson, Hexham; Mr. Doyle, Carolin; Mr. Bramley, Halifax; Mr. Earnshaw, Greenacres Moor; Mr. Gweside, Rickmansworth; Dr. Thompson, Omagh; Mr. Cochrane, Blameis-green; Mr. Kennedy, Dublin Mr. Heath, Stratford Slaney; Chirurgus, &c.

No. 451. **SUMMARY.** May 20.

ORIGINAL LECTURES—
The Philosophy of the Human Hand; translated from the French of M. Le Caine S. D'Arpentigny 33
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 35
Clinical Observations on some of the more frequent Diseases of Children, by W. HUGHES WILLSHIRE, M.D. Edinburgh 36
ORIGINAL CONTRIBUTIONS—
Case of Cæsarian Section, performed by John GOODMAN, Esq.; communicated by A. W. CLOSE, Esq., Manchester 38
REVIEW—
Sanitary Reform and Agricultural Improvement; being the Substance of a Letter addresssed to the Right Hon. Viscount Morpeth; by CHARLES F. ELLERMAN, Esq. 42
LEADERS—
Collegiate Government 44
The Registrar-General's Quarterly Report of the State of the Public Health 45
Professor Syme 46
Memorial to the Right Hon. Sir George Grey 46
New Infusion Pot 46
Bethnal-green Advertisements 46
GOSSIP OF THE WEEK 47
Mortality in the Garde Mobile of Paris 47
The Middlesex Hospital 47
Training Institutions for Nurses for Hospitals, Familes, and the Poor 47
Royal Orthopœdic Hospital 47
Ophthalmia in the Windsor Union 47
Collodion, or American Adhesive Fluid 47
External Use of Chloroform 47
Liston Testimonial 47
A Hint to Colonel Sibthorp 47
Gutta Percha 47
Educational Reform at Milan 48
Medical Men in the French National Assembly 48
Culture of Rice 48
Influenza among Horses 48
MORTALITY TABLE 48
TO CORRESPONDENTS 48

ORIGINAL LECTURES.

THE PHILOSOPHY OF THE HUMAN HAND;

TRANSLATED FROM THE FRENCH OF

M. LE CAINE S. D'ARPENTIGNY.

1848.

(Continued from page 5.)

A foreed laborious life may modify the form of the type or race, but cannot alter the form so as to render it unrecognisable. It is easy to observe this in villages, enclosed in forests, peopled only by charcoal-makers, for example; in hamlets perched on rocks, or sterile isles inhabited by fishermen. In this case a hand, not naturally of spatula-formed fingers, may, by forced labour, seem to beeome so, but never does so in reality.

Above all, let your convictions on these points be the result of clear observations made not on mixed hands, but on typieal and significative specimens.

Look at the engineer and land-surveyor, who follows a profession to which he has been called by Nature—who seems to delight in squares and triangles and trapezoids—look at his hand, with its squared or spatula-formed fingers.

The finest horseman of our day, the most elegant, M. le Vieomte d'Aure, has the hand evidently spatular, but extremely supple.

Examine, now, the hands of lyric poets, of romancists, as Sand, A. Dumas, Ade Mussel, Balzac, &c., and you will find the fingers conical.

Those of grammarians, critics, didactic poets, analytie, dramatic; of medical men, lawyers, geometricians, artists, *selon la règle*, &c., their phalanges will be found square and even spatular.

Of *believing* philosophers, theologians, &c., the phalanges are partly square, partly conical, and knotted.

But if in a polytechnic school you encounter a fine and pointed hand, have pity on an unhappy poet, formed to pass his days in sacrificing to the cyclops and to the gnomes.

Finally, look around you at the hands of your neighbours and friends, and observe this one who can dispense with the essential, the useful, but not the beautiful and the superfluous; his purse, open to all, is closed only against his creditors. In advanced life his heart is still young and romantic; he sees the world through the antique light of spiritualism, and is profoundly ignorant of the material value of things; he sees poetry in everything; he loves to wander by moonlight on the desert shore, watching her pale light trembling on the waters, his heart filled with a voluntary sadness. Now, examine the hand of this person, whoever he may be, friend, parent, or neighbour, and be assured that the fingers are either conical or pointed.

This other loves to work with his hands; he digs, he hews, he prunes; he lives standing, for ever coming and going, a hedging-bill, a hammer, or a gun in his hand. He laughs at those contemplative dreamers for ever floating on the ocean of dreams, who pass their lives in looking at running water, at clouds flying, or at trees waving in the wind. He loves the noise of the flourishing of trumpets and the baying of packs of hounds. He has an absolute passion for horses; the courtyards are full of dogs, peacocks, fowls, green and vermilion bespangled cocks, carrying fiercely and sideways their scarlet hoods; he rises early, and is a huntsman and an angler. He knows on *the end of his finger*, for ten leagues round about, all that exists in the shape of rivers and ponds stocked with fish; heaths and covers abounding with game. He loves the aspect of the sea and everything which produces or assists in motion. He loves physics, meehanics, the noise of timber-yards and kitchens.

Let no one speak to him of those gardens exhaling I know not what perfume of mystic poetry, retreats full of science, and shade decorated with a graceful statue, sculptured fountains and fresh arcades, where grow the laurel and the cypress, and where doves haunt. To these he prefers fertile orchards, vast kitchen-gardens, enclosed by white walls, where spread out on the green trellis, are hedgerows of fruit-trees without number; there ripen under glass the ananas and the curtaloux; here flows in a straight line, and to the sound of whispering winds, shaded with hazeltrees, the clear stream of running water. Arbours, seats, dovecots, swings; what do I say? Everything which furnishes his bowers, terraces, pavilions, house, has received from his industrious hands its form and its perfection. He is not superstitious; he is of his time and of his country, as he expresses himself, and he shakes his head at the voice of the apostle as at that of travellers; he seeks for *comfort*, for *useful* things of good quality and durable. The veterinarians, the masters of arms, horse-dealers, founders, turners, huntsmen, &c., find in him an adept, a protector, and a friend. His manners are frank and open; he has the qualities of strength, straightforwardness, and sincerity; and he is regulated by his affections rather than by his judgment. This man has the fingers of the spatular form, with a firm and large palm.

Now listen to the discourse of this parvenu: he has been a cowherd, a hawker, a smuggler, and he boasts of it; he might live on ortolans if he chose, his means being ample, but he prefers pork; his clothes are wide, and his hair is cut in the brush fashion. Of his three sons, he esteems him only who beats his own clothes, cleans his own boots, attends to his own horse; the others, says he, read, ruminate, and play on the violin, and they do not even know how to clarify wine. Music sets him asleep; the very sight of well-bred men upsets and irritates him. He prefers eating without a coat, and in his shirt sleeves, and waistband loose. He knows nothing of statues and pictures, which he calls rubbish; but he is well up to eattle and manures. Scienee and art! fine things, truly, but they are quite unknown on 'Change and in the market. In the garden you will find carrots, eabbages, and sunflowers. He frequents the slaughter-house, chops his own firewood, &c. This man has a large, thick, and hard palm, with fingers spatula-shaped.

Here is another whose dress and air announce a totally different genius: he possesses, in the highest degree the sentiment of personal respeet; he has an important air, wearing stiffly starched linen, and spectacles; he inhabits a small city without commerce, empty of people, where you hear yourself walk, where the country squire struts, and sextons abound. He speaks of his superiors only in a grave and restrained tone. He knows the Latin, geometry, natural history, botany, geography, arehæology; a little medicine, a little jurisprudence, a little of all that may be taught, but nothing of what may be divined. He never jokes, and his *bon mots*, wrapped up in a kind of pedantic glue, are deficient in salt and elasticity, and occasionally of propriety and correctness. He carefully inspects the marking of his linen, which he piles up himself; and he retains under lock and key his receipts from the period of his majority. He is a man exact, methodical, punctual, up to the rule, never departing from the accustomed usages, receiving from them his impulsion; a man whom every innovation petrifies and disconcerts, and whose thoughts move easily only within the limits of vulgar common sense. His nature is to take everything serious, and is devoted to order, to symmetry, to the hierarchy, and to precedence; he denies the beauty which theory has not defined. He loves gardens with cross-walks, bordered with boxwood, wherever he may be seen at onee; where the trees, annually pruned by art, are without murmur, are without movement; and where thick yoke-elm trees, like heavy folding-screens, are prolonged in parallel lines. Such is the annuitant predestined to the honour of the municipal scarf, and who attends the bench of churchwardens. In legality he sees equity, and in the diploma he sees science. He reveres syntax almost as much as the code. Such is the academician of the province, having a barometer and a thermometer, a telescope and a sundial, a fœtus in a jug, and a stuffed goatsucker; at one and the same time idle and busy, learned, yet ignorant. Such is, in the secondary mind, the man with square phalanges and knotted fingers. And if these signs show themselves effectively in perfect concordance with the propensities in an independent and rich person, whom no necessity constrains to follow any occupation, nor to devote himself to studies against his taste, what stronger proof could you demand of the truth of this system?

IV.—OF THE THUMB.

The thumb, by the clearness and excellence of the signs it offers, merits a chapter apart.

"In the absence of other proofs," said Newton, "the thumb would eonvince me of the existence of a Deity."

As without the thumb the hand would be an imperfect instrument, so without the moral will (free will), logie, decision, the finest genius, the most brilliant, the most productive, would be but

a gift without value. Now, the thumb offers us the signs of these faculties.

Like animals, we have an *instinctive* will, an instinctive logic, an instinctive decision; but the thumb represents a *reasoning* will, a *reasoning* logic, a *reasoning* decision.

The superior animal is in the *hand*, man is in the *thumb*. The term poltron, derived from *pollice truncatus* of the Romans, is synonymous with coward; the timid, to avoid being drawn for soldiers, still mutilate the thumb.

To the section of the thumb connecting it with the hand I give the name of *root* of the thumb: this involves also the ball of the thumb. The intensity of the *reasoning* will and moral force is measured by the length and thickness of this root. In the second phalange (proximal of anatomists) we detect the signs of perception, judgment, reasoning; and in the first phalange (distal or nail phalange of anatomists) is the sign of invention, decision, and of initiative power. Have you this phalange narrow, slender, thin, short? then there is complete absence of decision, adhesion to the opinions of others, everlasting doubt and uncertainty, and, in the end, moral indifference. If the second phalange be largely developed, the decision is prompt, tenacious, decisive: a small thumb generally announces irresolution, and a mind regulated by sentiment rather than reason. Albert Durer, Homer, Shakspere, Montaigne, Barrere the Conventionalist, had certainly the thumb small. With this portion of the hand large, the mind is apt to be pharisaical, despotic; such must have been the thumb of Souvaroff, Saint Just, Galileo, Descartes, Newton, Leibnitz, Condillac, Kante. Voltaire, as proved by his statue, had the thumbs enormous. Now, the statuary Oudon, an artist of a fine and delicate taste, would never have given to Voltaire's statue such hands, with thumbs so large and disproportioned, had it not been that, *the hands* of his model being so well known, he dared not deviate from the truth.

It has been said of Napoleon (by J. Arago) that he loved promptitude and determination in every matter, important or not. He gave a preference to the decision by inspiration (instinct) over that by mere reasoning, and he considered irresolution as the proof of a false or weak mind. Hence artists have given to his statue, perhaps with justice, a small or medium hand, with smooth fingers and a very large thumb; the Corsicans, a most obdurate race, have the thumb large.

In Vendée, people with large thumbs and rolling, restless eyes, are held to be sorcerers.

With a small thumb and smooth fingers coincide the germ of poetry or of art; if the fingers be smooth and pointed, there is a higher tendency to spiritualism—hence Raphaello, Corregio, Perrugino, Tasso, George Sand, &c.; whilst the others, I mean those with the phalanges of a square or spatular form, will be drawn towards the *true* and the *real*, towards the *ordinary* in the sphere of things, and towards utility in the sphere of ideas—such were Teniers and Callot, Scarron, Regnard, Lesage.

Conical and pointed hands, with large thumbs, proceed in art, methodically, logically, deductively, nearly as do men with *squared fingers* and *small* thumbs. Such was David (the artist), Voltaire, Fontenelle. That man is thrice destined to poetry who has conical phalanges, smooth fingers, and a small thumb; and he who has the phalanges squared or spatula-formed, united to knotty fingers and a large thumb, is thrice devoted to science. No eminent poet has excelled in the abstract sciences, but distinguished philosophers and *savants* have formated their systems in verse.

V.—OF SOFT AND HARD HANDS.

Though in two persons the hands may strictly resemble each other in form, yet if these hands differ in this respect, that the one has them soft, and the other hard, their character will still differ essentially. If both love motion, the one will seek it in dissipation, the other energetically; and these differences will extend to their studies and their profession. This is easily seen in artists so circumstanced.

Paris draws from Picardy handsome, massive flunkies, with red cheeks, eyelashes almost white; young apprentices with depressed foreheads, who at one and the same time, credulous and distrustful , proceed conformably to their instincts by sluggishness and obstinacy. Vulgarity, the striking character of their Picard physiognomy, predominates in their face in full lustre. Born under thatched roofs, grouped into muddy, ruinous villages, where spirits drag by night their chains and their winding-sheets, they may be distinguished by a great want of manual dexterity, and a strong dose of sullen, bashful vanity; finally, by a sort of stupid frankness peculiar to their nation, and which partakes no less of malice than of brute stupidity. Their hands are large, red, and very hard.

Caillaud ("Voyage à Meroc") speaks of a nation of negroes in Senaar, where the richest have merely a morsel of goat's skin, which they wrap round the loins,. The nobles, to distinguish themselves from the people, suspend a little bell to this piece of goat's skin. Their indolence implies a very soft hand.

In the immense forests which border the Dnieper there are, here and there, small wooden villages. Jews and rude cowherds dwell in them; troops of gigantic dogs are kept there, to be let loose on the wolves at night. With the exception of the Jews, a nation devoted to traffic, the hands of all the others are extremely hard.

The ancient Chinese, when under the Emperor Ke-Son, were always at peace; those Hottentots and Bosjesmann races, admired by Le Vaillant; those fattened monks, caryatides with large bellies, of the holy kitchens of the church, immortalized by Erasmus and Rabelais; those porters, with pendent cheeks, who pass their lives in opening and shutting a door—these all have soft hands. On the other hand, see the Gunchos of the savannahs of La Plata, with their hard hands and agile frames. And is it not curious to observe how as some men, in becoming aged, acquire a love of agriculture and horticulture, in them the hands will be observed to harden as the vigour of their intellect decreases—the hard hand representing a feeble and impoverished intelligence — just as he becomes less credulous and more logical in proportion as the knots of the fingers become better marked?

Hard hands, though not insensible to love, know little tenderness; soft hands are more capable of tenderness than of love.

Firm hands without hardness, and elastic without softness, show an extended and active intelligence. This hand becomes hard with difficulty, though under severe labour; the naturally hard hand, on the contrary, hardens still more with extreme facility.

Remember, then, that there are individual differences, and do not suppose that, because you have knotted spatular fingers and a large thumb, you are qualified for all trades, for all practical sciences; nor, should you have joined to a small thumb, smooth and pointed fingers, that you are of necessity an adept in the fine arts; no: another faculty is essential to shine: it is genius. Nevertheless, there have been men who embraced the entire circle of the specialities of their type: Cæsar, Napoleon. Michael Angelo, Humboldt, Voltaire, Cuvier, Leibnitz, were men of this kind.

There are many in France, in the middle classes of society, with large and very soft hands and spatula-shaped fingers; these persons are sufficiently interested with the little stir of the *cafés*, and the temperate gesticulation of citizen clubs; to drive in a nail, patch up a table, play the tambarine on the window, enable them without thought to pass the hours: the stupid beatitude of small towns is less unpleasing to them than to the hard hands. These, again, prefer the noise and shouts and bustle of markets and fairs. Avoiding active labour, they like to look at movement; they love, in inaction, the sight of action, preferring navigation and horse-exercise to all others.

Animals know where their force resides; but many men are wholly ignorant, in their moral sphere, where theirs resides. Education may teach them this.

It was the opinion of Tsen-sse, commentator on Confucius, that it belonged only to men of the highest intelligence to know their actual nature, the law of their existence, and the duties derivable from it:—"Being thus able to understand their own natures, by means of their superior intelligent faculties, they can aid heaven and earth in bringing about the transformations and support of beings, in order that their complete development be accomplished."

VI.—A WORD ON CHEIROMANCY.

Palmistry, so despised at present, was once cultivated by distinguished philosophers and learned men. Amongst others I may cite Plato and Aristotle, Galen, Albert the Great, Ptolomy, Avicenna, Antiochus-Tibertus, Tricasse, Taisnien, Belot, Trætichius, Deperachis. All these have spoken of palmistry. But, from certain principles readily admissible, the followers of palmistry drew conclusions eminently and entirely absurd: hence their whole system fell into complete disrepute. Nevertheless, they expressed some truths, some correct judgments, the result of repeated observations; here are some of them.

Sagacity, address, and curiosity belong to those whose fingers are supple and elastic.

The diviner foretels of those who have irregular-shaped fingers, and the last or nail joint extremely so, that they will be babblers and suffer misery.

The hand showing little or no transparency before a lighted candle characterizes avarice.

Thick and large fingers mark cruelty; long and slender belong to diplomatists and thieves.

Curiosity and indiscretion to those with smooth and transparent fingers; a thievish disposition is indicated by blunted and duck-shaped external phalanges.

The habit of concealing the thumb with the other fingers is a mark of avarice; to walk with the hands closed and the arms swinging freely indicates promptness and impetuosity.(a)

VII.—REFLECTIONS, EXPLANATIONS, DIGRESSIONS.

An education which does not second, but opposes, the natural genius must destroy the utility and affect the faculties of the taught: hence, no doubt, the unceasing efforts made to detect early the tendency of the character of youth, that an education suited to that tendency may be offered. At eight years the hand of the child already indicates the specialities of his intelligence, whether it be for action or for contemplation, for the practice of ideas or of materialities.

In the Book of Job there occurs this passage:—"In manu omnium Deus signa posuit; ut noverint singuli opera sua."

The young maid, in giving away her hand, resigns her liberty; the man who marries does not give his hand, he promises no obedience, but protection. The hands are crossed in prayer, conscious of our weakness. From many considerations I conclude that the right hand is the symbol of all force.

Manon said that the portion of the hand situated at the root of the thumb was consecrated to the Vedas; and Abd-el-Kader carries on his banner a red hand on a field of deep azure. The representation of the hand at Tripoli is held sacred. Thus all nations have attached importance to its consideration.

A large, dry, wrinkled hand excites ideas of sorcery, for the hand has its physiognomy as well as the face; but with this difference, that the physiognomy of the face is uncertain, that of the hand, certain. There are men whose language is foolish, but their conduct wise; the Abbe Galiani was such a person; but the hand does not give information on these nice differences in character.

(a) The palmistry, as practised by the diviner, was of a different character from the above.—Ta

Of all the antique statues now in the museums of Europe, two only have come down to us with the hands attached, or rather only with one hand each. Now, from these it would seem that the Greeks preferred the hands to be large, with the fingers smooth and strong, the thumb developed, the palm of medium size, the fingers squared: such, at least, is the admirable hand of the statue of Niobe's son, now in the museum of Florence. I venture to infer from many considerations, that large hands abounded in Greece, even in the time of Pericles.

In Paris, in despite of the enormous size of the hands of the Flemish tailors, these persons are much sought after, by reason of the fineness of their work. Redorite, our celebrated flower-painter, had enormous hands, and he was greatly amused with the fancies of the provincial poets, who ascribed to them such opposite qualities.

The law of conscription, which seems equitable, is yet iniquitous; to spatula-fingered hands, with large hard palms, what significs the hideous nakedness of our barracks, the brutal indolence of the camp, the coarseness, the insipidity, of the rations, passive obedience, automatic life—the labours of the mine, the ditch, and the trenches? But these sights and these labours, are to souls possessing slender and pointed fingers, the eternal source of moral and physical suffering. And what think you of the Indian law, ordaining the son to follow the trade of his father? Yet, odious and tyrannical as such a law is, it does not equal that which places the electoral rights in the *possession* of *property*. Mark the effects of this law. For a considerable period (since 1841) the University of Caen, possessing many distinguished and learned professors, reckons amongst all its *employés* but one elector—that person is the porter! Yet the opposite extreme, the prevalence of fine and great minds over the vulgar rich, would be equally suitable. Nations are not managed by great ideas alone, but by great and vulgar mixed together. This is best known and best acted on in the United States, where both casts of mind are called to the government of the state: proving that, as regards the governing of men, based on a due appreciation of their faculties, the United States Government alone, of all nations on the earth, are in the right path.

There are truths which are truths for all types, but there are truths which are only so to certain types; hence some men can in no way understand others. I now proceed to the description of types.

VIII.—OF ELEMENTARY HANDS.

Fingers, gross or large, without suppleness; shortened thumb, often turned backwards; palm of a size, thickness, and hardness, excessive.

These hands belong, in Europe, to coarse manual labour of every description; war, in so far as regards personal exertion; colonization, in so far as regards its merely animal part—to bedew a foreign soil with the sweat of the brow. Shut up, enclosed in the material world, they seem connected to the political whole merely as a physical element. Their convictions are formed in a sphere inaccessible to reason, and their virtues are of a negative character.

In Brittany and Vendée, where such hands abound, *instinct* and *custom* prevail over intellect and progress: these belong to cities; trades are held in contempt; labour alone is honoured.

From their fields, their villages, and their country, they have swept all trace of refinement; heavy, slothful senses, without imagination, have done their best to arrest human progress. The Caffres, who have enormous hands, escape from the ills inherent in their climate by indolence, inactivity. In India, where these hands do not exist naturally in abundance, the Legislature, to remedy this evil they created *pariahs*, which with us form a *natural* institution, in India a factitious one—a human contrivance, not less diabolical for being so. To the Soudra, the Brahmin code forbade the priesthood, war, the arts, commerce, agriculture; the reasons for these interdictions are specimens of false logic without a parallel, as we should expect, in the East.

True elementary hands are now chiefly to be found in Europe, within the polar circle and amongst the races of Tartaric and Sclavonic blood; but amongst these they exist in immense abundance, and man is there as brutally slavish as the vilest of animals. In war they show a ferocious courage, wholly animal. Such were the Huns, those frightful barbarians whom nothing could draw from their apathy but the sight of great cities in flames; their lancers galloped with naked young girls suspended to their necks, their hands being tied to their hair.

It was the elementary hands which substituted in Gaul the proof by boiling oil, and the redhot iron for the Roman jurisprudence. The Lithuanians, in the time of Tacitus, had neither arms, nor houses, nor horses; they had nothing to trust to but their arrows, pointed with bone. It is easy to imagine which were the hands which such customs in such a latitude necessitated. They had improved but little even in the fourteenth century. Here are some of their laws:—

"His teeth shall be broken who eats meat during Lent-time.

"The calumniator shall be obligated to place himself on his hands and feet, and bark like a dog for a quarter of an hour."

Their cities exhale an odour of straw and cattle—rustic cities, filled with aleshops, trees, pigeons.

The elementary organization of the Turks, an Asiatic people, has scarcely altered. Instinct now, as formerly, governs them exclusively. This they consider as the only infallible guide. With them study, reflection, experience, science, go for nothing. The favourite of Mahmoud (the civilizing Sultan!), Achmed-Fevzi-Pasha, had been a shoemaker, then a water-carrier, then a boatman, when this (enlightened) prince, struck with his good looks, invested him with the office of pipe-carrier. From this he passed to the office of the seraglio; he was next named colonel of the guard; then ambassador to St. Petersburg; at present he is captain-pacha. What a splendid sailor he must be! Read their stories, and mark the character of their race! See their antipathy to moral labour; their faith in talismans. They themselves feel that they never can regenerate as a nation, and that the waters of civilization would be fatal to them.

It belongs to the character of each type to abound in its own genius, and to distrust what deviates from it. Where *instinct* predominates, science is abhorred. (In England, for example, where scientific men are universally considered as humbugs.) Instinct gets savage at that combination which reposes on science. Amongst the nations in whom the elementary type of hands prevails and rules, it is made a boast that they can neither read nor write; the Deity is preached up as the friend of ignorance, and of the humble and poor in mind. In Barbary, the possession of a book is looked on as a crime; and, in the sight of the Turks, the idiot is venerable and holy. Each Kalmuck family has in its tent a machine like a hand-organ, the cylinder covered with written hymns and prayers; it is turned round by a contrivance like a turnspit, and in turning performs devotions for the whole family. It is a most commodious mode of prayer, and saves all trouble.

The Sybarites, rich and civilized, were first destroyed and then calumniated by the barbarians who destroyed them—who execrated in them the instincts of civilization; the civilized men who defeated the Ambri and the Teutons held them also in horror.

Nevertheless, the genius of the elementary type may be modified according to place and time. Polyphemus, Caliban, Mœlibeus, and Sancho are but diverse incarnations of this same type.

(To be continued.)

SPANISH PHYSICIANS AND QUACKERY.—The Spanish physicians have established a society called the "Spanish Medical Confederation." The first meeting took place at Madrid on the 16th of last January. The design of the congress is to clear the medical profession of quacks.

A COURSE

OF

LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

LECTURE XXV.

(Continued from p. 310, vol. xvii.)

GENTLEMEN,—You will remember the three indications which I specified in the treatment of incised wounds—first, stop the hemorrhage; next, take measures to satisfy yourselves of the absence of foreign bodies; and then bring the opposite sides of the wound together, so as to promote union by the first intention. I should, however, have previously mentioned that in venous hemorrhage the proper mode of treatment is by compression. Never tie a vein; find out and remove any obstruction that may be caused by pressure, or otherwise, to the free return of blood to the heart, and at the same time favour that return by the use of cold applications. One fact which should encourage you to leave no means untried to effect union by the first intention is, that cases are well authenticated in which parts that have been actually divided from the rest of the body have been reunited, and have again formed part of the living system, as available to the owner as before. It must be admitted that this is a very rare occurrence. I have seen five or six cases in which it has been attempted, and have never met with an instance of success. Still cases are on record so well attested as to leave no room to doubt of its possibility. Garengeot mentions an incident where a soldier's nose was bit off; yet, on being restored to its natural situation, it acquired a permanent union. Where connection is maintained, be it ever so slight, you should not give up the part as lost. I have known cases where the nose has been nearly cut off, and in one case the greater part of the face only remained attached by a very small portion of integument, and both were restored. A bit of skin or a few fibres connecting the two divided parts make a surprising difference in the probability of restoration. Baron Larrey relates a case that occurred after a French battle. A soldier had his nose and part of the upper jaw separated by a sword; the parts were hanging down upon the chin, and his assistant was just about to make the separation complete, when Larrey came up, prevented the division, and by proper treatment the use of these important parts of his countenance were restored, much to the advantage of his personal appearance.

The next class of wounds calling for consideration is that of contused and lacerated wounds. These may be produced by instruments of an ordinary occupation, as sticks, staves, &c., or may be the consequence of a blow from a missile impelled by a superior force into the living textures. Gunshot wounds are the most serious kind of lacerated wounds, and their characteristics, though greatly aggravated, are so much those of contused and lacerated wounds in general, that I shall treat of them as types of the greater number of wounds of the class to which they belong. They are, as I have said, the worst description of lacerated and contused wounds with which the surgeon can have to do. A ball, impelled with immense force and with a great velocity towards the body, enters, and either passes through or lodges in the textures, drawing after it in its track the various textures, and often fracturing bones and shattering them into several pieces. If a cannon-ball or grapeshot, or a piece of shell, the part may be carried away to the extent of a whole limb. In other cases, a cannon-ball may roll over a part of the body without causing any solution of continuity; but, though the skin remain entire, such is the mischief done to the parts below it that the muscles are crushed, and the bones so bruised

as to be almost pulverized, while the arteries, veins, and nerves are converted into a disorganized mass. When such contusion occurs on the trunk of the body, the viscera are of course seriously complicated. The old surgeons, indeed, finding many dead on the field in whom no breach of continuity could be found, imagined it was the wind of the shots that had done the mischief; but, in fact, there is no such thing as a man being injured by the wind of a shot; the true cause of death in such cases is the force with which the ball impinges on the body. A very little often suffices to turn a ball, because, besides its direct motion, it revolves upon its own axis. The skin at the time is very tough and resistant, but the pressure is communicated through it to the subjacent textures. Other injuries of the same class the surgeon has to deal with on board the vessels of our belligerent navy, and also at the storming of batteries by land; pieces of wood, iron, and other substances are splintered off, and fly about, striking with immense force any body with which they come in contact, and often obtaining a lodgement in the flesh, from which they are with difficulty extracted. Upon the first employment of firearms, and for a long time subsequently, surgeons believed in the existence of a poisonous property in the ball, the injuries in gunshot wounds being of so peculiar a character; many also believed sloughing and eschars, which were thrown off before healing commenced, to be a proof that the ball had burnt the parts through along its track. Of course I need not tell you that either of these opinions is erroneous. The fallacy of the latter opinion has been shown by firing balls through heaps of gunpowder, in which experiments the heat was not sufficient to ignite the powder. With respect to the extent of injury done by balls, the nature of the missile will tell you that it must be very great; the ball is a hard, obtuse body, impelled with immense force into the textures, where its shape will show you it will produce a complication of injuries. A portion of the wound round the track of the ball must slough away before the wound can heal. This portion generally extends to a great depth, and numerous organs are involved. Another circumstance adding to their severity is, that they are frequently complicated by the presence of foreign bodies; besides the ball itself, it very often occurs that some other substance is dragged in, thus parts of the clothes, buttons, and other substances are often found in examining the wounds of this description. Gunshot wounds do not bleed so freely as incised wounds, and this remark may be extended to all contused wounds; yet the hemorrhage is sometimes considerable, and even immediately fatal. Indeed, such is the truth of this statement that the greater number of those who perish on the field of battle of gunshot wounds die either of external or internal hemorrhage.

The above remarks apply chiefly to deeply penetrating wounds, such as are produced by bullets, musket-balls, &c.; for the injury arising from the blow of a cannon-ball is attended with so much laceration and contusion that much bleeding seldom follows. I have seen cases in which a limb has been carried away by a cannon-ball, in which there was no hemorrhage. I have seen the brachial artery at the shoulder torn away by grapeshot, and also by a piece of shell, and no hemorrhage. There was a Dutch soldier brought into the hospital after Waterloo, whose leg was torn right off, and in that case, too, there was no bleeding. The reason of this is, that when the artery is divided, the external coat being more elastic than the internal, it draws out and afterwards contracts over the wound, and stops the bleeding by its own action. Where the artery is not divided, but only torn, you are very likely to have great bleeding, either external or internal, and perhaps both. In internal bleeding, the depth of the wound will prevent much blood coming out externally, although the hemorrhage may be sufficient to destroy the patient. But, though you may not have much hemorrhage in the first instance, you must not imagine that it will not come on afterwards, for secondary hemorrhage will be sure to come on. After the battle of Waterloo I had from five to six hundred persons under my care, and between the seventh and fifteenth day after, scarcely five minutes could pass without my being called where some large artery had given way. The explanation is that, when an artery is thus pierced, it requires a certain number of days to slough, and the time of separation is between the seventh and fifteenth days. This fact you must bear in mind if called upon to attend injuries received in a duel.

Some gunshot wounds are attended with great danger, as the bones are not only broken, but broken also into several pieces—comminuted, and the fragments are driven with considerable violence into the soft parts, which are much lacerated. Sometimes the ball passes through the arm; and the pulse at the wrist, in five or six days, is imperceptible, as the effect of the ball passing so near the artery.

I also told you that these wounds were often complicated with foreign bodies. When the ball or other missile gets into the wound, it renders the case much more severe. Experienced surgeons always regard wounds so complicated more seriously than others. You have, perhaps, heard of a very remarkable duel which was to have taken place in India. Two gentlemen, having a difference, had appointed a hostile meeting, and at the time fixed one of them, understanding something of the nature of gunshot wounds, came up enveloped in a heavy great-coat and otherwise wrapped up; his opponent was, however, soon astonished to see him strip completely naked, and advance to the encounter. This singular behaviour led to some conversation between the seconds, which ended by the duel being superseded.

Various substances are apt in battle to be driven into the wound of a gunshot: thus, brass buttons from the clothes, pieces of a watch, and even the teeth, have been said to have been found impacted in wounds received on the field. Different parts of the skeleton are broken and forced in various directions into different parts, contusing and lacerating them, presenting all the bad circumstances of a complicated fracture. When there is only an opening he may infer that the wound contains a foreign body. There is, however, one exception, which is when the ball carries with it a pouch of the clothes, which, on being withdrawn, brings the ball out with it. Dupuytren relates that a French soldier was brought to him upon one occasion with a wound in the upper part of the tibia; on examining the leg some portions of dress were observed, which were extracted by force: they consisted of a fragment of the man's garter which encircled a musket-ball.

But in other cases the ball may make as many as five or six openings: thus, a case is recorded by Larrey in which a ball passed through the hand, then the skin of the groin, and next through the left buttock, making in all six openings. Many instances are recorded in which the ball has passed through the thigh in front, through the scrotum, and then through the other thigh. Where one limb happens to be behind the other, many openings are likely; but this is not indispensable, as sometimes the ball will rebound from a bone and pass in another direction. The ball also gets, in some cases, split into two parts, one wounding the body in one direction, and the other in a manner which we should not expect, but which is explained by the laws of motion, a knowledge of which will help us in tracing the track of the ball.

In one instance, related by Dr. Hennen, a soldier was mounting a scaling-ladder; a ball entered the humerus, pushed along the limb and behind the thorax, thence amongst the abdominal muscles, and, having pervaded the glutei, it stopped about halfway down the opposite thigh, on the forepart of which it presented itself. The ball, it must be remembered, has a double motion in its flight—a fact which explains something of the cause of what are wrongly called wind-contusions, as the ball not only strikes but rolls over the skin and subjacent parts, and is reflected by their resistance. There was a very remarkable case, throwing light on wind-contusions, happened at Merem, near Antwerp, in 1814. Three gentlemen were walking along together, when a cannon-ball came and carried away the legs of two of them, while the gentleman in the middle, who was a friend of mine, was not at all injured, though the ball must have passed very near his legs, if not between them. Of course, if any damage could happen from the wind of a ball, it must have injured him in that situation, and we must conclude that the ball itself, alone, can do no injury.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S., Physician to the Royal Infirmary for Children, &c.

(Continued from p. 490, vol. xvii.)

I had formed the intention, gentlemen, of laying before you a few remarks which I had hoped might somewhat elucidate a very interesting point or two in the history of *fever*—I particularly refer to the late disputed subject of the existence or non-existence of a febrile disorder called *typhus*, supposed to be quite distinct from what we denominate *typhoid* fever, and as to which of these disorders is prevalent before the age of puberty, supposing such distinction to exist. But I must confess that I shall not be able to say anything which will assist you in getting out of the intricate maze into which these points have been cast, for, after careful attention to the best writers and arguers upon them, I find myself far from being satisfied that I can find my own way out of these intricacies. My own experience, also, upon the subject is, I must admit, no very great help to me in reducing to clearness that which is apparently so obscure. Of course I have seen plenty of cases of the general disorder, fever, but, like Dr. Graves, I had for some time given up "every hope of being able to frame any satisfactory theory of fever, and confined myself altogether to a diligent study of its symptoms, watching how they are grouped, and in what order they follow each other, and observing closely the effects of treatment in their progress;" so that many of the circumstances upon which some parts of the history of fever is based have hitherto not received that attention from me which is necessary if I attempted to rest myself, or desired you to come to a conclusion, upon the results of my own experience. In future, however, I mean to more narrowly observe them. However, I shall not entirely dismiss the subject, but shall place before you a few observations which will indicate to you the condition in which we at present stand. I cannot now avoid, of course, stepping a little way into the domains of *general* medicine upon this interesting subject; but, as *fever* is yet *fever*, whether in adults or children, you will see how the *general* influences the *particular*. I have called it an interesting subject, because I would say, in the words of Dr. Graves, that "in the whole range of human maladies there is no disease of such surpassing interest and importance as fever."

You are very likely aware that for some years it formed a constant subject of discussion upon the Continent as to whether or not continued fever of a low or adynamic kind depends upon inflammation, &c., of the glands of Peyer. In this country, also, some of us discussed the matter, but the greater number became inclined to believe, or even many of us became surely satisfied of the fact, that it had no such essential dependence. In France, on the other hand, it was widely maintained that it had, or that what was then called typhoid fever had, for its essential anatomic signs, certain lesions of the gastro-intestinal apparatus. It hence began to be christened after these assumed essential lesions,

and with many lost the name of fever altogether: it was termed *dothin-enteritis* by Brettoneau; *entro-mesenteritis* by Petit, Bouillaud, and Serres; *follicular enteritis* by Cruveilhier and Forget; *enterite septicemique* by Piorry; and *gastro-enteritis* by the great Broussais. This doctrine held ground for some time, until at length Chomel, Andral, and Dalmas affirmed that after death from fever the intestinal lesion was not *constant*. Chomel, "having seen subjects sink when only one or two patches, or only a part of a single patch, of aggregate glands were diseased, was led to believe the possibility of the total absence of any lesion of the kind; and he was confirmed in this opinion by facts collected by Louis and Andral in regard to individuals who had died after having presented many of the symptoms appertaining to typhoid fever without any of the intestinal lesions which characterize it, having been discovered on inspection." (See Medico-Chir. Rev. 92, p. 25.) Grisolle also was inclined to believe with Chomel that the intestinal affection was not an indispensable characteristic of the fever, for he says "in some extremely rare cases it may be absent." (Pathol. Interne.)

Such facts as these, coupled with the then almost universal scepticism of British writers as to the truth of the opinions I have alluded to, and the confessions of French physicians who had visited and attended autopsies in our own hospitals, &c., that patients did die of fever in whom the intestinal lesion was almost wanting, or entirely so, began materially to influence the opinions of some of the French pathologists. But it was no such easy matter to settle the question as might have been supposed, for it was maintained that in the above cases the inspections were not sufficiently minute, and that if more care had been taken the much-desired lesion would have been found. But very soon these objectors discovered that men like Gerhard and Shattock, educated in their own schools and in their own views, after seeing examples of death from fever in other countries, admitted that it was the fact that very often the abdominal modification was not to be met with, and the analyses of cases by M. Valleix was also admitted to have proved it.

I have now brought you to the close of an epoch in this portion of the history of fever. A new one, however, begins. It was no sooner admitted that people did die of fever without the usually assumed anatomical sign than it was asserted—1. That it was to be remembered that such cases chiefly occurred in Great Britain and America, and that, though they were cases of fever, it was a fever of quite a different kind from the usual typhoid fever of France; 2. That the cases which occurred in France of a like kind were also different from their usual "fièvre typhoide." It was stated by Landouzy, Rouchoux, and others, that in France two kinds of fever occur—the one the common "fièvre typhoide," essentially marked by the lesions of the intestinal follicles; and another called "*typhus*, or plague of Europe," in which, although many of the symptoms common to the other are seen, we observe a different affection characterized either by a very slight form or entire absence of the anatomical changes we meet with in the other. Complete distinction, as I have told you, was thus maintained by many; but some, like Chomel, Grisolle, and Gaultier de Claubry, maintained that the two febrile affections, as seen in France, were "essentially the same, and that the supposed differences merely belong to the accidental varieties of different epidemics." But even some of these latter pathologists, like Grisolle, to use his words, "believe that there exist in the United States and in England two febrile disorders, hitherto confounded together, under the name of typhus fever, but which are really distinct, and only resemble each other in their general symptoms: the one affects young subjects, and is the typhoid fever such as we see it here (in Paris); the other, common to all ages with the exception of infancy, is typhus fever: it is a disease distinct from typhoid fever." ("Pathol. Interne," second edition; rev. in "Medico-Chir. Rev.," 93.)

You see, then, that opinion may be said to stand thus: that in France adynamic or typhoid fever is, as the rule, characterized by disease of the follicles of the intestines, &c., but that there is a variety of the disorder not usually so marked, and which is called typhus; that in this country and America we have a fever like the "fièvre typhoide" of France, accompanied with its peculiar lesion, and also another quite distinct from it, and by no means uncommon, which wants the lesion I have spoken of, and is called typhus. But by some French pathologists you see the same term *typhus* is applied to a mere variety of the "fièvre typhoid," both met with in their own country; and also by them, as well as by many of us, to a fever asserted to be essentially distinct from typhoid fever altogether. It is true that some, like Landouzy and Rouchoux, maintain their distinctness in France, but even they do not attempt to prove the similarity of their *typhus* to the typhus of our own country. By this laxity in the use of terms, and also by the obscurity of the whole subject, you can readily imagine how cautiously you will have to tread when exploring this portion of the domains of pathology. I have often been completely confused when thinking over the subject after reading upon it.

I should inform you, that it is not only in very modern times that this distinction between low adynamic or typhoid fevers, and fever called typhus, has been asserted, for, to employ the words of Dr. Copland, "the essential characters of typhus were first distinctly traced by Sauvages; but Cullen mixed them up with the symptoms of those forms of low nervous or typhoid fever which occur sporadically. Even among modern writers comparatively few have made the distinction, except Hildenbrand, Fodéré, Naumaun, Peebles, and some others." In very late times some have attempted to mark the distinction, but it is very evident to me that they have often confounded one with the other, and hence their descriptions cannot be depended upon; this likewise becomes the more apparent when we observe how the very terms typhoid and typhus are employed in different senses by different writers. In the table before you I have marked down the more essential points of difference which have led practitioners to believe in the separateness of the two forms of fever.

Typhoid fever, adynamic fever, asthenic fever, low fever, &c., of France and Great Britain, &c.	Typhus, typhus contagieux, fièvre d'hôpital of the Continent.	True typhus, contagious typhus, true maculated fever of Great Britain, &c. &c.
NOT INFECTIOUS.	EMINENTLY INFECTIOUS.	EMINENTLY INFECTIOUS.
Cutaneous eruption often wanting; does not appear so early; more of the nature of petechiæ; does not disappear under pressure; no true exanthem.	Cutaneous eruption, nearly constant, appears early; maculæ, or red lenticular spots, disappearing on pressure, with these petechiæ and miliary eruption more common.	Cutaneous eruption a true exanthem; different from petechiæ, which may accompany it; former of a reddish-pink colour, disappear under pressure, soon to return on removal of it; sometimes dark, like measles, and not removable by pressure.
Cerebral symptoms not appearing early; not so frequent.	Early delirium, with peculiar characters; brilliancy of eyes.	Early delirium, stupor, or typhomania.
Course prolonged, fifteen to thirty days; relapses common.	Course rapid, from thirty-six hours to fifteen days.	Period of crisis about fourteenth day; relapses unfrequent.
Not common before fifteen years of age, nor after fifty.	Attacks all ages, with the exception of infancy.	Children often attacked when the disease is epidemic.
Attacks those predisposed to a febrile affection by exposure, vicissitudes, or is sporadic.	Appears suddenly; attacks any one coming within its sphere.	Generally presents itself as an epidemic, and may attack any one coming within its sphere.
May occur under milder grades of the causes of typhus, or entirely without them; is sporadic.	Caused by vitiation of air from overcrowding in small places, by the bringing together numbers under unfavourable physical conditions; epidemic.	Caused by the same—by famine as a predisposing cause; epidemic.
	Blood drawn from veins has no buff, clot soft, soon becomes fluid; epistaxis much less common than in typhoid fever.	
Derangement of alimentary canal constant; important alterations connected with the intestinal follicles found; spleen large; intestinal perforation frequent.	Derangement of alimentary canal, and subsequent anatomical alterations, slight, or altogether absent; spleen not essentially in a morbid condition; hemorrhage and perforation more uncommon.	*Post-mortem* results often negative, and when lesions are present they bear no comparison with the severity and rapidity of production of those of typhoid fever.

Now such, as you see, are the chief marks of difference which, so far as I can judge from careful inquiry into the subject, are believed to constitute the distinctions between *typhoid* fever and *typhus*. But if you were to read certain books and papers relative to these fevers you would find several of the statements in the table denied to exist, or as special to, or as characterizing, the particular form of fever, or even the essential differences of these fevers, altogether denied. One writer says typhoid is infectious, another not, and a third will maintain that, though it be not infectious, that circumstance is not sufficient to make it a distinct fever from typhus. You will find it stated that the eruption in typhus is not always constant, or, again, that it is of a different description to that I have given you if it be. In fact, you would find given as characteristics of these fevers signs materially different from many I have given you. But I have analyzed what I considered the least confused and contradictory sources of information, and produced what you see. The Dublin writers often differ from the English, the English from the Scotch, and all very often from those of the Continent; but I would recommend to your perusal an able critique on M. Rouchoux, in the September number of the "Dublin Journal" for 1845, or an analysis of it in Ranking's second report.

You might suppose that from the abundance of fever we have lately had in England, Ireland, and Scotland, we could get evidence which would clear up this obscure matter. I can obtain no such thing, however. From the "remarkable and new" form of fever which appeared in Scotland in 1843-44, up to the epidemics of 1847, all sorts and types seemed to have prevailed, even, according to the reports, close to each other: some being highly infectious, others stated to be possessed of no infection at all; some with eruptions, some without, some prolonged and remitting, others running a fatal course in a short time. In the various reports which have appeared it seems to me, too, that the terms typhoid and typhus have been often used indiscriminately; that with many it never

was the intention to conceive a difference between them, except as now and then *typhus* was expressive of contagion and fatality; others, it must be allowed, like Mr. Sibson of Nottingham, &c. &c., did endeavour to mark the fever in relation to the points we have been considering. I may also remark that, in the registrar-general's reports, the only true febrile affections noted down as *fevers* are ague, remittent fever, and *typhus*. Of the latter there are said to be two forms: "the one (dothin-enteria) with ulceration of the glands of Peyer; the other without this character."

At the commencement of the year 1847, you are aware a very severe febrile epidemic broke out in this country, and was supposed to be due to the enormous influx of the famishing Irish peasantry, who on their arrival were forced to congregate in dense masses in the most unhealthy places in the most unhealthy towns. The nature and characters of this fever have lately been most ably investigated and commented on by a writer in the April number of "The British and Foreign Medico-Chirurgical Review;" and I shall take the liberty of laying before you some of the conclusions which this laborious investigator has arrived at. It appears that, in the earlier months of the epidemic, maculæ were very generally to be observed, but that as the season advanced the instances displaying this trait became less frequent, and towards the end of the year, as the fever subsided, maculated examples were comparatively rare. The fever evinced all the indications of a periodic affection, having three periods—one of *invasion*, *dominance*, and of *decline*—and occupied a duration of fifteen days. On the sixth day the eruption appeared. There was always a considerable amount of cerebral irritation. In well-marked cases, death most frequently occurred about the eleventh day. The premonitory signs in the well fed and clad were mostly those of cerebral oppression and nervous exhaustion; in the destitute, commonly those indicative of the "low typhoid state, so called." Taking 2662 cases which occurred, from below fifteen to above fifty years of age, there were 287 deaths, or one in $9\frac{1}{3}$ cases. From a *post-mortem* examination of fourteen cases it was found that in not more than four instances were there material changes in the alimentary canal; nor was there reason to regard any of the recognised alterations in the solid structures as yielding the earlier links in the chain of morbid phenomena, or any organic lesion that seemed to stand in a definite or uniform relation to the symptoms at large. The fever was a maculated fever, eminently contagious, with a *specific* eruption, not very liable to affect the system a second time; it was a true exanthematous disorder, and to be placed in the same category as smallpox, measles, and scarlatina. Neither famine nor defective ventilation, nor insufficient drainage will, separately, produce it, and it may be doubted if their aggregate will, either; but all and each form powerfully concurring influences that determine its extension. Its development is owing to the operation of a subtile and specific virus propogating itself exclusively by contagion; but the genesis of the poison is yet wrapped in the same obscurity as that of the poisons originating zymotic diseases. Such are some of the conclusions of the able writer I have quoted, and I strongly recommend the perusal of the article in question, as also of one by Dr. Wardell, in the *Medical Gazette* of 1847-48. It is thought that the fever I have just been speaking of is identical in type with a fever which very often prevails epidemically in Glasgow and Edinburgh, as also that the same type has been in existence for centuries, as Winteringham, Hecker, Cardan, Rasori, Huxham, Pringle, and others have left testimony apparently to this fact. (See Laycock, "Med. Gaz.," 1847.)

When we come narrowly to inquire into the actual or relative frequency of the occurrence of either of these forms of fever in children, we discover the most unsatisfactory, nay, even contradictory, statements on the subject. We find M. Rouchoux affirming that *typhoid* fever rarely occurs before fifteen years of age, and M. Chomel, that from fifteen to ten its frequency materially decreases, and that below the latter period it is very rare indeed; whilst Rilliet and Barthez, Fabre, and others, devote long chapters to its consideration as occurring frequently before puberty, and do not allude specifically to a disease occurring in early life, to be called *typhus*. Fabre thus confusedly writes, too, in 1847, in connection with children:—"Thus we coincide with numerous authors in believing that the intestinal exanthem may be entirely absent in true *typhoid* fevers, which then become similar to variolous fevers *sine variolis*, to scarlatinous and morbillous fevers *sine eruptione*; so that dothin-enteritis, although the essential and fundamental character, is not an indispensable one of *sporadic typhus*." ("Biblioth. de Med. Prac.") The writer in the "Dublin Journal" I before alluded to says that the true typhus of Ireland is equally rare among children with the typhoid fever of France; whilst Barrier says that Becquerel collected eighteen cases of the latter in the space of six months, in a single division of the Hôpital des Enfans. The writer I have before quoted, in connection with the epidemic fever of 1847, has collected 686 cases out of 2662 of the epidemic maculated disorder, occurring under fifteen years, one in $11\frac{2}{3}$ being fatal.

Rilliet maintains that Abercrombie, described the typhoid fever of children under acute inflammation of the intestinal mucous membrane, and that Evanson and Maunsell, have done the same under ileitis and remittent fever. Hamilton and Underwood treat of typhus in children; whilst Dr. H. Davis says he never met with a genuine case of *typhus* before ten years of age, and that he regards, along with Dr. Merriman, as grades of the low fevers of children, infantile remittent. I must yet carry you a little further into this maze of bewilderment. Fabre confesses that it would be sometimes impossible to decide, by *post-mortem* examinations alone, whether a child had died of typhoid fever or of "follicular diacrisis;" and Rilliet and Barthez admit that in certain cases we cannot distinguish, whether by symptoms or *post-mortems*, or by both together, between typhoid fever and enteritis. Finally, M. Taupin believes that Charpentier, Senn, Abererombie, and even M. Rufz, have mistaken acute meningitis for the fever in question.

ORIGINAL CONTRIBUTIONS.

CASE OF SUCCESSFUL CÆSARIAN SECTION PERFORMED

By JOHN GOODMAN, Esq.

Communicated by A. W. CLOSE, Grosvenor-street, Manchester, late Surgeon to the Minshull-street Fever Hospital.

Being personally implicated in the treatment pursued just antecedent to the fatal issue of the subjoined case, in which the narrator and operator is my friend and partner, Mr. Goodman, I wish to preface the narrative by a few observations, which cannot be better expressed than in the words of a recent author. Remarking on the Cæsarian section, he says:—"After a careful examination of the cases on record, I think we may conclude that, as so many women have recovered from the operation, it does afford a chance to both mother and child, and that, therefore, we may be justified in having recourse to it; but that, as the danger is much greater than from any other operation, we should not be warranted in performing it if there were a prospect of success by other means. This, then, constitutes the sole advantage of the operation; that in cases where we cannot deliver the patient by any other means, and when, consequently, both mother and child would inevitably die if left unaided, we may afford each a chance by performing the Cæsarian section. It has no comparative advantages, being itself the ultimate standard by which the other operations are to be estimated, and which are valuable inasmuch as they afford a means of escape from this more formidable one. In this point of view I must not omit noticing one which, although not available in any case to which we are called at the time of labour, may prevent the necessity of a second operation. I allude to the induction, artificially, of premature labour or of abortion. Whenever the diameters of the pelvis are so reduced as to render the extraction of a mutilated fœtus impossible or even hazardous, I conceive it would be grievous neglect of duty (if we have a voice in the matter) not to propose the alternative. It is true that by this operation the child will be lost, but the mother will, in all probability, be saved; and the bare chance of saving the child by Cæsarian section can never compensate for the additional risk to the mother." These observations are succinct and satisfactory, and not to be upset by any arguments on the value of embryonic and fœtal life. In fact, as to the value of fœtal life with that of the mother there is not a parallelism which will fairly warrant a comparison. These views influenced my mind in adopting the line of treatment we pursued.

The success in Mr. Goodman's case I conceive is not only due to the circumstances hereafter mentioned by him, but also to the early period of labour when the operation was performed. The danger of inflammation from a section of the peritoneum is probably more dreaded than needs be. Instances of its division for ovarian extirpation have been frequent during the last five years. The history of them, which will be given to the profession by a gentleman of this town who has operated more frequently than any other surgeon, will prove that its section is not so uniformly fatal as has been understood.

In the management of the Cæsarian operation the essential particulars necessary for success seem to be—its performance at an early period of labour—ill success, it is supposed, being due in this country to the late period at which it has been undertaken—the careful avoidance of the escape of any extraneous fluid (the liquor amnii or blood) into the abdominal cavity—constant and close watching of the patient—the adoption of a strict antiphlogistic regimen, and the early subjugation of inflammatory symptoms if they appear.

The symptoms present in our patient subsequent to the abortion were those rather of irritation than inflammation; indeed, the *post-mortem* showed no morbid changes indicative of the latter condition. In a constitution where the assimilative functions were less disturbed they would not have been deemed formidable; but in her case, exsanguined, anæmic, the formatur fluid refusing to perform its part in the metamorphosis of the ossific texture, they were symptoms of imminent danger, as the result proved.

The history of the Cæsarian operation is exceedingly unfortunate in the annals of obstetric surgery. The rescue of an individual from its dangers is an event less frequent and less likely than from the casualties of any other department of operative surgery, and deserves to be especially recorded as an encouragement, both to the surgeon and to those who may be placed in a situation to require so formidable a mode of assistance.

The language of the most celebrated writers on obstetricy is pregnant with fears and despondencies upon the success of this important operation, especially in respect to Great Britain, so far as regards the life of the parent. True it is that many able authorities boldly recommend the performance of this operation, but the encouragement vouchsafed savours more of a theoretical and experimental than of a practical character. I well remember when a student at the London University, under the late justly celebrated Dr. Davis, who had the high honour of introducing into the world our present youthful and beloved sovereign, that the Cæsarian operation was set forth by him as a last and hopeless resource, and more after the manner of a recipe for the embalm-

ing of the body, or as a winding-sheet for the enclosure of the dead, than as an operation from which any success could, from past experience, be anticipated. Dr. Blundell says, "To the fœtus the Cæsarian incisions are, it should seem, unattended with danger when performed sufficiently early; but, although in these cases the danger to the fœtus is small (if any), it is admitted on all hands that the peril to the mother is extreme." And at page 366 he says, "Every woman for whom the Cæsarian operation can be proposed to be performed will probably die." He seems to think that the recovery of the mother in the case of Mr. Barlow, of Blackburn, was owing entirely to her vigorous habit; and that the cause of failure in all other cases must have been in consequence of its performance upon women of broken constitutions—"the subjects of malacosteon"—which of itself generally, if not always, is a fatal disease. Again, at page 364, "Much of the danger of the Cæsarian incisions must, I fear, be ascribed to a cause over which we have but little control; I mean the cachexy of malacosteon." The cases of recovery presented in these pages will be found to be entirely at variance with such an opinion. I would remark, too, upon the case of Mr. Barlow, in 1793, that I have received information from one of our most respectable and highly talented surgeons, that Mr. Howarden, of Wigan, and afterwards of Southport, now retired from practice, was present at this so-called Cæsarian operation, and was wont to say, "that it was an excellent case of its kind, but not a Cæsarian section; for the fœtus having previously escaped through a rupture of the uterus during an expulsive pain, the uterus was therefore intact by the operation. There was also abundance of space in the pelvic outlet, and no occasion for the Cæsarian section at all." This case was, therefore, improperly designated. Dr. Hull, of Manchester (says Mr. Howarden), often remarked, that "this case ought never to have been published as a Cæsarian operation." We now come to the facts connected with this operation, after they have been obtained from the most careful research and most diligent scrutiny. Dr. Blundell says, "In England, should any operation fail, it is not very likely to remain concealed, owing to the glorious liberty of the press;" therefore we may expect, from details which have been carefully gathered, not many cases of failure, and none of recovery, have escaped detection. Dr. Merriman gives a list of cases in which this operation has been performed in the British islands, which, with some additions subsequently obtained, are to be found in the following table:—

TABLE OF THE CÆSARIAN OPERATIONS PERFORMED IN THE BRITISH ISLANDS, WITH THEIR RESULTS.

No.	Hours in Labour.	Date.	Died Mother.	Died Child.	Recovered Mother.	Recovered Child.	Operator.	Patient's Name.	Locality.	Where recorded.
1	12 days	1739	..	Dead	Recovered	..	Mary Dunnally	Alice O'Neal	Ireland	Edin. Med. Essays, vol. 5.
2	5 days	1793	..	Dead	Recovered	..	Mr. Barlow	Jane Foster	Blackburn	Med. Rec. and Research.
3*a*	..	,,	..	Alive	Recovered	Alive	Mr. Knowles	.. ..	Birmingham	Trans. Prov. Asso., vol. 4.
4	..	1845	..	..	Recovered	Alive	Mr. Goodman	Mrs. Sankey	Manchester	Brit. Rec. of Obstetricy, vol. 1, and Medical Times.
5	7 days	1737	Dead	Dead	..	..	Mr. R. Smith	Paterson	Edinburgh	Smellie's Midwifery, vol. 3.
6	..	,,	Dead	..	..	Alive	Professor Young	.. ..	Edinburgh	MSS. Lectures.
7	..	..	Dead	..	..	Alive	Professor Young	.. ..	Edinburgh	MSS. Lectures.
8	..	1740	Dead	Dead	..	..	Dr. White	.. ..	Manchester	Hull's 1st Letter.
9	..	,,	Dead	Dead	..	..	Mr. Wood	.. ..	Edinburgh	Hull's 1st Letter.
10	24 hours	1769	Dead	..	..	Alive	Mr. Thompson	M. Rhodes	London	Med. Obs. and Enq., vol. 4.
11	2 days	1774	Dead	..	..	Alive	Dr. Cooper	Eliz. Foster	London	Ditto ditto, vol. 5.
12	12 days	1774	Dead	..	..	Alive	Mr. Chalmers	Eliz. Clarke	Edinburgh	Hamilton's Outlines, 339.
13	.. ..	1775	Dead	Dead	..	..	Mr. White	.. ..	Glasgow	Hull.
14	3 days	1777	Dead	..	..	Alive	Mr. Atkinson	E. Hutchison	Leicester	Hull, p. 67.
15	8 days	,,	Dead	Dead	..	..	Mr. Clarke	.. ..	Wellingboro'	Mem. Med. Society, vol. 5.
16	12 hours	1794	Dead	..	..	Alive	Dr. Hull	Isb. Redman	Manchester	Hull's 1st Letter, p. 162.
17	10 days	1798	Dead	Dead	..	..	Dr. Hull	Ann Lee	Manchester	Ditto ditto, p. 172.
18	2 days	1795	Dead	..	..	Alive	Dr. Hamilton	J. Douglass	Edinburgh	Outlines.
19	3 days	1798	Dead	..	..	Alive	Mr. Kay	.. ..	Forfar	Hull's Letter.
20	..	1799	Dead	..	..	Alive	Mr. Wood	E. Thompson	Manchester	Mem. Med. Society, vol. 5.
21	..	1800	Dead	..	..	Alive	Mr. John Bell	.. ..	Edinburgh	Med. Chir. Trans., vol. 4.
22	..	,,	Dead	..	..	A live	Mr. Dunlop	S. Holt	Rochdale	Hull's Trans. Band.
23	..	,,	Dead	Dead	..	..	Mr. Wood	.. ..	Manchester	Med. and Phys. Journal.
24	24 hours	,,	Dead	Dead	..	..	Dr. Kellie	.. ..	Leith	Ed. Journal, vol. 8.
25	..	,,	Dead	Dead	..	..	Mr. K. Wood	.. ..	Manchester	Med. Chir. Trans., vol. 7.
26	..	1817	Dead	..	..	Alive	Barlow and Cort	A. Hacking	Blackburn	Barlow's Essays.
27	..	1821	Dead	..	..	Alive	Barlow and Dugdale	M. Ridgdale	Ditto	Merriman, p. 317.
28	18 hours	,,	Dead	..	..	Alive	Dr. Henderson	Mrs. Lowe	Perth	Ditto ditto.
29	34 hours	1820	Dead	Dead	..	..	Dr. Radford	M. Ashwell	Manchester	Ed. Journal, No. 148.
30	19 hours	1821	Dead	Dead	..	..	Dr. Radford	M. Nixon	Manchester	Ditto ditto.
31	6 days	1826	Dead	..	..	Alive	Mr. Chrichton	.. ..		Ed. Journal, 1828.
32	..	1829	Dead	Dead	..	..	Dr. M'Kibbin	.. ..	Belfast	Ed. Journal, 1831.
33	.. ..	,,	Dead	Dead	..	..	Mr. Ward	.. ..	,,	Lancet, 1840.
34	..	1834	Dead	Dead	..	..	Dr. Montgomery	.. ..	Dublin	Dublin Journal, vol. 6.
35	..	1843	Dead	Dead	..	..	Dr. Elliot	.. ..	Waterford	Letter to Dr. Churchill.
36*b*	..	,,	Doubtfl.	Alive	..	..	Mr. Whitehead	.. ..	Manchester	Ditto ditto.
37	..	,,	Dead	Dead	..	..	Mr. Braid	.. ..	Manchester	
38	..	,,	Dead	..	..	Twins lvg.	Bailly and Hardy	.. ..	.. ..	Manuscript to be published.

There are two or three errors in this table, as it appears in Dr. Clay's Journal, which are here corrected.

a Both the mother and child recovered in Mr. Knowles's case, as his letter to Mr. Goodman will show.—A. W. C.

b It is but fair to Mr. Whitehead to mention that the mother lived six weeks after the operation. Mr. Whitehead and the late Mr. Fawdington thought that she died of hip disease, probably accelerated by the operation. The child lived three months.—A. W. C.

It is here shown that, out of the thirty-eight operations known to have been performed in these dominions, of a true Cæsarian character, only three mothers have recovered, the children, with one exception in the three cases, having died; and, strange to relate, in one the operation was performed by a female with an ordinary razor, which throws some degree of doubt upon the whole statement. As before remarked, the case of Mrs. Barlow was not a true Cæsarian section, and the child was also dead in that instance. Mr. Lizars, fearing that the coldness of the atmosphere might, in these cases, be the cause of fatal inflammation of the peritoneum, took the precaution of raising the temperature of the apartment in which he performed the incision to between eighty and ninety degrees Fahrenheit; and Dr. Munro seems to have held the opinion, that the oxygen of the atmosphere may operate as a peritonitic stimulus to fatal inflammation. Another gentleman proposes, that, if the access of the air be proved to contribute to augment the risk of Cæsarian delivery, we might readily disembarrass it of this danger, by operating beneath the surface of water, the heat of which might be brought to correspond with that of the internal part of the body. But it is shown in the case about to be related, that neither cold, nor oxygen, nor the exposure of the peritoneal surface to the air, possessed any influence in producing excessive or fatal peritoneal inflammation. In contemplating the only two cases which have recovered in her Majesty's dominions, I am led to believe that the very condition of the frame in malacosteon and some other states of debility are, by the hands of Providence, appointed and best adapted for the healing of peritoneal incisions. Cases of healthy individuals can seldom be presented, where stabs or other wounds of the abdomen have occurred without the supervention of very severe, if not fatal, inflammation; and yet, after the debilitating influence of ascites, a puncture may be made with perfect impunity. The cases recorded in this paper show that there is a medium capable of being produced by judicious diet and a placid state of mind, even in that morbid condition termed malacosteon; and amid the deteriorating contingencies of a large manufacturing city, which I conceive to be exactly midway between the inflammatory and the ulcerative, or the phlogistic and the anemic diathesis, a condition in which the highly sensitive and inflamed serous membrane will recover from injury as rapidly as any other texture of the

body. (a) The following note was sent to me from Mr. Knowles, of Birmingham, in reference to his case, which is recorded among the successful ones in the table:—"In reply, Sir, to your communication of the 20th instant, I beg to inform you that mine was a genuine Cæsarian case, operated upon at the full period of utero-gestation, and with perfect success. The mother lived five years afterwards, when she died of pulmonary consumption; her husband died of the same disease about two years previously. The child, which was very delicate, lived about ten months. You will find the case reported in the fourth volume of the 'Transactions of the Medical and Surgical Association.' I took no small degree of trouble, at the time, in investigating the various recorded cases of Cæsarian operation, and felt myself warranted in coming to the conclusion that mine was the first successful case that had occurred in this country. Mr. Crosse, of Norwich, in his retrospective address, in the fifth volume of the same work, seems to be of the same opinion." I have perused the account of this case, and find it to be an extreme case of malacosteon, and almost a fac-simile of the one hereafter described. I now proceed to relate the case of Mrs. Sankey, the subject of this memoir, whom I have known, and attended in a medical capacity, for many years. She was the mother of three living children. I have attended her during confinement, when the pelvis was unchanged in form, when her labours were easy, and accompanied with little trouble and danger. The first time my attention was drawn to the decreasing size of the pelvic cavity was about five years ago. At that time the antero-posterior diameter of the pelvis was reduced to about two inches; and, after consultation with one of my medical brethren, it was deemed necessary to effect delivery by the operation of craniotomy, which I performed, and she did well. Her decreasing stature, &c., enfeebled health, as well as the form and condition of the osseous system, plainly declared that she was labouring under mollities ossium.

By a judicious administration of various toncsi and other remedial agents, she regained a moderate degree of health, and a strict injunction was laid upon her not again to become pregnant. Forgetting, however, this advice, probably supposing that her regained strength would enable her with safety to pass through the trying ordeal of childbirth, and in spite of this strict injunction, she again became pregnant, and advanced through all the various stages of utero-gestation to the extreme period of pregnancy, without informing her medical adviser.

On the evening of the 19th November, 1845, I received the first intimation of her arrival at the full period of pregnancy, and my immediate attendance was particularly requested. Upon my arrival I ascertained that uterine pains had already commenced, which became rather severe about eleven o'clock. On examination per vaginam, I perceived that the contraction of the pelvis had already assumed a most formidable character; the promontory of the sacrum having borne down upon, and considerably decreased, the antero-posterior diameter. The acetabula were forced inwards and upwards, in the direction of the sacrum, and the tuberosities of the ischium were actually brought into apposition, but slightly separated again at the point where the rami of these bones communicated with the pubis: producing, with the posterior portion of the outlet, the form of the figure 8.

The principal passage was discovered to be situated superiorly, between the promontory of the sacrum and the converging ossa ilia; and its greatest diameter from one projection of the bone to another was not more than one inch and a quarter; the least, not more than one inch; and these could only be reached by the finger with the greatest difficulty. The os uteri could not be touched by any manipulation. The remaining passage was contracted to about three quarters of an inch; and the external outlet was also considerably diminished by the junction of the ossa ilia, as will be seen upon reference to the accompanying diagram. Having fully explained to the husband the true nature of the case, and impressed upon him the utter impossibility of effecting delivery by the natural means, and that the only chance of saving the life of either the mother or the child was by resorting to the Cæsarian section, I suggested the propriety of procuring a second opinion for the purpose of corroborating my statements, and Dr. Radford was accordingly fixed upon.

Upon Dr. Radford's arrival, Mrs. S. had been in strong pains for three hours, and, after the necessary explanations, he fully coincided with me as to the necessity of the operation. After due preparations had been effected (in the accomplishing of which I have to thank him for much kind assistance), I proceeded to make the necessary incisions, about three a.m. The outer integument was divided by an incision of about nine inches in length, passing a few lines on the left side of the linea alba and umbilicus. This being effected, the uterus was freely and fully exposed, and I immediately made an incision in its walls to the extent of the former opening; the margin of the placenta was ascertained to correspond with the incisions. Dr. Radford seized the infant whilst I dislodged the head from the uterine cavity; and thus a fine living child was preserved from certain death.

I proceeded to remove the placenta as rapidly as possible, and, by moderate pressure, succeeded in reducing the uterus to its proper locality; at the same time carefully guarding against the protrusion of the intestines into the uterine cavity.

The disarranged intestines were restored to their normal position by Dr. Radford, whilst, with the interrupted suture, I closed the external wound, without attempting the application of any ligatures to the uterus. It is scarcely necessary to state that the ordinary dressings of adhesive plaister and bandage were applied. In an hour or two it was perceived that a portion of intestine protruded between two of the sutures, which was immediately and carefully reduced. Ordered Mucilag. acaciæ, capiat cochl. 2 vel 3 magn. ter in dies. ℞. Ext. hyoscy., 10 gr. hora somni sumend. After this administration the patient became more than ordinarily composed. On the following day the symptoms were by no means severe, the pulse being 90, tongue clean, skin moist, and the urine evacuated; had some sleep, and the infant was doing well. On the 21st no alvine evacuation had occurred, but there was vomiting of a black and coffee-coloured fluid. An enema of spir. terebinth. and gruel was ordered to be administered through the œsophagus tube, and introduced as far as the sigmoid flexure of the colon. On the 22nd, the bowels not having responded, and the vomiting still continuing, ordered ℞. magnes. sulphatis, six drachms; magnes. calcin., two drachms; tinct. card. comp., one drachm; aq. cinnam., three ounces; m. capiat cochl. magn. tertia hora. Repet. pulv. vespere. To our great satisfaction these remedies induced a copious evacuation, and the vomiting ceased.

On the 23rd the patient's state was apparently satisfactory, but the wound was discovered to be completely open, owing to the giving way of the sutures; and the peritoneal covering of the intestines lay open to the extent of six or seven inches, being exposed to the action of the atmospheric air. The integuments were so thin that reunion by suture was impossible, and the part was, therefore, simply dressed with spread lint and the empl. resinæ, and, strange to relate, no constitutional disturbance, except of a very transitory nature, was induced. In consequence, however, of an attempt to approximate the edges of the wound, and the necessary destruction of some adhesions already formed, the pulse, for a few hours, rose to 118 or 120, but in the evening was again reduced to 90. A moderate degree of inflammation having ensued, on the following day they were covered and matted together by effused plastic lymph. This latter was speedily converted into granulations, forming a level and cicatrizing sore of the most healthy character, the edges of which were brought together and dressed by strong adhesive straps, compress, and bandage. Ordered, pulv. opii half gr., confect. aromat., grs. iv., ft. pil. j., hora somni sumend. On the 25th the pulse was 92, and the patient progressing favourably. Ordered, milk, sago, arrowroot, &c.: rep. mist. mag. sulph. The infant was also doing extremely well, a wetnurse having been procured. Rep. extr. hyoscy., gr. x., h. s. Complaining of a cough, the patient had the following mixture: ℞. Tinct. camph. co., three drachms; syrup. rhead., four drachms; mucilag. acac., two ounces. Capiat cochl. min. tusse urgente. ℞. Morph. acet., gr. $\frac{1}{4}$; ext. papav., gr. iij.; m. ft. pil. quaque nocte sumend. Continue the mucilage and repeat the enema.

26. Pulse 88; tongue clean, and appetite improving; ordered chicken broth, from a chick stewed for two hours in a muslin bag. Aphtha began to appear. Continuentur remediæ—℞. Sod. bor., three drachms; mucilag., three ounces and a half; syrup. rhead., half an ounce; paulum subinde sumend.

The patient continued to improve until December 6, when, being ordered to take wine and water, she unfortunately partook of some draught porter, and on the following day excessive flatulence and distention of the bowels ensued. By the force of the distention the dressings were torn away, and the newly-healed sore itself was ruptured to a considerable extent; the granulations were destroyed, and, worst of all, a new portion of bowel protruded through a fissure in the sore from beneath the left iliac region. This portion of bowel was ascertained to be so distended and inflamed by exposure to the atmosphere, that it was impossible to reduce it to its proper locality. Symptoms of strangulated hernia presented themselves, vomiting again commenced, the bowels ceased to respond to the action of the enema or haustus, and the pulse rapidly increased. The patient's life now becoming an object of deep anxiety, a puncture was made into the distended bowel, with the object of relieving it of its tumidity. The result was unsatisfactory; nevertheless, what art was unable to effect, nature speedily accomplished. During the day a quantity of fæcal matter had issued from one of the disturbed intestines, apart from the situation of the puncture, which was discovered on dressing the wound on the following day, and which formed the commencement of an artificial anus. By this means a considerable quantity of flatus and fæces were discharged, and the patient obtained immediate relief; the protruded bowel becoming of a deep red colour in twenty-four hours, and in an equal space of time was matted by coagulable lymph to the other intestines, again forming a level and cicatrizing sore. From this period the patient gradually progressed towards recovery; her pulse being 84, her tongue clean, and she herself in excellent spirits. The bowels, assisted by the injections, which were daily administered, began regularly to obey the demands of nature; and there appeared every prospect of future success, both as to the healing of the original wound and the restoration of the patient's health.

December 12. Mrs. Sankey continued her night pill up to this period. The wound, on this day, was reduced to about four inches in length by two and a half in breadth. Pulse 78, tongue clean, and appetite good. Continued the enema. Patient progressing favourably. I cannot here avoid bearing testimony to the great calmness and composure of mind displayed by Mrs. Sankey during the operation, and throughout the whole period of convalescence. It was quite evident that she possessed an inward tranquillity in the hour of extreme danger, which is not the common lot of humanity. Her fortitude was perfect. In the anticipation of speedy dissolution, she awaited the king of terrors with a

(a) In the operations for extirpation for diseased ovaria, Dr. Clay, in similar operations, regulates the heat of the apartment to about from 70 to 75.

triumphant smile, her trust and confidence being placed in Him in whom alone there is any hope when friends fail—the last sickness arrives—the world recedes—and the curtain of eternity begins to be undrawn. I state without hesitation, and it is my firm conviction, that the tranquillity of the pulse and frame, during the whole period was entirely to be attributed to the peace of mind enjoyed by Mrs. Sankey. So far the patient progressed very favourably, but a most formidable obstacle to her complete recovery was now ascertained to exist, especially with regard to her feelings, in the untractable state of the artificial anus. To effect the speedy union of the sides of this opening, every effort that could be suggested was tried, but without avail. The edges of the orifice were pared, and brought into direct apposition by strong adhesive plaister, procured at the infirmary, and supported by an excellent bandage. But invariably, on the following day, the plaister was found to be retracted under the bandages; the edges of the artificial anus separated, and, to the annoyance of the patient, a considerable quantity of fæces were discharged, excoriating every portion of the cicatrizing sore with which they came in contact, producing not only much unpleasantness, but also pain.

This subject now began to prove the only one of interest, and I suggested that, instead of the adhesion of the plaister being depended upon, a broad strip or two of strong plaister should be passed entirely round the patient, so that each extremity should terminate with, and upon, the separate edges of the orifice. That upon the outside of this plaister should be spread some common pitch, and that a plaister of pitch should also be used to draw together, and unite, the two terminating ends of the plaister; and thus maintain in apposition, by the firm adhesion which this substance affords, the edges of the artificial anus. This method was adopted, and for twenty-four hours effectually fulfilled the object intended. No fæcal discharge had occurred at all, when the dressings were removed; but the patient expressed a strong antipathy to the pitch, and it was discontinued. The entire wound was now healed, with the exception of the artificial anus and the excoriations produced by fæcal discharge. The argent. nitrat. was frequently applied to the sore, and it was suggested by Dr. Radford that a square compress, or pad of thick caoutchouc, beneath the bandage, should be used to prevent the flow of fæcal matter. This was tried for several successive days, but invariably failed; a variety of other methods to effect this purpose were also adopted, but all proved more or less useless. At length it was suggested by Dr. Radford that the artificial anus should be left open and unprotected, and all dressings were accordingly discontinued. On being thus left to her own resources, the patient found that at least one pint of fæcal matter exuded in the space of an hour and a half; she immediately took the treatment into her own hands, and drew the edges of the opening together with adhesive plaister. Considering that it was time that some method should be resorted to which would effectually arrest the discharge of fæcal matter, or we should altogether lose credit in the estimation of our patient, I proposed the following:—Let the edges of the wound be again touched with the nitrat. argent.; let two straps of adhesive plaister, made of strong cloth, be passed round the body of the patient, so that their terminating edges may reach just as far as the edges of the wound; let a bandage of common calico of five inches in breadth be made, with proper hip gussets, so as to reach entirely round the body of the patient, to the same length as the adhesive plaister; let four or five buckles and straps be attached to the terminations of the bandage, so that they may be employed to draw the edges of the wound together; let the terminations of the adhesive plaister and of the bandage be sewed together by a few running stitches, that, by drawing together the extremities of the bandage, the plaister may be drawn simultaneously, and with it the skin and edges of the wound, which are adherent beneath. A small portion of lint was placed upon the artificial anus; the straps were tightened; and the edges of the wound were, by this means, brought into perfect apposition; and on the following morning we had the satisfaction to observe the entire absence of fæcal matter. The straps were now slightly loosened; the lint removed, the sore washed by a small sponge and water, and a fresh portion applied; the straps were again tightened, the edges being still in apposition, and this state of things was ascertained to be permanent. Week after week a diminution was observed in the amount of fluid which escaped upon any considerable movement of the patient (who now went down stairs), and so satisfied was Mrs. Sankey with the efficiency of the bandage, that she continued to wear it to the period of her death; and at the end of twelve months not more than half a teaspoonful of a serous fluid could at any time be discovered. From the exceedingly propitious result of this case, I cannot resist the opportunity of recommending this contrivance in all cases of a similar nature; it may be adopted, in many instances, where it is intended to dispense with the suture; and especially in cases of abdominal wounds, either from accident or surgical operation, and will prove a powerful adjunct to the ordinary sutures, if it do not render their employment entirely unnecessary.

The infant continued in excellent and vigorous health for several months; she was named Julia Cæsarea, and, together with her mother, occasioned no small sensation when making their appearance at public worship. On the 27th of the following June, however, she became the subject of a very severe bowel affection, which prostrated her so suddenly that she was placed beyond the reach of medical aid before the arrival of her professional attendants. She died in two or three days after her first seizure, being seven months and a few days after her extraordinary entrance into the world.

"Nemo mortalium omnibus horis sapit." It is deeply to be regretted that, in this case, the extirpation of the ovaries, or Fallopian tubes, was not performed; for, in spite of all the admonitions offered, the ties of nature, the religious obligations of marriage, and the solemn duties of connubial life, combined with the thorough conviction that an organ so mangled and incised could not again perform its natural function, overcame every remonstrance, and information was received, on the 25th of September, that Mrs. Sankey was again pregnant.

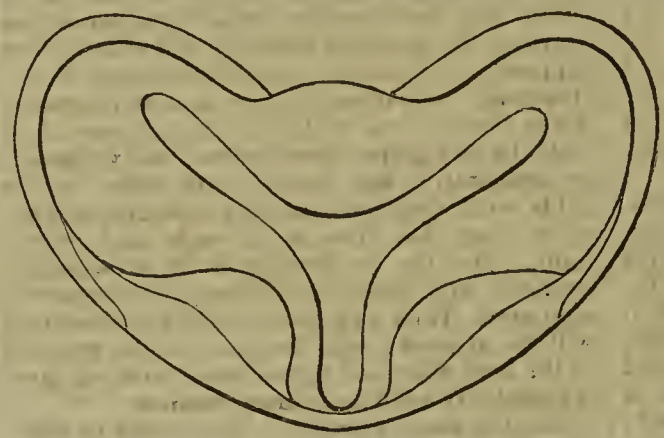
At this time the catamenial flow had ceased for two months, but there was no enlargement of the mammæ, or change in the areola of the nipples; no morning sickness was experienced, and there existed no perceptible change in the desires of the stomach, or in the organs of sensation; still there was a progressive increase in the size of the abdomen, and a feeling on the part of the patient that she was decidedly pregnant. On seeing her, I requested that a second opinion might be obtained, as the case was one which demanded a consultation. I mentioned several gentlemen of high standing in this town, but Mrs. Sankey refused to allow any one to visit her but my respected colleague, Mr. Close; and the mode of treatment we pursued was adopted in consequence of the following considerations: Here is a valuable member of society, and a bright ornament of the Christian community; a devoted wife, and a tender mother to three children, who all, as yet, require her watchful care; in addition to whose domestic value, properly to appreciate her life, it would be necessary to consider the extensive influence of a Christian mother in all its moral bearings on society. In order to preserve the life of this mother, what must be done? If she advances to the full period of pregnancy, no prospect of life, save to the infant, is afforded, except by the bare chance of escape offered by a repetition of the Cæsarean operation; and in considering the practicability of thus saving her, when we reflect upon the previous wound, the matting together of the whole mass of intestines in the vicinity of that wound, and the impossibility of ever effecting an incision through such a structure without inducing the certain death of the patient, all ideas of this operation disappear, and all such intentions are immediately negatived. But the case is drawing nearer and nearer to a close—in another month or two the size of the fœtus will be so much increased as to render its escape impossible by the contracted pelvic passage, and the operation of craniotomy is altogether impracticable. Not an hour must be lost—either abortion must be induced, or the mother must necessarily perish. But abortion involves the destruction of another life, which is thus placed in competition with her own, if, at this early period of pregnancy, it can be said that two lives are placed in competition. The existence of the fœtus is but, at the most, a probability, and by no means certain; besides, who can decide, if actually existing, that it is not encephalous—or a monstrosity—an idiot, or deformed? Supposing, however, for the sake of argument, that a genuine, perfect, living fœtus exists, which of these two shall die? Shall the mother, whom we have known, and seen, and esteemed; or shall her offspring, which has not perceived the light of day, which has not been involved in the troubles and sorrows of humanity, nor been bound by the ties of kindred or the affections of social life, and has never experienced the fear of death? We could not hesitate—the laws of society—of social economy—of all animated nature, would respond as with one voice! Mathematical science would not experience any difficulty in the solution of this problem; the laws of our country, the teachers of medical jurisprudence, the maxims of our lecturers on midwifery, together with the ordinary usage of the profession, all with one consent declare in favour of the more valuable life. The second question which occurs is the following:—viz., What is my duty as a professional man? Shall I, as such, use my art for the relief of the afflicted, for the preservation of life, and for the prevention and cure of disease only, for which I have been instructed; or shall I assume the part of *judge* of the thoughts, intents, and actions of my fellow-creatures? Am I thus recognised by the eye of the law? No! My requirements are simply and sedulously to fulfil the duties of my profession, and to appear in the witness-box to give evidence when called upon. Suppose an individual had been engaged in highway robbery, or in any civil commotion, and that in the affray he had received wounds of a most serious nature, what is the duty of a medical man? To dress the wounds, or to sit as judge over the culprit and say, "You received these wounds when transgressing the laws of your country, and therefore you may die, for I pronounce you unworthy the benefits of my assistance?" Shall I then say, "Mrs. S., you have been fully informed of the consequences of this affair; you have proceeded with the certain knowledge that loss of life would be the result, and, therefore, *you* must die; we will preserve the unoffending fœtus, if we can!" This was not the case; Mrs. Sankey had experienced as complete a recovery of both mother and child as ever was witnessed, and had undoubted reason to estimate the future from the experience of the past; and if any one, under such circumstances, dared to risk the result, her conduct rested between herself and her Maker, for there is no human law yet promulgated to restrain such a course. One question yet remained to be solved, and upon which, in my opinion, doubt or hesitation could alone arise. Before deciding the question of the comparative value of human life, it has occurred to me since the termination of this case, to inquire whether it has yet been established that we possess the authority, or power, to take away life at all, either fœtal or parental. Has the authority to destroy that life, which man cannot give, been committed to him by the great Creator of all things? The laws of our country take away the life of a murderer with perfect justice, for the word of God expressly declares that "he who

sheddeth man's blood, by man shall his blood be shed." The soldier rushes into the battle-field, and, fired with martial ardour, mows down his fellow-mortal as the grass of the field, and deluges the earth with his brother's blood. This accords with ancient custom; but does it sit easy on his conscience in cooler moments? The householder sees the midnight marauder within his domain; he knows that his gold, his goods, his life, are the objects of the ruffian's desires; in self-defence he fires upon him as he stealthily enters his apartment, and the robber falls and expires. The usages of society, as well as the laws of our country, declare this man justified in his deed. But what says the word of God? Man may not *live* according to it, but he *must die*, and he cannot escape the conviction that he must be judged by its precepts, and be eternally rewarded or punished according to its decisions. Who possesses the right to usher into the presence of his Maker that life "whose members were all written in his book before as yet there were any of them"? Such solemn thoughts as these would at least induce a professional man to pause and meditate ere he administers the dose that is to prove destructive to human life.

Having at length determined upon the course to be pursued, we directed, at first, drachm doses of secale cornut. to be administered daily, and afterwards 20 grains of the same, at more frequent intervals. On the 28th of September we commenced the administration of the infus. sabinæ in gradually increasing doses, beginning with six grains; this was continued until the 12th of October, when half-drachm doses were administered, combined with the same quantity of secale cornut., ter in die. These measures, with the pil. aloes. c. myrrh as an aperient, formed the method of treatment until the 29th of October, at which time Mrs. Sankey, experiencing no change in any respect, entreated us to desist from any further attempt. In consequence of the absence of any symptoms by which it could be determined that the desired action of the remedies employed had taken place, we abstained from the further administration of remedial agents, with the exception of the pil. aloes. c. myrrh, as an occasional aperient. After this period our patient remained in tolerable health and spirits, and continued as free from the occurrence of uterine pains, weight, or unpleasant feeling, as since the commencement of the treatment, until the morning of Dec. 7, which was more than a full month after the discontinuance of these measures. On this day, being summoned to attend, I discovered that during the night Mrs. Sankey had aborted a fœtus of about two months' growth, at which both the patient and myself were well pleased; and, with the exception of some vomiting, she continued to progress favourably for two or three days. The placenta, however, was delayed, and, although no hemorrhage of any moment occurred, anxiety was experienced on this account; it was with much difficulty detected protruding from the os uteri, from which it was impossible to remove it. Ordered sec. corn., two drachms; aq. ferv., three ounces; ft. infus. stat. sumend.; and for the sickness a saline mixture was ordered to be taken during effervescence. The sec. cornut. was repeated on the following day, but during the interval many attempts were made, both by manipulation and instruments, to remove the placenta, which was now lying impacted in the brim of the pelvis. On the third day I was enabled sufficiently to lay hold of it, so as by very strained exertion, between two fingers used as forceps with the assistance of pressure on the abdomen, to succeed in extracting it entire. This desirable accomplishment produced considerable satisfaction, for Mrs. Sankey was already beginning to suffer from the fetid and decomposing condition of the retained placenta.

Some febrile action was now observed in the system, and even typhoid symptoms were, in some measure, anticipated; and, after the removal of the placenta, the patient complained of slight tenderness in the region of the old wound. The hemorrhage was so slight that it merely saturated three napkins; the vomiting increased, and a mustard poultice was applied to the epigastrium. Other remedies were also employed, but the patient gradually sunk, exhausted by continual vomiting and the shock of parturition. She died on the 12th of December, and on the evening of the following day we made a *post-mortem* examination of the body.

Post-mortem Examination.—On inspecting the body, an orifice, the size of a pin-point, was discovered in the situation of the original wound, and the linen around it was moistened by about six drops of slightly coloured serous fluid. On opening the abdomen, a general glueing and matting together of the arch of the colon and omentum to the adjacent intestines (in an area of the extent of eight or nine inches), and to the cicatrized skin of the abdomen, was observed; which, as will be remembered, was developed from, and healed upon, the exposed peritoneal covering of these viscera. Much flatulent distention of the colon existed, and it was fully proved that no Cæsarian section could have been again performed. The agglutination of the parts, through which the incision must have penetrated, rendered the performance utterly impossible. It would have been necessary (as it was in simply opening the body after death) to have dissected the skin from the subjacent omentum; and the dissection must have been continued until the whole of this latter had been completely separated from its adhesions to the smaller intestines; and they, also, would have required separating from each other, before the uterus could have been exposed. Fatal as the case had proved, we could not avoid a feeling of satisfaction that the measures adopted had been directed towards the induction of abortion, instead of reserving the mother for an operation, which would have proved fatal in the very hour of performance. The gall-bladder and duodenum were distended with black bile; and the uterus was empty, and considerably congested at its fundus. The cicatrix of the original incision into the uterus was well defined, and there was no adhesion of the fundus to any adjoining viscera. There were no other decided marks of inflammatory action. The opening into the cavity of the pelvis, instead of presenting its proper oval form, appeared as exhibited in the accompanying diagram (fig. 1).



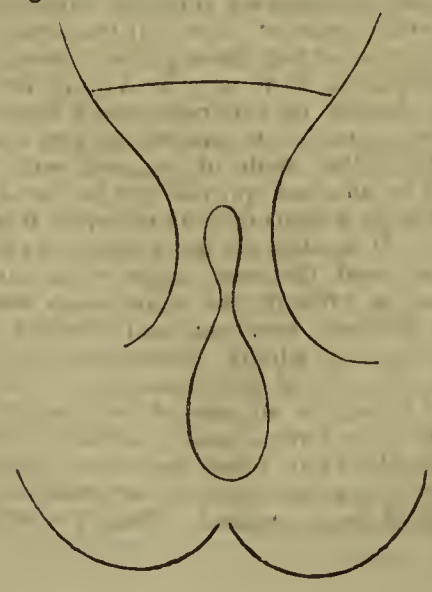
On measuring the pelvis from its right to the left brim of the ilium, it was ascertained to be nine inches in diameter. The acetabula and ossa ilii were pushed upwards and backwards, and the promontory of the sacrum was forced downwards to meet them, leaving a space between the projecting portions of the ossa ilii and sacrum which measured an inch and a quarter. The remaining space between these bones was only just sufficient to allow the introduction of the fingers, being from half to three quarters of an inch.

Fig. 2 exhibits the perpendicular section of the pelvis, showing the projecting promontory of the sacrum, ossa ilii, and the cavity of the vagina, &c., which was about three inches in its perpendicular axis.

From the pubis to the margin of the ribs, seven inches and three quarters; to the point of the sternum, only nine inches.

The pubis and conjoined ossa ilii are also seen projecting inwards and backwards, and thus diminishing also the vaginal cavity.

In fig. 3 is exhibited the form of the external outlet. The tuberosities of the ischium, joined in the centre. The anterior fissure between these bones was only half an inch in diameter; the posterior opening was laterally two inches, and antero-posteriorly two inches and three quarters, in diameter.



REVIEWS.

Sanitary Reform and Agricultural Improvement; being the Substance of a Letter addressed to the Right Hon. Viscount Morpeth. By CHARLES F. ELLERMAN, Esq., late Hanoverian Consul at Antwerp.

The propriety, perhaps even the necessity, of no longer delaying some great sanitary reform, as regards nearly every city and large town in the United Kingdom of Great Britain and Ireland, is scarcely doubted by any one. Statesmen, strictly professional men, the public generally, all agree that some measures should be adopted to abate at least, if not effectually remedy, the manifold evils springing partly no doubt from a neglect or an ignorance of hygienic laws, but chiefly, we feel assured, from an impossibility on the part of the less fortunate classes of society to contend successfully with the more wealthy proprietary of the kingdom, whose right to do with their own "what they like" must ever remain undisputed and undisputable. So long as this right, which under certain restrictions must no doubt be held sacred, does not interfere with national health and national prosperity, it ought on no account to be meddled with; but whilst all, with few exceptions scarcely worth noticing, are agreed that a sanitary reform is called for, and that speedily, it is equally unquestionable that scarcely any two scientific men are quite as one respecting the remedies for a condition of society which, as regards the neglect of ordinary hygienic measures, has certainly not been exaggerated by the eloquent pen of Mr. Chadwick. Few are even agreed as to the abstract or general principles agreeably to which the sanitary reform

should proceed, and still fewer in respect of the details.

The object of the author's remarks is mainly to recommend a sanitary measure of so great and yet so unobtrusive a character as to render it extremely apt to be overlooked, being thought much too insignificant, or on too narrow a basis, or on a scale not commensurate with the magnitude of the evil to be encountered. Nevertheless, we feel assured that these apprehensions are incorrect. A brief review of the various methods proposed seems necessary in developing the views of Mr. Ellerman.

1. The position of a town or city population is essentially different from a *rural*, using the word in its largest sense, and whether occupying single farmhouses, cottages—single or in groups, gentlemen's villas and mansions, townships varying from a few hundred to a few thousand inhabitants, villages and small towns with a population of 12,000 or 14,000 downwards. The building of extensive underground sewerage for all or any such places as those just specified; the running the drainage and sewage into one system of conduits; the changing drains now pure, or nearly so, into foul and filthy sewers, which in most instances it will be found impracticable to flush and cleanse; the carrying this half drain half sewer under the houses of the village or town, and under the farmhouse and mansion, could never, we think, have been seriously contemplated. If it be contended that there ought to be drains everywhere, we reply, by all means; only suffer them to remain as drains, and do not convert them into sewers. Let drains lead to their proper and natural termination, the adjoining brook, rivulet, or river stream, or sea, if at hand; but, if sewers be required at all, which must seldom happen, then we contend that the running the cesspool into the sewer, and the sewers into the drains, and thence into the brooks, and rivers, and ocean, is simply to set at defiance all known hygienic laws, and all the principles of modern agricultural chemistry. If the stream be small into which this compound drain-sewer terminate, the brook is speedily poisoned; after drought it becomes an abomination to the whole district; whilst the scientific agriculturist stands looking on with wonder, asking where the manure is to come from to restore to the land its fertilizing powers, more or less enfeebled by every crop, and the inhabitants of the banks of the stream lower down raise a cry which in the end must become national, bringing down on the Government measure the severest reproaches.

2. To remedy the evils which even their warmest supporters admit must follow the adoption of drain-sewers instead of drains and sewers, it has been proposed to flood and flush these drain-sewers as often as required with an immense supply of fresh water; and, secondly, to remedy the other very serious evil, the total waste and loss of the manure, it has been proposed to carry the sewer-drain not into the brooks, but upon the fields all over the country; to flood these at all times with the abominable mixture, and to convert the neighbourhood of all our towns and larger villages into odious marshes, fitted only for the growth of a very bad kind of pasture, and on which the cerealia do not fill and ripen,—in short, to reproduce around all the towns and villages of England those dreadful filthy marshes which destroyed so long the neighbourhood of, unquestionably, the most beautiful city in the empire—Edinburgh.

Where the vast supply of fresh water was to come from; where the capital to survey, dig, and build the drain-sewers; where the funds to purchase the ground for such extensive operations, no one has yet shown or explained, nor ever will; for the scheme is visionary and wholly utopian as applied to farmhouses, mansions, villas, townships, villages, and small towns, varying from 4000 to 14,000 inhabitants. The proposers of these views must surely know that no such plans can ever be applied to the rural districts of England, Scotland, and Ireland. The drain-sewers, the destruction done to property, the surveying, the levelling, the poisoning the brooks and rivers, the rendering the air of the country at times unbearable; lastly, the truly enormouse expense generally incurred in the purchase of streams, and bringing them in pipes and conduits to villages and towns, would not unfrequently amount to more than the entire value of the village; nor must it be forgotten that the destructive epidemics, typhus, influenza, cholera, and eruptive fevers, are neither produced nor modified by any neglect of such sanitary precautions.

3. On the other hand, Mr. Ellerman proposes that the population carry out their own sanitary reforms. He recommends to them to use freely a deodorizing fluid; any deodorizer is better than none: to his own he gives a preference, not because he imagines or asserts it to be better than other such fluids (for most chlorides are powerful deodorizers, and, perhaps, disinfectors); but because he can prove it experimentally to be equal to the best, and excelling them all, by reason of its cheapness, greatly on the score of economy. To the cottager, the farmer, the brewer, the agriculturist, generally; to the inhabitant of the villa and the mansion alike, Mr. Ellerman says, do not convert your wholesome and useful drains into drain-sewers, which you know you have not the means of clearing, and which, even supposing you had, you would never think of constructing; but rather take care that all cesspools, water-closets, dead wells, and conveniences of all sorts, be of a proper construction, easily cleared, or temporarily and readily removable to the fields with their contents, for agricultural purposes; see that they be air-tight and water-tight; that the deodorizing fluid, of a proper strength and properly diluted, be frequently employed. Thus, expenses beyond all calculation will be avoided; and that material be restored to the land which all agricultural chemists agree it essentially and imperiously requires.

But the same remarks apply directly to small townships, clusters of cottages, and small towns, not exceeding 10,000 or 14,000 in population; that is, their position to the surrounding rural district is such as to render any other sanitary measure not merely unnecessary, but absolutely uncalled for and pernicious. For the putting down of any grievous nuisance, the shutting in of any open cesspool, no matter what shape it assumes; the abatement and extinguishing of any enormity attempted to be practised against the health of the inhabitants of any township, village, or small town, by the covetousness, brutality, or ignorance of a proprietor, the existing laws will be found quite adequate; and, if not, they can easily be rendered so without much additional legislation.

Sanitary reform, as regards large and populous towns and cities, is a more complex and difficult question; the metropolis, from its vast size, perhaps, merits special consideration.

1. Of large towns generally. Of these, some are placed on the banks of, or near to, large rivers —Glasgow, York, Liverpool, Hull, Newcastle; others have no such advantage, if it really be one, the rivers connected with them being small, as that of Manchester, or wholly insignificant, as that near Edinburgh. These data must somewhat modify the sanitary question, especially in an economical point of view. If the refuse of a large city will not pay the expense of carriage to the country, and if it may at a much less expense be flooded by sewerage into a large and rapid river, equal to its removal, or into the sea itself, this latter mode of removal will very naturally be adopted, provided it can be shown that still more serious evils do not arise from its adoption. It is, after all, but a choice of evils or difficulties, and the least ought to be chosen. One thing is evident, the drain-sewer system, and the flushing, scouring, and flooding such drain-sewers, are wholly unnecessary in the suburban districts of the metropolis, or rather, we ought to say, in all parts of any town far removed from the river; that is, should it be decided that the more dense portion of a city or large town, situated close to the banks of the river, should be so purified. Thus, the method by drain-sewers, instead of a national measure, as the advocates of the measure have loudly proclaimed, comes to be limited to a very few localities, and may easily be shown to be wholly inapplicable to every other throughout the kingdom. A great problem is yet to be solved, whether London itself can be purified by the drain-sewer system. It stands too high up the tideway; the flood tide will carry the filth of London along with it, and the ebb tide must return it again to London. As regards such towns as Leeds, Manchester, Hull, York, Edinburgh, Glasgow, Derby, Sunderland, Newcastle, Berwick, Southampton, and a hundred others, we most conscientiously and advisedly believe the drain-sewer system to be wholly inapplicable; whilst the same remarks apply strictly to the smaller towns composing the outskirts of London.

Most of the facts and figures by which these conclusions have been arrived at will be found in detail in Mr. Ellerman's well written pamphlet. We have avoided touching on the more disputed matters of national health and disinfection. These, we are quite aware, are still open to discussion. We neither contend, with Dr. Guy, that a somewhat filthy laystall may be harmless, nor that it is the source of fever, cholera, or any other form of epidemic disease; nor do we endeavour to prove, as Dr. Guy has done, that scavengers, clearers of cesspools and of laystalls, are among the healthiest of men, and theirs among the healthiest of employments. Points like these have been subjects of dispute amongst medical men of all ages, and will probably continue to be so for ages yet to come. All we suggest is, that the Government do not hastily embark in an experimental course, leading to an unknown expenditure without a probability of a due and compensating return; nay, with all reasonable prospect of a nearly entire failure throughout the kingdom; but rather use those means which an improved chemistry places so readily in the hands of all classes, and thus carry out, by the aid of the million itself, the improved sanitary condition of that million, and this while fertilizing to an unknown, but assuredly great, extent that soil—that land to which England must ever look for her food, should she find herself by unhappy circumstances once more at war with the world.

In conclusion, the present deplorable condition of the population of crowded towns has arisen solely from the great value of property—of the soil, in fact. If new acts of Parliament be required, as possibly they are, to protect the population from the cupidity of the proprietor; from the selfishness of the builder, and his generally total disregard for the wholesomeness of the buildings he erects by contract or on speculation; and from the gripe of the agent or middleman, collecting house rents for some absentee proprietor: they ought to have no utopian or un-English character, at least; nor ought they to be founded on data such as that evidence on which the Metropolitan Commission now proceeds, the greater part of which consists, as may readily be proved were time granted, either of gross exaggerations or misrepresentations of well-meaning, but most frequently of interested, parties.

Prior to the discoveries of deodorizing fluids, and the extraordinary powers they possess in the destruction of odours and smells, styled infectious, pestilential, and abominable, no sound system of cesspools could be conveniently contrived for the relief and convenience of houses placed in situations where sewerage was clearly impracticable. But, now that by these deodorizing fluids the cesspool system, hitherto followed by all Saxon races, can not only be disarmed of all its dangers, but rendered profitable in the highest degree to the country, it is deeply to be regretted that the system of drain-sewers should have found favour with the Government—a system we have shown to be impracticable in by far the greatest number of localities, and, where practicable, neither desirable nor unattended by other evils and drawbacks. By means of these most valuable fluids, especially by reason of their great economy, cesspools of every description, as well

as foul drains, dead walls, &c., may now be completely deodorized and cleared out at midday without the least offence to any one. Let the Government, then, renounce at once, as inapplicable to Britain, its present scheme of drain-sewers for Britain, than which no worse was ever imagined, and, by a slight modification of their present act, watch, by means of inspectors, the construction of all houses, and the repairs of those already built, requiring and enforcing, if necessary, by Government surveyors, that in the future construction and repairing of every dwelling-house, from the mansion to the cottage, due regard be had to the wholesomeness of the abode of civilized men and Christians. Pure air, ventilation, and sunlight, with courts as playgrounds for children, can be secured to the general population only by the interference of the Imperial Parliament; that we freely and at once admit. A good supply of fresh water to cities and towns can only, we fear, be obtained by the same means. An undrained house ought not to be tolerated on any account whatever, nor can there be the slightest difficulty in carrying into the brooks, rivulets, and rivers, the drainage water from the entire country. But, when we speak of sewerage, the question is entirely altered: the proprietors of these streams, the inhabitants of the banks of small rivers, will never consent that such rivers be poisoned all over Britain, that the country generally be rendered odious, and that agriculture suffer proportionally. This is the whole question. Improve the cesspools, waterclosets, &c.; improve them in form, making them portable and easily manageable, as in Flanders; fill up, and build up, the present cesspools and dead wells, which poison, as they now exist, the fresh-water wells in most villages in Britain. These are proposals suited to a Saxon population; they will be approved by Englishmen generally; and the sanitary reform mania—for it really is one—will gradually subside.

THE MEDICAL TIMES.

SATURDAY, MAY 20, 1848.

COLLEGIATE GOVERNMENT.

University College is convulsed to its centre by that modern difficulty of nations, "l'organisation du travail." Its medical administration is all at sixes and sevens. There has been quite a "turn out," a "strike," among its professors. They are at this moment in open *émeute*. With the utmost possible "liberty" of speech and "equality" of abuse, there has been the largest possible "fraternity" of ill feeling. We have the printed authority of one half of them, that the other half form a very unprincipled set; and as for their employers, the council, or committee, or senate, or whatever else they are pleased to call themselves, an old workman of theirs, one Samuel Cooper, makes it clear that they do not know what good faith or a solemn promise means. In fact, that rebelliousness which proverbially belongs to all medical education has here concentrated itself among the professors; and Cooper and Sharpey and Quain and Morton, and we hardly know how many more of them, are as ready for a medical row, in Gower-street, as their pupils would have been if located in Edinburgh or Paris.

The "teterrima causa" even of this *collegiate* war—as if to prove Horace ever in the right—is not unconnected with "woman"! Mr. Cooper has a son-in-law, Mr. Morton, who has not been appointed successor to Mr. Liston. Here is the "direful spring" of our "unnumbered woes." The affectionate professor is, fortunately for us, his own Homer. We have his Iliad before us, in the shape of a small pamphlet, making exactly a sheet 8vo. In it he has so fully withdrawn the curtain that stood between us and the whole *res gesta*—the *miracula rerum*—that we shall substitute for our narrative his artless and interesting epic.

Dashing in *medias res*, the professor first shows us that the council, in a note of their secretary, had pledged themselves, before Liston's death, to allow him the aid of an assistant lecturer—of course Mr. Morton. Having claims on the college, he expected that this pledge would empower him to have that gentleman as his assistant permanently; but, in consequence of his insubordination to Professors Sharpey and Quain, whom he terms the college dictators, he was not only disappointed in this expectation, but received from a committee appointed by the council subsequently to Mr. Syme's appointment an intimation that it was desirable he should resign his professorship of surgery, of course foregoing that patronage which had been indirectly pledged to him by the council's letter. The professor insists that he would back Mr. Morton against the favourite—meaning, we suppose, Mr. Syme; that, as a pupil of the college, long in responsible office as assistant surgeon, Mr. Morton had prior claims over that gentleman; and that, disgusted with the intrigues of Professor Sharpey, who wanted to promote himself, and indignant at the hint of resignation addressed to himself, he had no option but to resign, which he does in these words:—

"My Lords and Gentlemen,—It only remains for me now to tender to you the resignation of the offices which I yet hold of Professor of Surgery in University College, and of Consulting Surgeon to the Hospital. I thank you for every kindness conferred upon me during the seventeen years of my service, and I sincerely hope that the medical department of the College will not long continue to be in the hands of the two combined professors, who, by their unauthorized proceedings, have had the power of making even you depart from, or hesitate to perform, your written and deliberate promise to your professor of Surgery; and who, except in matters of the most common routine, in point of fact, annihilate all the very important functions, designed by the constitution of the College, to be exercised by an independent Faculty of Medicine."

"'The committee regret that they feel it will be their imperative duty to recommend to the council, that you should be requested to relinquish the Chair of Surgery. Previous, however, to their taking such a step, their feelings of respectful attention to your character and long professional services, induce them to intimate the unanimous opinion they have formed, hoping they may thus be relieved from the performance of a very painful duty.' Whether this communication was made to me 'without the knowledge of the professors, or any one of them,' as Dr. Sharpey affirms, is not material; but by what influence the committee were led to take this step is the question."

The resignation thus tendered by Mr. Cooper has been accompanied by that of Mr. Morton, followed by that of Mr. Syme, and lastly has entailed, we are assured, those of Dr. Sharpey and Mr. Quain. The "teterrima causa" has annihilated the proudest medical staff of the empire!

To those who know the views advocated by the *Medical Times* through years, we need not say that, great as is our respect for Mr. Cooper and his excellent character, we do not concur with him in the objection to the council that it preferred Mr. Syme to Mr. Morton, and still less do we concur in the reasons alleged by him in support of the objection. Unquestionably Mr. Syme, with all his drawbacks (and we have never shut our eyes to them) was the better appointment. He is the older surgeon, with the largest experience and greatest reputation. He *may* not be intrinsically a better or abler man than Mr. Morton (of whom the little we know is all in his favour); but then the public see in the northern professor a tried man, possessing through years the surgical practice of Scotland, and in the enjoyment of what Mr. Morton has yet to achieve—a wide-spread and, let us add it, a well-deserved repute. If it were any other school in question but that of Gower-street, Mr. Cooper would himself acknowledge all this; and we can see in none of the "reasons" he has published a ground for supposing that in his own case there is matter for an exception. We *deny* that in professional appointments *anywhere* there should be a *preference* to the students of *any* college, much more that there should be a monopoly. There is no pretence of an argument to be alleged for the system by which hospital hangers-on, like hungry birds of prey, loiter about our institutions for any garbage that may turn up to them on the death or retirement of a medical officer. The system is opposed to study, hard work, genius, and manly independence, and leads invariably to a miserable routine of nepotism, sycophancy, and mediocrity, under which pupils feel no emulation, patients know no confidence, and institutions receive no honour. Colleges, thriving by their repute, should seek as a first duty to enlarge, not lessen, the field of competition: the more candidates, the better their choice, and the richer their possessions; and if all injustice is to be deprecated, that, above all others, is least generous which is marked by a *partiality* for our own. It is *right* that no man should be a prophet in his own country. It is better that merit should be underprized, that it may show itself abroad, than that it should be overvalued, to stagnate at home. If University College is to prefer as teachers its own pupils to the pupils and professors of all the world besides, why may not every school act in the same spirit of the narrowest form of protectionist policy? And, if this system were in universal adoption, of what avail genius?—of what profit industry?—of what effect science?

Disagreeing thus with Mr. Cooper on the appointment of Mr. Syme, and opposing thus his general views on hospital appointments, we confess we do not see the force of his complaints against Messrs. Sharpey and Quain. If Sharpey and Syme be friends, surely that friendship should not disqualify the latter for an appointment which, of all candidates, he is the *most* fitted to fill; and, supposing Quain *would* be glad to teach surgery, there can be no reason for his refusing the appointment because he would thus exclude a *less* efficient man! We know of no law which compels us to love another *more* than ourselves, or to deny a man his deserts, *because* he is our friend. Mr. Cooper, like some other amiable men spoiled by a run of too much worldly comfort, appears to judge of things through a happy but deceptive medium of his own. He brings the whole world to judgment in his domestic circle, his own feelings and interests forming the doom-book—a comfortable judicature if he could only win for its proceedings a less contested jurisdiction, and for its decisions a wider acceptance.

Why *did* the committee then, what *justified* them to ask Mr. Cooper to resign? Samuel

Cooper, whatever his zeal for a relation, or personal regard for himself, has a name not to be lightly spoken of—or hardly dealt with by any body attached to surgical science—and still less by such a body as that of University College, which he has so long and efficiently served. It is the proudest name in the college lists, and the committee that have thus cast upon it indignity and wrong, have assumed a rash and indecorous responsibility. A man like Cooper may do and say much in a colleague squabble without giving a title to a course so offensive in all men's views, and so outrageous in ours.

The sudden disappearance of Mr. Syme from the scene is perhaps the oddest of the many complications offered us by this singular drama. Coming on us like a shadow—very like one—so he departs; and we hardly know at which of the two things, the entrance or the exit, most to wonder at. In full possession of the kingdom of Scotch surgery, his eyes turned, as by hereditary instinct, or characteristic vanity, to our larger kingdom in the rich south, and like another Crœsus, probably with the same prophecy standing before his second sight—"If Crœsus pass the border, a kingdom shall be lost"—we see him suddenly hazarding his all, so dear to his Scotch prudence, on the forlorn enterprise. The surgical royalties of the invaded land—the Guthries, the Brodies, and the Fergussons—were not so easily vanquished, however; and the venturesome *Pict*, finding too late that—

"Non omnibus contingit adire Corinthum"—

has used the first decent pretext that turned up to sound a retreat—to turn his face north—the only and hopeful instance in modern history of one of our northern invaders relinquishing a hold deliberately made on us poor Southerns!

The Scotch intruder, who had just introduced his head into his neighbour's garden—his mouth watering at the sight of the luscious booty—the golden pippins—that lay exposed before him—when indignantly asked "Where are you going?" responded with the admirable *naïveté* peculiar to his countrymen, "*Bock* again!" Much as we may regret that the worthy professor's "bock again" will deprive English clinical surgery of the benefit of his wise and liberal intentions in its favour (and we have a serious fancy that he is the *best clinical* teacher in Europe), it is something in the way of a set off to be able to congratulate the "good folks" of modern Athens on the speedy and safe restoration to them of almost their only remaining surgeon.

Amid this crash of professorial chairs, re-echoing to the downfal of empires, the learned world, amazed, asks whence are to come the elements of reorganization? There is but one hope: ingenuity itself has no second suggestion: in the lowest deep there is no other lower:—the council, in their despair, must deign to turn collegiate mudlarks, and rake for teachers among the wards of the Free Hospital or the kindred establishment of Professor Holloway!

But what are we doing? We are insensibly giving this *domestic* squabble some of the importance attached to it by the teachers. To the public and the profession there could probably be no matter of more insignificance than the right or wrong of these lecturing grievances and *business* disagreements. It is an anthill in commotion about the possession of a millet-seed. The very many men who, in the blind frenzy of their partisan warfare, make so much of the squabble this week will be ashamed of their impassioned zealotry the next; and we have done all we wish if we have recalled them to that sober and accurate estimate of their position, claims, and natural rights which becomes reasonable and moderate men.

THE REGISTRAR-GENERAL'S QUARTERLY REPORT OF THE STATE OF THE PUBLIC HEALTH.

The Quarterly Return of the Registrar-General has just been issued, from which we learn the state of the public health during the past three months. These documents are replete with interest to the medical profession, compiled as they are with great care, and furnished with scientific annotations.

From the report recently published we learn that the mortality has been high in the quarter, but rather lower than the previous quarter; and, taking the increase of population into account, higher than in the corresponding quarter of the year 1847. The deaths returned were 57,710 in the last, and 57,925 in the previous, quarter. The deaths in the corresponding quarter of 1847 were 56,105.

In this metropolis 16,455 deaths were registered in the first thirteen weeks of 1848, and 15,289 in the first thirteen weeks of 1847. The mortality was high during the first five weeks of the present year. In the week ending Feb. 5, 1453 were returned, exclusive of deaths by violence and sudden deaths; in the next week the deaths were 1296; the temperature rose, and in the week ending Feb. 19 the deaths were 1102; in the five following weeks the deaths only varied from 1090 in the first to 1054 in the last week but one of the quarter ending April 1. Typhus is still epidemic in London, and destroys from 60 to 80 persons weekly. Smallpox, measles, scarlatina, and hooping-cough have also been fatal to many; and from the registrar we learn that these diseases in many parts of the country were epidemic. The deaths ascribed to influenza in the thirteen weeks were 102, 102, 89, 56, 59, 47, 27, 33, 18, 11, 10, 16, 8. The deaths in Birmingham, Manchester, and Liverpool still remain excessively great, and in East Sunderland 47 persons, principally children, have died of the smallpox, only one of which was vaccinated.

The high rate of mortality in the past quarter has been chiefly owing to the prevalence of zymotic diseases, those of the sporadic class having been scarcely more numerous or fatal than usual. In the report the registrar calls attention to the increasing number of smallpox cases—a disease that may be almost prevented by vaccination, which, by a legislative act, has been placed within the reach of every poor person in the kingdom. It is evident, however, that the prejudices of the population against cowpox, instead of diminishing, is on the increase, and there is, in consequence, a culpable carelessness manifested in early securing the benefits which result from vaccination. In looking over the weekly registration we are struck with the large number of deaths of persons entirely unprotected, and we consider it a duty devolving on the members of the profession to use their influence to induce the poor to employ the means which are offered them for eradicating this frightful disease; and of the Legislature to enforce these means by some stringent enactment. That the vaccine matter does not accomplish all that is desired may be admitted, but that it is also a great preventive of the smallpox none can with propriety deny who are at all acquainted with the history of this disease. During the past quarter the large number of 388 persons, principally children, have died from variola—an amount exceeded only in the springs of 1841 and 1845.

We find also no less than 244 deaths from diarrhœa registered—a number far exceeding any in the corresponding periods during the last seven years. We are startled, moreover, with the announcement of *nine* deaths from cholera, and this week we have two more cases—one occurring in Rotherhithe, and the other in Oxford-terrace; the former proving fatal in five, the latter in two, days. An old aphorism says, "Coming events cast their shadows before;" and, while we admit that cases of Asiatic cholera do occur in this country occasionally without the disease becoming epidemical, yet the tendency at the present time to bowel complaints, coupled with the occurrence of well-marked cases of deaths resulting from the Eastern scourge, leads us to the conclusion, that the time is not distant when it will become a fearful pestilence amongst our people. Only within the last week the *Gloucester Journal* informs us that an inquest was held in the city, on the body of a railway labourer, "who died with symptoms precisely identical with those which mark Asiatic cholera." The deceased, it is true, had for some days previously been drinking to excess, and the *post-mortem* examination revealed an extensive disease of the liver. Yet the fact is very significant, coupled with the circumstance that the man died, according to the evidence of the surgeon, "with symptoms which would indicate that he had Asiatic cholera." We cannot avoid making a passing remark, that Gloucester was severely visited with the cholera in 1831-2; and no wonder, when we consider that it is a city (though possessing a name indicative of "beauty,") which abounds withfilthy lanes, open stagnant ditches, and ill-constructed stinking sewers.

Returning to our report, we find a high rate of mortality attributed to "typhus fever," 922 deaths being registered in the quarter under this head, being upwards of 400 above the average of the corresponding quarters of the seven previous years. In a city so vast as London, where there is so much wretchedness, filth, and degradation, it is no wonder that fever should yearly sweep away thousands of its inhabitants. Here, in close proximity to palaces, are streets in which the light of day can scarcely find admittance, and where the miserable houses are crammed with human beings. Here fathers and mothers, brothers and sisters, males and females, the sick, the dying and the dead, are crammed together in such a manner as to render it impossible to preserve the ordinary decencies of life. Disease riots in these districts, and from them not unfrequently makes excursions into the mansions of the rich, where it strikes its victims without fear or mercy.

Birmingham (the registrar says) has in its site many advantages in a sanitary point of view, and the occupations of the people are not insalubrious; but the beneficence of nature appears to be defeated by the negligence of the authorities. Water, pure air, and a perfect system of drainage are not provided, as they might be, for the whole town; and the consequence is that want, and the epidemics abroad, have destroyed thousands of the lives of the inhabitants within the last two years. The prevalence of fever at Lancashire-hill, Stockport, is notorious. A sewer runs along the old road, which is so offensive when heated

water from an adjacent manufactory flows through it, that the neighbours run out of their dwellings with floor-mats, &c., to stop as well as they can the effluvia escaping from the eyeholes of the drain. This drain crosses Hesketh-street, in which there is considerable mortality, and, passing under a number of small gardens, is emptied into a pit close to an open footpath in the field next to this street, near a population that must feel its deadly effects. It is a pity that such a town as Stockport and its surrounding hamlets should have such defective drainage; for there is not perhaps a borough in the kingdom possessing greater natural advantages of fall, by which every sewer and drain might have its contents easily emptied into the Mersey and Goyt.

There is no doubt that the state of the atmosphere has a considerable influence upon the public health. During the last quarter the weather has been remarkable. The daily temperature of the air has been for the most part above the average, yet there was a period of exceedingly cold weather between the 20th and 28th of January; the departures from the average on the 26th, 27th, and 28th were 12°.8, 10°.8, and 16° respectively. The temperature then suddenly increased to 6°.5 above the average on the 30th; and, for the most part, the daily values afterwards exceeded those of the average, or differed very little from them. The mean amount of cloud for the quarter was such as to cover, upon the average, four-fifths of the whole sky. The amount of cloud from November to March was larger than in any period of equal length for many years. The electricity at Greenwich during the past quarter has been about its usual amount. The barometer readings have been remarkable for great and frequent oscillations, and very low readings, exhibiting a difference in these particulars from any period since 1800. The amount of rain for the quarter exceeds the average reckoned from 1815 to the present time by two inches and a half. The members of the profession would do well to devote more attention to the science of meteorology; for it is a field which has been but little explored, and there is no doubt that the diligent searcher after truth will here be well rewarded for his efforts.

PROFESSOR SYME.

Two meetings of the medical students of the University College have been held during the last week, at which resolutions expressive of esteem to Professor Syme, and of regret at his loss, were passed. The following resolution, also passed by them, is not without significance:—"2. That the students of University College have the firmest reliance on the principles on which the college was founded, and most heartily approve of that of obtaining the best men that can be found to fill vacant appointments; and they trust that the council will meet the present crisis with the vigour and impartiality which it demands."

COPY.

To the Right Honourable Sir George Grey, Baronet, her Majesty's Principal Secretary of State for the Home Department,

Showeth,

That your memorialists, being legally qualified members of the medical profession, have read with approbation a paper entitled "Principles for a General Measure of Medical Reform," which have been agreed upon by the joint committee of the Royal Colleges of Physicians and Surgeons of England, the Society of Apothecaries, and the National Institute of Medicine, Surgery, and Midwifery; and which your memorialists believe have been submitted to the head of the Home Department.

The undersigned are of opinion that a legislative measure founded on those principles will conduce to the welfare of the public, and will be generally satisfactory to the medical profession.

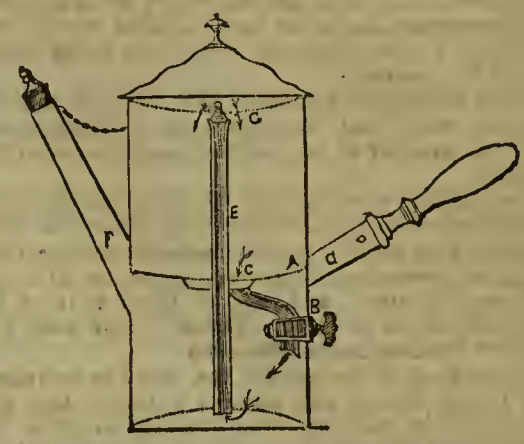
Your memorialists, therefore, pray that, as an act of Legislature, her Majesty's Government will adopt those principles of medical reform.

George Drummond, M.R.C.S., L.S.A., Brighton; Thomas Allen, M.D., Brighton; John Dill, M.R.C.S., Brighton; Thomas Blair, M.D., Brighton; George Hall, M.D. Oxon, Brighton; Andrew Plummer, M.D., Brighton; John Lawrence, F.R.C.S.E., Brighton; James Arnott, M.D., Brighton; Edward Dix, M.R.C.S.E., Brighton; James Turner, M.R.C.S., L.S.A., Brighton; James W. Wilson, M.D., Brighton; George Royde, M.R.C.S.E., L.S.A., Brighton; Augustus Franz, M.D., M.R.C.S., Brighton; J. Cordy Burrows, M.R.C.S.L., L.S.A., Brighton; William Kibbell, M.D., Brighton; J. R. Simonds, M.R.C.S.E.; Edmund J. Furner, surgeon; Richard Newnham, surgeon; Robert Tayler, F.R.C.S., L.S.A.; William King, M.D. Cantab., 23, Montpellier-road; E. Wildman Whitehouse, M.R.C.S., L.S.A., Brighton; T. B. Winter, M.R.C.S., L.S.A.; Thomas Andrews, surgeon, Montpellier-road; Thomas Yates, M.D.; James Oldham, Norfolk-square; M. D. Nugent, M.D., F.R.C.S. Lond. and Dublin, Brighton; William Scott Watson, M.R.C.S., L.S.A.; George S. Jenks, M.D., Brighton; Jenkin Jones, M.D., Brighton; George Lowdell, M.R.C.S., L.S.A., Brighton; Gavin Eliott Pocock, M.R.C.S., L.S.A., Canon place; Richard Rugg, M.R.C.S., L.S.A., Brighton; T. Paine, surgeon, Brighton; George Tatham, M.R.C.S., L.S.A.; W. B. Rowe, M.R.C.S., L.S.A., Brighton; J. King Dingle, M.R.C.S., L.A.C.; Thomas Barker, M.D., Brighton; W. R. Mott, surgeon, formerly surgeon 47th Regt. Foot; W. Adam Maiben, M.R.C.S., L.S.A; J. T. Gardner, M.R.C.S., L.S.A., St. James's-street; W. H. Fry, L.S.A., Dorset-gardens; William Wilton, M.R.C.S., L.S.A., St. James's-street; Thomas B. Horne, M.R.C.S., L.S.A.; Hampton Weekes, M.D.; Robert Caudle, surgeon, Brighton; William Verrall, surgeon, Brighton; R. M. Philpott, Brighton; S. K. Scott, M.R.C.S., L.S.A.; George Battcock, surgeon, Brighton; John Lawrence, jun., Brighton; B. Thomas Seabrook; Robert Dix, surgeon, Brighton; Henry Sutton, surgeon-accoucheur, Brighton; E. D. W. Mitchell, M.R.C.S.E., L.S.A., Brighton; James Ansley Hingeston, M.R.C.S.L.

NEW INFUSION POT.

We have recently met with an apparatus, the invention of Mr. Waller, calculated to be of considerable service to the practitioner in pharmacy. It is adapted to the preparation of all kinds of infusions, and is, therefore, equally serviceable as a cafetière or infusion-pot. Our readers will perceive that the apparatus consists of a vessel divided into equal parts by a solid partition, A; this partition being shaped like a dinner-plate, and having the central deepest portion pierced by a hole, around the edge of which is attached a bent tube connected with a tap, B; a passage or way may thus be opened or shut off at pleasure from the upper to the lower half of the vessel, through the strainer, C, which consists of a piece of very finely perforated metal, soldered around the dished part of the partition. Ascending from within a short space of the bottom of the lower chamber to within nearly the top of the upper one is a tube, E, passing through the partition and perforated plate, to both of which it is firmly soldered, and which tube is surmounted by a valve, D. F is an ordinary spout, having a ground stopper or plug, fitting air-tight.

When this apparatus is placed on the fire the water in the lower division is forced, by the pressure of steam, up the central, lifting the valve, and made to fall in a uniform stream, at a gradually increasing temperature, upon the coffee or other material; as soon as all the water above the inferior orifice of the central tube has been forced up, then only steam arises; when the vessel is removed from the fire, the valve falls, and prevents the re-entrance of air into the lower chamber, after its total expulsion thence by the steam; during the period of infusion the steam in the lower chamber is allowed to condense, and thus a partial vacuum is produced, and preserved for any period, and rendered available for effecting rapid filtration, whenever desired, by the employment of the tap.



For pharmaceutical purposes this invention performs the fourfold function of boiler, infusion-pot, filter, and tincture-press, dispensing with the necessity for the separate utensils; it effects a great saving of time, as the tedious details of arranging muslin, paper, tow, and other media, squeezing the ingredients, &c., is abolished, the boiling, maceration, filtration, and expression being conducted in one and the same vessel, which being covered throughout each of these separate stages until the product is ready for use, no loss can be sustained from atmospheric contact. In the case of tinctures this protection is of considerable moment, as their strength can thereby be implicitly relied on, the spirit not being an instant exposed during the filtration.

BETHNAL GREEN ADVERTISEMENTS.

[To the Editor of the Medical Times.]

SIR,—I have this day perused your article on the subject of certain blank cartridges in the shape of handbills, which have been issued in the (as you describe it) sweet-smelling parish of Bethnal-green, and which contain the names of Mr. Rolph, myself, and others.

I have much pleasure in informing you that you are quite right in supposing that this step was not taken by the Medical Association, and in handing you copies of letters received from the secretary of this association, and from the clerk of the Apothecaries' Society, in answer to my inquiries on the subject. These have also been forwarded to the *Lancet* for publication.

You will, perhaps, at the same time, allow me to make a few remarks on the various passages of the said article. I must, however, first, both in behalf of Mr. Rolph and myself, totally disclaim any desire of acquiring notoriety by this proceeding. There is something about the very word "notoriety" which I cannot help associating, in medical matters, with the Jew-quacks of the metropolis, and the filthy corners where they sow the seeds of their fame; which, when it comes to maturity, unlike many other things, both useful and beautiful, which spring from an unclean source, is as foul and loathsome as the places of its birth.

We desire no such reputation as this; we merely wish to stand fairly with the public and the profession, and this, if possible, we are determined to do.

The blank cartridges in question imply a great deal more than they absolutely express, viz.: that we are illegal practitioners, utterly ignorant, and incompetent to perform the duties of our profession. The public cannot discriminate between an apothecary and a surgeon, and, if such a statement as this were allowed to go forth uncontradicted, it would inevitably do us serious harm.

I am glad that you are amused by the war and its

"warriors;" but, as far as I am concerned personally (and I think the profession generally will view it in the same light), I really cannot see the joke at all.

Like the frogs in the fable, what appears capital sport to you may be death to us.

Besides this, such an act is disgraceful to the profession of which we are members, and, as you very truly observe, calculated to lower it in the estimation of the public. This surely is unnecessary, if we are to believe the statements quoted from your correspondent's letter, that a poor man may obtain a bottle of physic for 1s., and have his wife put to bed for 5s.

The former statement I believe to be correct, and Bethnal-green is not singular in that particular; but, in asserting that the midwifery fee is a crown, your correspondent must have alluded to his own practice. I never heard of such a fee being taken, except by a midwife.

There is another quotation, the truth of which I question, viz., "that this low scale of charges arises from the number of unqualified practitioners in the district."

Two medical men, at least, in this district, possessing the double qualification, distribute circulars in which they offer to supply medicine and perform the minor operations of surgery at the rate of 1s. for each consultation; and one of them reduces his charge to 6d. for children. These I have seen and read. "Clodius accusat Mœchos."

I often hear of the mind's eye, and see no reason why it should not also possess a nose; this you cannot fail to turn up when you contemplate the "unsewered streets, ill-ventilated houses, stinking privies, filthy ditches, &c.," of the much-bedaubed parish of Bethnal-green; but, besides these, there is, Sir, I am sorry to say, a mass of moral filth perfectly Augean existing among a class which, from its position elsewhere, would scarcely be suspected of harbouring it, that (to pursue the figure) would not only sicken your mind's stomach, but revolt its heart and understanding; and that can only be cleansed by the stream of public opinion, turned in by the Hercules of the public press.

I must apologize for having trespassed so long on your valuable time, and am, Sir, your most obedient servant,

CHAS. W. LATHAM, M.R.C.S.E.

56, Church-street, Bethnal-green-road, May 16.

(Copy.)

Apothecaries' Hall, May 1, 1848.

SIR,—I beg to acknowledge the receipt of your letter of this day's date, enclosing a printed placard, headed "Twenty Pounds Penalty and Imprisonment—Illegal Medical Practice," and inquiring whether this circular proceeds from the Society of Apothecaries, or is published with their cognizance and authority? In reply to your inquiry, I beg to inform you, that the circular in question does not proceed from the Society of Apothecaries, and I return the placard, or circular, to you, according to your desire.

I am, Sir, your most obedient servant,

ROBT. B. UPTON, Clerk to the Society.

Chas. W. Latham, Esq., 56, Church-street, Bethnal-green-road.

(Copy.)

7, Finsbury-pavement, May 2, 1848.

SIR,—In reply to your letter of this day's date, I have to inform you that the circular in question did not emanate from the Medical Mutual Protection Association, nor are they in any way whatever connected with it. They never contemplated proceeding against members of the College, nor, had they so intended, could they possibly have so demeaned themselves as to adopt such disgraceful means. I have laid your letter before the committee this day.

Trusting that you will give every publicity to our indignant denial of such conduct, I have the honour to be, Sir, Your obedient servant,

ROBT. HAMES, Hon. Sec.

C. W. Latham, Esq.

GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on the 12th inst.:—J. S. Rimington, J. Delves, R. Wailes, J. Manley, W. D. Jagoe, E. Carver, S. G. Chuckerbutty, R. Hagyard, H. Spicer, J. J. Williams, and J. Hinton,

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, May 11:—Richard William Brosher, Poole, Dorset; Charles Alexander Bisset; Charles James Bennetts, Mylor, Cornwall; Robert Oke Clark, Farnham, Surrey; Francis Philip Francis, Colchester; William Maltby, Southwell, Nottinghamshire; Dannett Asbury, Enfield; Maurice Levett Manthorp, Thorp, Essex; Martin Wales Bedell Coulcher, Downham, Norfolk; George Wallis Berkeley Calcott, Clifton, Bristol; Arthur Goodchild, St. John's-wood; Robert Hagyard, Hovingham, Yorkshire.

NAVAL PROMOTION.—James C. Walsh, Assistant-Surgeon, promoted to Surgeon.

UNIVERSITY COLLEGE.—It is stated on good authority that Professor Syme, who so recently succeeded the late Mr. Liston, has just resigned the appointment; we had scarcely recovered from the surprise of this intelligence when informed that Professors Sharpey and Quain had also resigned.

MORTALITY IN THE GARDE MOBILE OF PARIS.—A considerable mortality has for some time prevailed amongst the soldiers of the Garde Mobile. The cause is attributed by some to the haste with which the corps has been equipped. A great number of the unfortunate young men were obliged to do duty during the cold nights of March and April almost in rags.

THE MIDDLESEX HOSPITAL.—The anniversary of this charity was celebrated on Monday evening at the Freemasons' Tavern, and, although the number of gentlemen present did not exceed seventy, the proceedings were highly satisfactory. The Duke of Northumberland presided. A ward is set apart in the hospital for the treatment of cancerous diseases; and a Samaritan Fund has been raised for affording, among other purposes, temporary relief to poor convalescent patients whose residence in the hospital is no longer necessary, but who still require aid as outdoor patients. The amount of subscriptions and donations announced at the meeting was very satisfactory, showing a considerable increase upon that of the preceding year. Among the principal subscriptions were those of the Queen, 100 guineas; the Queen Dowager, 50 guineas; the Duke of Northumberland, 100 guineas; and a clergyman, whose name we did not catch, the munificent gift of £500.

TRAINING INSTITUTION FOR NURSES FOR HOSPITALS, FAMILIES, AND THE POOR.—A prospectus has been issued of an institution which is intended to supply the means of training women to act as nurses. The Bishop of London is to be the president, and a site for the building is to be provided in some central situation in the metropolis, within a convenient distance from some of the public hospitals; but the institution is not to be in exclusive connection with any. The establishment is to be under the superintendence of a clergyman of the Church of England, who is to act as chaplain; and a lady superintendent, who will direct all domestic arrangements. The other members of the institution will consist of three classes:—1. *Probationers*—young women, eighteen years of age and upwards, who are to be trained for two years, at the close of which they may become nurses. 2. Nurses admitted without probation. 3. Sisters, who are to be not less than twenty-five years of age, of approved piety, industry, and zeal. The institution, it appears, will be a religious sisterhood, and, from what we can learn from the prospectus, will be more efficient in imparting spiritual instructions, according to the doctrines of the Church of England, than in providing efficient nurses for the sick poor.

The anniversary festival of the Royal Orthopœdic Hospital was celebrated on Wednesday last at the London Tavern, Lord Abinger in the chair. The average daily attendance of out-patients is now about 100, the new cases presented weekly from 20 to 40, and the number relieved since the opening nearly 7000. The total number of patients admitted during the year was 1358, and the expenditure amounted to £2172, being at the rate of little more than 30s. per head. The secretary announced subscriptions to the amount of nearly £700.

OPHTHALMIA IN THE WINDSOR UNION.—The master and matron of the Windsor union, with their family and nearly the whole of the inmates, have been attacked by a mild species of ophthalmia, which was introduced into the workhouse by some casual paupers from the neighbourhood of the metropolis some weeks ago.

COLLODION, OR AMERICAN ADHESIVE FLUID.—Within a few weeks an ethereal solution of gun-cotton, invented by Mr. John P. Maynard, has been introduced in the United States as a substitute for common adhesive plaster, plaster cloth, bandages, and sutures. The fluid, exposed to the atmosphere, in a few seconds becomes a solid gum, adhering to the skin with such tenacity as to render any displacement of the dressing formed by it almost impossible. It resists the action of water, hot or cold, and is unaffected by any degree of warmth; it instantly forms a coating of great strength and durability. In contracting, it brings the edges of the wound firmly together, and, being impervious to air and water, enables the wound to unite by the first intention. It leaves hardly a scar. It is called collodion. The price is said to be moderate.

EXTERNAL USE OF CHLOROFORM.—We learn from an American medical journal that chloroform has been applied with success to a wound of the hand in which the radial nerve seemed to be implicated. The patient could not move his thumb and first two fingers without suffering great pain. Stimulating remedies were employed for some days without any benefit, when the surgeon directed a drachm of chloroform to be dropped on the arm, which, shortly after, exercised so powerful an influence as to enable the patient to move his fingers without any suffering. A piece of sponge was then moistened with the anæsthetic agent and applied to the wound, over which a piece of oiled silk was bound to prevent evaporation. The next morning all traces of the painful implication of the nerve were removed.

LISTON TESTIMONIAL.—The committee for erecting some lasting testimonial to the memory of this distinguished surgeon have decided that it shall consist of a statue in marble, to be placed in some public situation hereafter to be decided upon, and of a gold metal, to be called the "Liston Medal," and awarded annually as the council of University College, London, may decide. The subscriptions advertised amount to nearly £700.

ROYAL INSTITUTION.—It is reported that Mr. Brodie, son of Sir Benjamin Brodie, will succeed Mr. Brand as lecturer on chemistry in the laboratory of the Royal Institution.

NEW PATENT.—M. Versepuy has patented a method of manufacturing white lead in closed vessels, whence it is extracted and mixed with water. It cannot, consequently, be diffused in dust through the atmosphere of the workshops; the workman neither touches nor breathes it; the only contact which occurs, with some precautions, is to put it in and take it out of the stove. In the Dutch process, as well as in that known as the method of Clichy, it is stated the workman is in continual contact with the matter which he works; he touches it, he sifts it again and again, he absorbs it through his skin, he breathes it, he is incessantly impregnated with it; and the pernicious permanent results on his health are too well known. The greater part of the latter evils are said to be avoided by M. Versepuy's process.

OBITUARY.—On the 6th inst., at Montrose, John Duke, Esq., surgeon, R.N., only brother of Alderman Sir James Duke, M.P. for Boston.—On the 15th ult., at Sorel, aged 28, Leon Gauthier, M.D.—On the 24th ult., suddenly, at Bewdley, in the 80th year of his age, Edmund Whitcombe, Esq., of Hollyfast, near Cleobury Mortimer, in which town he had been for upwards of forty-two years in practice as a surgeon, prior to which he was ten years surgeon in the Honourable East India Company's service.—On the 27th ult., at Philipsburg, Canada, aged 46, H. N. May, M.D.—On the 29th ult., of fever,

Mr. Richard Stephenson, apothecary to the Cork-street Fever Hospital, Dublin.—Lately, at Hollymount, of fever, H. Gardiner, Esq., medical attendant of the Kilmaine Dispensary.—On the 7th inst., at Willowbank, Airdrie, Dr. Walter Rankin, aged 56 years.—On the 5th inst., at Birkenhead, Alexander Hannay, Esq., M.D.—On the 6th of March, at the Cape of Good Hope, Dr. James Duncan, surgeon, Bengal Army.—Lately, at Glasgow, James Henderson, Esq., M.D., of Clyth.

MORTALITY TABLE.

For the Week ending Saturday, May 13, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	1052	
SPECIFIED CAUSES...	1051	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	263	271
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	53	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	113	122
Diseases of the Lungs, and of the other Organs of Respiration	167	129
Diseases of the Heart and Blood-vessels.....	30	33
Diseases of the Stomach, Liver, and other organs of Digestion	80	62
Diseases of the Kidneys, &c.	11	10
Childbirth, Diseases of the Uterus, &c	16	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	9	9
Diseases of the Skin, Cellular Tissue, &c.	..	1
Old Age.....	41	55
Violence, Privation, Cold, and Intemperance.....	24	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

Dr. M'Carthy's communication has been unavoidably excluded till our next number.

The paper "On Amputation of the Fingers and Toes," by Dr. Williamson, of Fort Pitt, Chatham, will appear in our next.

"A Student of University College, of 1834."—We cannot insert this letter. "A Student" should have known better than expect its insertion from a contemporary on whom he has a claim, or from ourselves, on whom he has no claim.

"B. M."—Ineligible.

"M.D."—We have no space for this long communication. The fact that the council have appointed Taylor, Morton, George, Ellis, Garrod, Marshall, Potter, and Croft, their own students, to collegiate appointments is the only argument in it worth noticing.

"Mr. Latham, Bethnal-green."—The communication is unavoidably postponed to next week.

"The Berncastle Fund."—Dr. Elliotson, F.R.S., has contributed £2. 2s., and Mr. R. Eshie, surgeon R.N., Lewisham, 10s. 6d., towards this fund. The Union Surgeons of Birmingham have also resolved, we understand, on forwarding a united subscription of some amount.

"M. D." cannot recover for the medicines charged in his bill.

"Guyensis."—1. The pay of a surgeon in the East India Company's service is equal to that of a captain; of an assistant-surgeon, to that of a lieutenant. 2. The expense of a passage to India will be nearly £100.

"The Croydon Case."—We are reluctantly compelled to postpone the judgment in this case, with a notice of the medical affidavits.

"Medicinæ Bac." is thanked for his suggestion. It shall receive our attention.

"A Rural Subscriber."—The publication is defunct.

"Senex."—Senner was a general practitioner in a country village. Our correspondent has been misinformed concerning the facts which led him to his important discovery.

"Scalpel" informs us that, in a dispute with one of his professional brethren, his opponent maintained that it was possible for a person who had lost his tongue to utter words. Our correspondent, being of a different opinion, wishes to know which is correct. There is no doubt that the glottis in some instances seems to have the power of forming distinct articulations without the assistance of the tongue. In some of the volumes of "The Philosophical Transactions," published about a century ago, the case of a female child is given, who, when four years of age, lost the whole of her tongue, with the uvula, but still retained the powers of speech, taste, and deglutition. Our correspondent should remember that the tongue is only *one* of the organs employed in the articulation of words.

"M. S."—We know not what to do with the "petition" sent to us. It is, therefore, left at the office to be called for.

"F. R. S." is right in his conjecture.

"Pharmacien."—Nepenthes was a composition of opium, saffron, lignum aloes, crocus solis, and ambergris. It was to this preparation that Paracelsus first gave the name of laudanum.

"Opifer."—The debt can be recovered.

"Castigator" is too unmerciful. The college to which he refers deserves the rod, but chastisement should be tempered with mercy.

"B. A."—We are aware that the opinion was once maintained, but it is not true that the chyle takes the hue of the colouring substances mixed with the food.

"A Student."—Laennec's work should be consulted, and the ear diligently educated. The rasp sound is somewhat rougher than the bruit de soufflet.

"Chemist."—The College will receive the certificates.

"Dr. Brown."—Yes: with thanks.

"Anthropos."—We do not publish the names of gentlemen whose contributions we may not think proper to insert.

"A College Member."—The complaint should be addressed to Mr. Belfour, at the College of Surgeons.

"K. H."—The Lord Chancellor regulates the fees. The statute is 8 and 9 Victoria, cap. 100.

"M. D." will find an excellent article on the subject he sends us in "The Psychological Journal."

"A Medical Practitioner."—The test is of doubtful efficacy. Consult Dr. Guy's work.

"Fair Play."—A little consideration will show that we have sufficiently noticed the subject.

"Esculapius."—The cases will be acceptable.

"Norfolk."—The title of chemist will be no protection against a prosecution under the Apothecaries' Act.

"Medicus" cannot recover for services rendered as a physician, unless there be proof of a contract to pay, either written or verbal.

"Galen."—We cannot inform our correspondent what is become of the Wakley Registration Bill.

"Reformer," on the deteriorated condition of the profession, is under consideration.

"F. G., King's College."—The publisher is Mr. Renshaw, Strand.

"Chirurgus Londinensis."—The case appears to be one in which no effective remedy can be applied.

"A Student, Birmingham."—The basis of the nostrum is supposed to be cinnabar.

"A Looker-on."—We have the materials named, except the latter.

"Studiosus."—Most of the German universities now require residence in order for a candidate to obtain a degree. Giessen does not award diplomas without examination.

"A Country Subscriber."—1. We cannot speak favourably of the work. 2. "Turner's Elements of Chemistry," last edition.

"A Medical Supporter."—Not at present.

"Lector."—In the library of the College of Surgeons.

"A Medical Witness."—The form of subpœna does not signify. When medical evidence is given the fee of £1. 1s. can be recovered in the County Court.

"Curiosity."—The Bohun upas is a rapid poison, which retains its virtues, when excluded from air, for any length of time. The tree grows in the most fertile places.

"A Qualified Practitioner."—Complete anchylosis between the sacrum and os coccygis is often the cause of difficult parturition.

"An Old Subscriber."—There is no chance, if there is a candidate in the field with diplomas from the College and Hall.

"Spectator, Gower-street."—We must decline inserting the letter "On the Recent Squabbles at University College."

"T. J. F."—1. It is only necessary to present an English diploma to the surgeons of the Hôtel Dieu, when a provisionary card, admitting to the practice of all the other hospitals, free of expense, may be obtained. 2. Subjects can be procured for a very small sum.

"Medico-Chirurgus."—1. The examination for the degree of M.D. at St. Andrew's is on the first Tuesday in May and August. A candidate, possessed of a diploma from the Colleges of London, Edinburgh, or Dublin, or the Faculty of Physicians and Surgeons of Glasgow, or a licence from the London Apothecaries' Company, has only to present his diploma or licence, to be admitted to examination. 2. We cannot offer an opinion upon the value of the examination as a test of professional ability.

"A Member, 1840."—The Council of the College of Surgeons does not intend, that we know of, to do justice to the injured members of the College.

"Scotus."—A member of the Royal College of Surgeons of Edinburgh is not legally entitled to practise as an apothecary in England.

"A Poor Student."—The Royal Infirmary, Glasgow, contains 450 beds, and the fee for attendance upon the physicians and surgeons' practice for two years is £7. 7s.

"Hypochondriac" should consult a medical practitioner.

"O. M."—There is no such institution.

"Dr. E. F. Barlow."—The registrar of the College of Physicians.

"A Regular Reader."—Sulphuric acid does *not* dissolve hematosine; it removes from it a little of its iron, and leaves a brown residue which is no longer soluble in acidulated or ammoniacal alcohol.

"A Victim."—We know nothing of the persons, either by name or reputation.

"Mr. T. B.'s" operation is not sufficiently interesting for publication.

"Fusbos."—The wit is good, but poetry is not admissible into our columns.

"Alpha."—Marsh's test is one of great delicacy. It has been asserted that metallic deposits may be procured when the arsenic forms only the 2,000,000th part of the liquid examined.

"A Young Surgeon."—The regulations may be obtained gratis on applying at the East India House.

"Ignoramus, Edinburgh."—1. By obtaining a degree at one of the three universities, which regulation has not been altered by the Revolution. 2. No; not without a licence from the constituted authorities. 3. We cannot say.

"W. C. H."—Residence is not required under the circumstances mentioned; the diploma or certificate being presented will admit to examination.

"Mr. T. Masters Kendall, Great Massingham, Norfolk."—We do not know.

"Mr. F. A. Bulley, Royal Berkshire Hospital."—Communication received.

"Inquirer."—Yes.

"Socius."—The members of the College possess no particular privileges that we know of.

"Alpha."—We think he cannot practise within the prescribed limit.

"H. P. J." asks our opinion, and that of the Poor-law Medical Committee, upon the following cases:—"1. A district of a certain union, containing an agricultural and manufacturing population of 2787; acreage, 6500; average annual number of patients, 145, during the last four years. Required, the amount of salary for which they ought to be attended. 2. A district containing an agricultural population of 2150; acreage, 8542; average annual number of patients, 118 during the last two years and three quarters. Required, the amount of salary for which they ought to be attended. You will readily perceive that the amount of salary may be soon known, reckoning it at 7s. 6d. or 8s. per case. But what I want is your opinion, and that of the Poor-law Medical Committee, upon the amount, in case I should deem it necessary to make use of it."

"Ignotus, Gower-street."—Communication received.

"The Pupils of the Bristol Medical School."—The communication shall be inserted in an early number.

"Affidavits *in re* Berncastle" shall appear next week.

"Mr. R. C. Northcote, Bridge-end, Bideford."—The questions were answered about a fortnight ago under the signature of "Subscriber," according to request. Chloroform may be administered on a sponge, or any of the ether inhalers adapted for the purpose may be used.

In the list of prizemen in the school of University College, junior class of anatomy, for Henry Thompson, of Cornwall, read Henry Thompson, of Suffolk.

"Mr. Liddle's letter on the Poor-law Question" has been received.

"Dr. Coley, 47, Chester-square."—Communication received.

"Mr. W. D. Fitzpatrick, Liverpool."—Letter received.

"Dr. Chas. Burnett, Alton."—The request shall be attended to.

"Clio."—We are assured that the Medical State Trials are in an advanced stage towards publication.

Letters and communications have also been received from Medicinæ Bac.; A Rural Subscriber; Senex; Scalpel; M. S.; F. R. S.; Pharmacien; Opifer; Castigator; B. A.; A Student; Chemist; Dr. Brown; Anthropos; A College Member; K. H.; M. D.; A Medical Practioner; Fair Play; Esculapius; Norfolk; Medicus; Galen; Reformer; F. G., King's College; Chirurgus Londinensis; A Student, Birmingham; A Looker-on; Studiosus; A Country Subscriber; A Medical Supporter; Lector; A Medical Witness; Curiosity; A Qualified Practitioner; An Old Subscriber; Spectator, Gower-street; T. J. F.; Medico-Chirurgus; A Member, 1840; Scotus; A Poor Student; Hypochondriac; O. M.; Dr. E. F. Barlow; A Regular Reader; A Victim; Mr. T. B.; Fusbos; Alpha; A Young Surgeon; Ignoramus, Edinburgh; W. C. H.; Mr. T. Masters Kendall, Great Massingham, Norfolk; Mr. F. A. Bulley, Royal Berkshire Hospital; Inquirer; Mr. Joseph Bell, Richmond-street, Newcastle-on-Tyne; Alpha; H. P. J.; Ignotus, Gower-street; The Pupils of the Bristol Medical School; Affidavits *in re* Berncastle; Mr. R. C. Northcote, Bridge-end, Bideford; Mr. Liddle; Dr. Coley, 47, Chester-square; Mr. W. D. Fitzpatrick, Liverpool; Dr. Chas. Burnett, Alton; Dr. M'Carthy; A Student of University College; B. M.; M. D.; Mr. Latham, Bethnal-green; The Berncastle Fund; The Croydon Case; M. D.; Clio; Mr. Shaw, Birmingham; Dr. Boyd, New Ross; Mr. Irvine, Morville; Mr. Groom, Whitchurch, Dr. Wilmott, Dublin; Mr. M'Illn e, Claybrook; Dr. Coglan, Wexford; Mr. Atkin, Ballyjamesduff; Dr. Lynn, Sligo; Mr. Roe, Cavan; Mr. Haslehurst, Claverley; Mr. Colthurst; Clifton; Mr. Yates, Ecclesshall, &c; &c.

No. 452. **SUMMARY.** May 27.

ORIGINAL CONTRIBUTIONS—

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 49

A Report of the Causes, Character, and Treatment of Spasmodic Cholera as it appeared in her Majesty's 86th Regiment, at Kurrachee, in June, 1846; by ALEXANDER THOM, Esq., Surgeon of the Regiment; communicated to the Medical Times by the Army Medical Board..... 51

Royal Berkshire Hospital—Surgical Reports and Observations, by F. A. BULLEY, Esq.,—Scrofulous Enlargement of the Knee-joint successfully treated by Electro-galvanism 54

Remarks on Amputation of the Fingers and Toes, by GEORGE WILLIAMSON, Esq., Staff-Surgeon, Fort Pitt 56

Introductory Lecture on Insanity at the Hunterian School of Medicine, by Mr. MORISON 56

On Nitrate of Silver in certain Cases of Dysentery, with Remarks on its Use in Ulceration of the Mucous Membranes generally; communicated by W. GARLIKE, Esq. 57

PROGRESS OF MEDICAL SCIENCE—

Hôtel Dieu 58

Clinical Surgery, by Professor Roux 58

Influence of External Injuries upon Disorders of the Intellect 58

Clinical Medicine, by M. Louis 58

Arsenious Acid in Ague 58

Diseases of the Larynx in Infancy; Diagnosis and Treatment..... 58

LEADERS—

The University-School Squabble..... 60

The Benefit of Hospitals to the Profession and the Poor 60

Poor-law Medical Relief..... 61

Medical Reform 61

On Medical Education 61

Poor-law Committee..... 62

Affidavits in Re Berncastle 62

Dr. M'Culloch and the Case of the late Mr. Greville.. 62

State of the Public Health in the First Quarter of the Year 1848..... 62

GOSSIP OF THE WEEK..... 63

MORTALITY TABLE 64

TO CORRESPONDENTS 64

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 6.)

"The following is Mr. Corfe's description 'of the ureter and pelvis, and of the course of oil within its various branches,' and, consistently with justice to Mr. Corfe, we can scarcely curtail it:—

"'In order to give the reader a true conception of the course of the ureter, and of its relative position with the other parts of the kidney, I shall again use the simile of the hand covered by a glove, with the thumb turned outside inwards, and the glove having seven fingers instead of four; this will represent the seven branches of the pelvis.

"'The ureter having waded through the mass of fat which is going to the kidney, passes into the free and open space of the pelvis at a spot that is opposite to one-third of the distance of the whole breadth of the gland. This spot may be represented by the open mouth of the thumb of the glove when the thumb is turned outside in. The body of the glove covering the palm is, therefore, the whole pelvis, which encloses the oil, arteries, and veins, &c., just as the glove encloses the palm of the hand. The breadth of the pelvis is rather more than half the breadth of the whole kidney. There are usually seven divisions, or branches, coming off from this portion, termed the pelvis; and these portions have received the name of calyces, and they may be represented as the seven fingers of the glove, enclosing oil, veins and arteries, nerves and lymphatics, &c. But I shall term them the "seven semicircular oil-tubes" of the kidney. From these seven principal oil-tubes come off smaller ones, but still are they also "semicircular oil-tubes." These smaller ones may perhaps vary from eighty to one hundred in number. They pass in semicircular forms to the seven principal oil-tubes, and in the human subject and ox form the most complete net, so that in the living body they must be arranged like so many cabbage-nets. Through the interstices of this net pass the several prolongations of the medullary substance before terminating in papillæ.

"'From the whole series of these large and small "semicircular oil-tubes" come off an innumerable set of tubes, shaped with "barbs and barbules," like a feather. I shall, therefore, term these "the flocculent feathery oil-tubes" of the kidney. They may be described as coming off from the ends of the seven fingers of the glove, and as hanging about like so much down or shaggy substance, when properly prepared for demonstration.

"'They are dispersed throughout the whole medullary and vascular substance of the gland, and compose at least three-fifths of the whole bulk of the organ. They may be traced to within one quarter of an inch of the surface of the kidney, where they are lost in minute terminations. The reflected membrane cannot be traced with the naked eye beyond the "semicircular oil-tubes," though from microscopic observations I have no doubt but that it is continued as a delicate covering to these minute "feathery oil-tubes" throughout their whole course, and passes with these tubes into the urinary ducts, thus forming a continuity of surface between the external parts of the tubes and the internal surface of the urinary ducts, as will be seen presently.

"'From that portion of the pelvis which corresponds in a glove to its several seams or edges of the pelvis come off, besides the above-described "feathery oil-tubes," an innumerable set of the same kind of tubes, but which, for distinction's sake, I shall term "the lateral feathery oil-tubes." They are not so numerous as the first-mentioned tubes, but their office is the same. The whole series of feathery oil-tubes might be justly represented by sticking in the ends of the fingers of the glove a large bunch of white small downy feathers; and, by putting some also along the various seams of the glove, it would give a pretty fair representation of the "lateral feathery oil tubes."' (P. 68.)

"'With regard to the shape of these flocculent feathery oil-tubes, they are similar to a very fine feather, with its barbs and barbules. The barb of these feathery oil-tubes lies upon a urinary duct, or between two of these ducts, as they descend from the surface of the gland. They thus become intimately bound up with the little bundles of urinary ducts. The barbules of these feathery tubes penetrate the sides of the urinary ducts, and empty the excrementitious drain from the oil into these ducts. They cannot be injected from the urinary ducts, nor from the veins and arteries, for they have no connection with the blood-vessels.

"'The barbules are very minute, and pass into the urinary ducts in a valvular mode, such as the ureter forms in its entrance into the inner coat of the bladder, so that injection will not go into them from the urinary ducts. These tubes, throughout their whole course, are surrounded by a most delicate shaggy or downy membrane, which is reticulated, and has the appearance of minute hoar-frost; but under the microscope it resembles fine lamb's wool, or white moss.(a)

"'The majority of these feathery oil-tubes pass into the urinary ducts in the vascular substance of the gland; but those which I designate the lateral feathery oil-tubes join the urinary ducts in the medullary substance. I believe that these lateral oil-tubes, from their relative position, pour out an oleaginous fluid, less watery in its character than that which is drained away from the other feathery oil-tubes in the vascular substance. The use of this oleaginous fluid, I apprehend, is simply to lubricate the internal surface of the pelvis, in the same manner that the ureter is lubricated by that oil, outside of the pelvis and kidney, which passes into the orifices of this duct.' (P. 91.)

"Mr. Corfe considers that the only urinary ducts of the kidney are the straight tubes of Bellini, and that the convoluted tubes of the cortical substance are oil-tubes; that the commencement of the urinary ducts is a blunted point within the venous circles at the surface of the gland.

"'Each venous circle,' says Mr. Corfe, 'encloses one of these points. These points then are, the blunt ends or, more properly, origins of the urinary ducts.' (P. 74.)

"'The origins, therefore, of the urinary ducts take place within these venous circles, and they are joined to the veins by minute twigs from these vessels, the whole being connected together by the reticulated membrane. These venous circles, and their innumerable twigs, are the vessels injected, which give the peculiar dark zone to the kidney when sliced open. These blunted origins of the urinary ducts on the surface of the gland receive a delicate prolongation of the internal layer of the reflected membrane of the kidney, which dips down within each venous circle to pass into the duct, and there communicates and is continuous with the internal lining of the ducts, pelvis, and ureter. Thus the internal layer of the reflected membrane, and the internal lining of the urinary ducts, are continuous. This continuity of surface takes place at the blunt origins of these ducts, on the external portion of the gland. So, also, the external layer of the reflected membrane, and the internal lining of the ureter, pelvis, semicircular oil-tubes, and feathery oil-tubes, are continuous. This continuity of surface takes place at the margins of the semicircular oil-tubes, and along the feathery oil-tubes within the gland.

"'The numerous urinary ducts, having passed out from the venous circles, run down like the rays from the circumference of a circle to its centre, converging towards the semicircular oil-tubes, their spongy friable character disappears, and they become dense, fibrous, and hard. This change of character in the urinary ducts arises from two circumstances: they become more and more compact, and girt together within as small a space as possible, to allow them to pass through their respective semicircular oil-tubes; they are also bound firmly round by the dense band of substance which composes every semicircular oil-tube.

"'But, besides this peculiarity in the structure of the urinary ducts in this portion of the gland, they are now joined by the innumerable barbs and barbules of the feathery oil-tubes. The spot where this junction commences may be stated to be midway between the semicircular oil-tubes and the surface of the kidney. As the urinary ducts proceed downwards, they are again and again joined by numerous other oil-tubes, until the mass arrives within a minute distance of the semicircular oil-tubes, when a very scanty supply is sent off to the ducts, and

(a) Basement membrane.

the whole collection or assemblage passes between its respective semicircular oil-tubes, and assumes that appearance known as the medullary or tubular structure of the gland. The urinary ducts in their course downwards run into one another, so that twelve or fifteen ducts are folded up into two or three, at the medullary substance. But that bifurcation, which some authors have spoken of in the urinary ducts, is an erroneous supposition; the mistake has originated with them in looking upon the innumerable feathery oil-tubes which join the urinary ducts as so many urinary ducts also. These ducts are of the same diameter and of the same admeasurement throughout; they could not, therefore, bifurcate without suffering a diminution in diameter. It is not, therefore, a bifurcation of the urinary duct, but the adjunction or falling in of an oil-tube with a duct, which renders it forked.' (P. 75.)

"Speaking of the capsulæ renales, or renal glands, as he designates them, he says, 'I feel assured that the renal glands perform the important office of purifying oil, which is sent into their bosoms by oil-ducts, from the mass around the kidney, and they then convey it into the renal veni. These oil-ducts have been frequently called lymphatics; the peculiarity and various modes of distribution will be very apparent. The oil-ducts go into the regal gland, whilst the lymphatics pass over this gland to join the main lymphatic trunks issuing from the kidney. It is very probable also that the renal glands receive only the 'stearine,' or spermaceti-like principle of animal fat, to send it into the vein; for in the lower animals, whose fat is wholly made up of the "elaine," or oily principle, these glands are absent. Thus the first principle in animal oil would be purified and sent into the blood through the renal gland and its vein; whilst the second or oily principle in the animal fat would be purified and sent into the blood by the kidney and its renal vein.' (P. 83.)

"We must conclude our reference to Mr. Corfe's work with a few extracts from his observations 'On the Physiology of the Kidney as contrasted with the Liver.'

"'That the urine is separated by the kidney no one will deny; but that this excrementitious drain is separated from the "life-giving blood" which the renal artery conveys to its bosom, is an assertion so palpably erroneous, anatomically, so contrary to reason, and so opposed to the facts of daily occurrence among the sick, that I hope I shall have convinced my readers and the profession at large, before I conclude, of the fallacious and untenable ground upon which such assertions have been made. The bile is a secretion from venous blood highly loaded with oil, "after its kind," and termed portal blood. The urine is a secretion from oil and venous blood, which fluids conjointly form urine.

"'The liver, as I conceive, forms the pattern of all the glands; having no fat in or around it, as is the case with other glands, the portal vein necessarily performs the office of conveying both oil and venous blood to the liver. Thus the vein couples these two fluids in its bosom, which in other glands, as in the kidney, exist in separate tubes and veins.' (P. 84.)

"'I have repeatedly examined the layers of the omentum or caul, and its so-called veins, but which are in reality tubes conveying oil slightly tinged with blood. I have invariably found them in this membrane, as described by Malpighi, Morgagni, and others. The globules of oil line their whole course and pass into these tubes throughout their whole extent.

"'But the fourlayers of the caul which lie between the great arch of the stomach and large intestines send oil by innumerable oil-ducts into these portions of the alimentary canal. The caul performs a similar office with the liver, that the oil around the kidney does with this gland. In hyemal animals both of these reservoirs for fat becomes enormously distended with oil, which is exhausted when they awake out of their lethargic state of sleep.'" (Pp. 85, 86.)

I must here remark that, since the publication of Mr. Solly's kind notice of my work, I have been enabled to carry the subject somewhat farther, and I have satisfied myself on the following facts with regard to the minute anatomy of the kidney in brutes, and in the lower animals. In the first place, then, it may be observed that the reflected membrane of the kidney performs the same office in the interior of this gland that the capsule of Glysson performs within the liver; it invaginates within its several branches, as it passes into the kidney, the fat, the bloodvessels, and the nerves. When this renal sheath passes along the several arteries, it throws over their respective Malpighian bodies a layer of membrane which forms the true Malpighian capsule. And, whilst this sheath performs the office of an involuted membrane to these bodies, it also disperses itself throughout the mesh of tubular (a) and venous capillaries, and acts as a basement membrane to them, being lost on the coats of these canals.

Dropsy, in its general acceptation, is not a disease, but only a symptom of one, in the same manner that redness, swelling, and heat of the skin are the several symptoms of inflammation of the skin itself. In the present day, when pathological anatomy on the one hand, and chemical investigations into the composition of morbid fluids on the other, have afforded so much instruction to the physician, the nosologist may not define dropsy as an idiopathic disease. Some organ, or a set of organs, becomes deranged in the functions; secretion and absorption are no longer duly balanced throughout the system, and an accumulation of serous fluid exhaled from the capillaries is the result thereof. When this effusion takes place from the capillaries throughout the adipose cells of the whole body, it is known as anasarca. When the cells themselves are not broken down or ruptured by the distended fluid, the anasarca is brawny, hard, and tense; but, when the accumulated fluid has destroyed the cellular form of the adipose tissue, the anasarca is then soft, doughy, pitting, and the skin is shining and glazed. The first-mentioned species of anasarca occurs in robust, strong, and plethoric individuals who labour under no organic disease of the body, and it is the only form of dropsy which really deserves the title of an idiopathic disease, since the precise nature of that disease is not yet satisfactorily elucidated by pathological writers. The second species is almost invariably connected with some morbid changes of structure, and diseased action in the viscera of the body. When dropsy first evidences itself in the legs and ankles, it is usually "cardiac" in its origin; but when it also shows itself in the face and eyelids, in addition to the extremities, it is "renal;" whilst, on the other hand, if it makes its first invasion in the abdomen, it is commonly "hepatic" in its origin; and valvular cardiac disease, with dilatation of the cavities and thinness of the walls of this viscus, betrays itself in an early effusion into the pleural sacs, constituting dropsy of the pleuræ, or "hydrothorax." When an ovum has escaped from its vesicle, and when, instead of passing along the Fallopian tubes into the uterus, it has remained in the body of the ovarium, distended the gland with its peritoneal covering, and has caused inflammation to be set up in its neighbourhood, the origin of "ovarian" dropsy is at once established.

If the mesenteric glands are the seat of scrofulous disease and enlargement, the obstruction which they offer to the circulation, the deficient absorption and nutrition which attends their increase, give rise to "mesenteric" dropsy; whilst the results of peritonitis, by forming adhesions between this serous covering and the intestines, depriving the latter of that peristaltic motion so indispensably necessary to the healthy action of the alimentary canal, causes "peritoneal" dropsy.

The frequent attacks of ague in early life usually leave some morbid changes in the character of the spleen, whereby the portal blood becomes diseased, the liver deranged, the constitution enfeebled, and "splenic dropsy" is the result.

But as it happens in the vegetable world, that if there is too much moisture on the earth and no sun to vivify the soil and the plants, or, on the other hand, if there is a long drought and the continued rays of a vertical sun, vegetation under neither of these circumstances progresses or flourishes, so in like manner, if derangement of one organ in the animal frame arises, disorder soon pervades the whole body. Barrenness of land, from whatever cause it may arise, is quite as much from the hand of God as is barrenness of the womb, or sickness, or death.(a)

We, therefore, find that, whenever any one organ which is essential to life becomes diseased in its structure, deranged in its functions, other organs, sooner or later, are involved in the general disturbance. It rarely happens, therefore, that dropsy, in the abstract sense, continues for any period to present itself as symptomatic of structural disease in one organ only. If the origin of this derangement should spring from cardiac disease, the undue circulation of blood and the delay of its smaller columns through the hepatic system will induce diseased liver, and this change may sooner or later bring on splenic and renal disease. Thus it is that a dropsical patient will oftentimes inform us that "Dr. So-and-So told him his liver was affected, whilst Mr. So-and-So declared he had got some complaint in his heart; but his own family doctor, who brought all his children into the world, was quite sure that his complaint lay in his kidneys"! Now, peradventure, on examination of our patient with some degree of judgment and careful scrutiny, we shall be satisfied that one and all of the three gentlemen are correct in their diagnosis. The patient, it may be, originally suffered from an acute attack of albuminous urine; this morbid condition of the system induced vitiated blood, cardiac disease, and hepatic derangement, from all of which causes dropsy supervened; so that if the practitioner is acute in his judgment, discriminating in his investigations, and cautious in the formation of his diagnosis, he may generally ascertain which was the offending organ in the first instance, and how far disease has made its ravages in this and in other organs that have been subsequently involved in the constitutional disturbance.

But let me draw a picture of one of the most difficult instances for diagnosis which the practitioner may meet with.

A man, about the age of forty, presents himself for advice; his frame is somewhat emaciated, his countenance is pallid, and his features are pinched and shrunken. You observe that he bends the trunk forwards, and that, as he addresses himself to you, the respiratory organs are laboured, the alæ nasi are at work, the breathing is hurried, the lips are of a faint leaden hue, and the angles of the mouth are slightly drawn downwards. He shows you his ankles, they are somewhat puffy, but there is no œdema elsewhere. His abdomen is full, tense, and somewhat painful about the epigastric region, but there is no evidence of peritoneal effusion. He states that he has suffered greatly from dyspeptic symptoms, and nauseous taste in the mouth; that his sleep is disturbed, and that he requires a higher posture in bed than heretofore; that his urine is plentiful and tolerably clear; and, moreover, that these symptoms have been gradually pressing on him for several months, but what with anxiety about his family, his work, and his difficulties in business, &c., he had not attended sufficiently to his ailments to induce him to seek any medical advice, or allow himself to be put under any prescribed form of treatment. What is the diagnosis which a reader

(a) Throughout this description of the kidney the term *tubes* designates the oil-tubes of the kidney; but the expression *ducts* refers only to the uriniferous ducts of this gland.

(a) "He turneth a fruitful land into barrenness."—Psalm cvii. 34.

"Behold, now, thou art barren, and bearest not," &c.—Judges xiii. 3.

would form from such an outline? Probably the first impression on the mind would be that it was cardiac disease only; and I believe that a vast number of such cases occur in which the practitioner never sees farther into the man's disease than this; and he judges it is cardiac, merely because the symptoms of organic derangement of that viscus are the most marked and the most prominent. But if he is a scrutinizing man, and an attentive clinical student still, although with hoary hairs scattered over his head, he will, I say, go somewhat further in his investigations after the real seat and origin of the disease than this. What does he then elicit? Some of the following pathological features may be drawn out. The early stages of the disease under which our patient now suffers were ushered in, he acknowledges, with some dull aching across the loins; that the urine was then turbid, and perhaps rather scanty; that he is now disturbed three or four times during the night to pass it. We obtain a little of this urine; we find its specific gravity only 1008; it is clear, limpid, and with little colour, faintly acid, containing no albumen. In reply to further interrogations he confesses that he is occasionally distressed with tightness across the forehead, or a settled dead pain over one brow and temple, which incapacitates him for any mental exercise; that his bowels are capricious as well as his appetite; that all fluids distress him by inducing flatulence and acid eructations; that he never perspires as he formerly did; that the shortness of breath is of more recent date, but that it is unconnected with any history of previous rheumatic disease of the heart. When the hand and the ear are both placed over this organ, we find that its impulse is feeble and diffused, whilst its sounds are dull and prolonged; there may be some preternatural whiz with the systole also.

What may we now infer from these hints which we meet with in our researches after truth? We can confidently affirm, that the first cause of dropsy, in this instance, was an albuminous disease of the kidneys. Their secreting structure has thereby become altered in character. They have long ceased to eliminate from the system those solid constituents which enter into the composition of healthy urine. Those constituents have remained in their elementary form in the system, and their presence has given rise to vitiated fluids, especially of the blood; the valves and the nervous system, but especially the brain, are distressed thereby; and the muscular walls of the heart have suffered also from its contact with this poisoned stream, thickening of these parts and dilatation of the cavities have ensued, whilst the obstacles thereby presented to the free exit of the blood from the right chambers of this viscus through the lungs have, on the one hand, given rise to dyspnœa, and, on the other hand, to a delay in the ascent of the hepatic venous blood into the right auricle (a). The lobular hepatic veins will necessarily become congested, and by their distention they will impede the due circulation of portal blood, and consequently prevent the due secretion of bile from it. The mucous coat of the stomach and small intestines is now the seat of subacute inflammation; softening of this membrane, together with a depraved secretion of an acidulous tendency from its surface, ensues.

Now it must be manifest that, if the disease in question was renal at its onset, and that one has unequivocal evidence that that disease has advanced so far as to deprive the kidneys of their healthy secerning powers, we cannot reasonably anticipate that any decided benefit will follow the administration of saline or stimulating diuretics; whilst, on the other hand, if the complaint had proved to be one purely cardiac, in which the kidneys had not yet participated, that the exhibition of such diuretic remedies might have been not only judicious, but, as is often the case, of the utmost service to the patient, by the relief which they afford in unloading the system and relieving the heart of its burdensome oppression. Again, it may be observed that nothing can evidence the importance of a just diagnosis in the case now alluded to more than the assistance it affords to the use or the abuse of that valuable remedy in dropsy, elaterium. The exhibition of this drug in dropsy supervening upon simple cardiac disease is not only contraindicated, but is likely to be followed by the most serious and fatal results. It lowers the influence of an organ already enfeebled in its powers, distressed in its action, and altered in its rhythm, so that dropsical effusion increases under its debilitating tendency, and the disease, for which it is administered as a curative measure, is promoted rather than retarded; whilst this hydragogue in renal dropsy, by its powerful operation upon the whole mucous surface of the alimentary canal, carries off a large quantity of those effete matters which the diseased kidneys have been incapacitated from doing, and the poisoned circulation has been relieved, and the oppressed heart has regained tone and vigour under the use of this remedy. Indeed, I know of no remedial agent which has been attended with so salutary and so beneficial a result as the one in question, when judiciously administered, in renal dropsy; whilst I have known the most serious results to ensue from its misapplication in chronic affections of the heart.

The singular change of colour in the whole body, but especially in the face, which attends the early progress of renal disease, or rather granular degeneration of the kidney, is so marked, and is so decisive, that a physiognomist can frequently make an accurate diagnosis of the morbid condition of these organs and their secretion before he interrogates the patient about his symptoms. The pasty look, the uneasy cast of expression, the puffy under eyelid, the bluff cheek, the thick under lip, the dirty skin, and the shining cornea, are features too significant to be mistaken by a practical observer for any other morbid change of internal organs. There may not be doughy legs or puffy ankles; the urine may be plentiful, but it is frothy, and looks like muddy small beer; the patient is obliged to make water three or four times during the night, in consequence of the chemical alteration of this secretion, which now acts as an irritant upon the mucous surface of the bladder; his appetite, too, is capricious; he is distressed with flatulence; the alimentary canal is the seat of disease also, inasmuch as its mucous membrane always undergoes a process of softening, which coexists with the progress of the renal disease; he suffers from occasional giddiness and tightness across the forehead; his memory becomes impaired from time to time, and he tells you that he has a nauseous, filthy taste on the palate when he rises in the morning, his bowels are very easily moved, and he is rather more of a relaxed habit than he was wont to be. Now, under such circumstances, the specific gravity of the urine is rarely higher than 1010, but it is found to be loaded with albumen on the addition of nitric acid, or by the application of heat; there is a very scanty amount of urea or of renal salts in it. The blood of the patient is thin, having much serum, and but little fibrine and few red globules.

(To be continued.)

(a) It seems probable that the reason why the epigastric region is so painful in the early stages of hepatic congestion is, that the proximity of the small hepatic veins to the sublobular hepatic veins, and the little room there is here for accumulation and delay of blood, compared with the more distant set of hepatic veins in the right lobe, give rise to an early engouement of their vasa vasorum, &c. &c.

CHOLERA. — Accounts from Constantinople announce that the cholera is at present carrying off from twelve to twenty-three victims daily.

The cholera has again declared itself at Nijni Novgorod and at Moscow. In the first of those towns there have been twenty-two cases and twelve deaths between the 17th and 24th of April; and at Moscow, fifty-one cases and twelve deaths between the 8th of April and the 1st of May.

A REPORT ON THE CAUSES, CHARACTER, AND TREATMENT OF SPASMODIC CHOLERA AS IT OCCURRED IN HER MAJESTY'S 86TH REGIMENT, AT KURRACHEE, IN JUNE, 1846.

By ALEXANDER THOM, Esq.,
Surgeon of the Regiment.

Communicated to the *Medical Times* from the Army Medical Board.

(Continued from p. 390, vol. xvii.)

Predisposing and Exciting Causes.—So far we have been chiefly occupied in the investigation of the atmospheric agencies, whose co-operation may be assigned as the causes of cholera; and if alone they do not always, or even frequently, produce it, they at all events tend, in the ratio of their intensity, to predispose the system to an attack from the intervention of exciting or other causes, in themselves insignificant and incapable of inducing such a terrible malady in a previously healthy state of the body. It now becomes our duty to consider those accessory circumstances that appear to have fostered the morbid state engendered by the general causes, to have hurried it into active disease, and invested it with so deadly a character in her Majesty's 86th Regiment at Kurrachee.

The following tables exhibit the numbers and relative proportion of attacks and deaths from cholera in the different bodies of men, women, and children residing in the military cantonments at Kurrachee. Table (D.) is drawn up from information received from the superintending surgeon at the station, and has reference to the garrison at large. The other and smaller returns are wholly confined to the purpose of showing the results of the disease in her Majesty's 86th Regiment.

TABLE (D).

A Return showing the relative Proportion of Admissions and Deaths from Cholera among the different Classes of Persons in the Camp at Kurrachee in June and July, 1846.

CORPS.	Strength.	Attacked with Cholera.	Died.	Ratio of admissions to deaths per 100.	Ratio of deaths to strength per 1000.
EUROPEANS.					
(a) 2nd Troop Horse Brige.	135	8	5	62·5	37·037
(b) Four batteries Artillery	375	99	37	37·37	98·666
(c) H.M.'s 60th Rifles	980	118	75	63·55	76·530
(d) ,, 86th Regiment	1091	410	238	58·04	218·148
(e) Bombay Fusiliers	764	212	83	39·15	108·638
Bombay Sappers and Miners	14	2	2	50·	142·857
Total	3359	849	440	51·82	130 991
(f) Officers, Regl. Staff, &c.	200	9	3	33·33	15·
NATIVES.					
(g) 3rd Regt. B.N.I. ..	991	67	36	55·22	36·326
(h) 12th do. do. ..	985	131	66	50·38	67·005
(i) 1st Belooch Battalion	820	196	93	47·44	113·414
(j) Bombay Sappers and Miners	249	16	4	25·	16·064
Camp followers, &c. ..	1026	491	229	46·43	223·196
Medical subordinates, &c.	40	8	4	50·	100·
Total	4111	909	432	47·52	105·083
Women and Children.					
Ladies, European ..	42	..	..	..	—
Soldiers' wives, Europeans	159	31	23	74·19	144·654
Do. natives ..	256	25	12	48·00	46 874
Children, European ..	220	12	7	58·33	31·818
Do. natives ..	219	3	2	66·66	9·132
Total	896	71	44	61·97	49·107
Grand Total ..	8566	1838	919	50·	107·284

(a) In good barracks. Went to Bhawnlpore, but rode all the way like officers.

(b) In good barracks; but three of the batteries after a march of 1000 miles.

(c) In good barracks, and had been stationary at Kurrachee since January.

(d) In tents; but *after a march of* 1000 *miles*, and two years and a half in Scinde.

(e) In tents, after having gone to and returned from Sukkur by steamers; a few months in Scinde.

(f) Generally speaking in good houses, a few only living in tents.
(g) In mat huts; and had been stationary at Kurrachee for six months.
(h) In mat huts, and one half in native barracks *after a march of* 1000 *miles*.
(i) In low mat huts, and *after a march of* 1000 *miles*.
(j) In good barracks, and stationary.

TABLE (E).

Return of Admissions and Deaths from Spasmodic Cholera in her Majesty's 86th Regiment at Kurrachee, from June 11 to July 20.

	Strength.	Attacked.	Died.	Ratio of deaths to admission per 100	Ratio of deaths to strength per 1000.	REMARKS.
Rank and file ..	1091	410	238	58·04	218·148	
Women	95	19	15	78·94	157·894	
Children	133	9	7	77·77	52·631	
(a) Officers	37	..	..	..	..	
Total ..	1356	438	260	59·36	191·740	

(a) From the 14th of June to the 16th of July, fifteen officers were attacked with diarrhœa and dyspepsia, approaching to cholera, in several who had nausea, vomiting, and cramp, &c., and in all a choleric diathesis was obvious. Thus the ratio of officers attacked with bowel complaints is about that of the men with cholera.

TABLE (F).

Exhibiting the Progress of Disease in reference to Height.

COMPANIES.	Strength.	Average height.	Attacked.	Died.	Ratio of deaths to strength per 100.
		ft. in.			
Grenadiers ..	118	5 11	46	34	28·81
No. 1	120	5 7	51	34	28·30
No. 2	118	5 6$\frac{3}{4}$	51	29	14·57
No. 3	121	5 7$\frac{3}{4}$	47	23	19·
No. 4	124	5 7	35	18	14·51
No. 5	123	5 7	43	24	19·51
No. 6	121	5 6$\frac{3}{4}$	45	19	15·70
No. 7	119	5 7$\frac{1}{4}$	42	21	17 64
Light Company	127	5 8$\frac{1}{8}$	50	36	29·13

In the grenadier company the front rank was over the average, and, with few exceptions, above six feet in height, and these were the men carried off by the disease. The tallest or front rank of the light company fell in the same way; and this, although in a lesser degree, was sufficiently remarkable throughout the corps.

TABLE (G).

Return of the prevailing Diseases in the 86th Regiment before, during, and after the Outbreak of Cholera at Kurrachee, in June, 1846.

	May.		June.		July.		Augst.		TOTAL.	
Strength ..	1096		1094		859		841			
DISEASES.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Cholera ..	..	..	399	235	11	3	..	..	410	238
Diarrhœa ..	20	..	24	..	31	..	17	..		
Dysenteria ..	9	2	9	1	7	1	3	..	171	4
Colica ..	6	..	3	..	..	..	3	..		
Dyspepsia ..	21	..	10	..	..	..	8	..		
Fevers ..	33	..	88	..	34	1	44	2	199	3
Catarrhus ..	4	..	4	..	4	..	..	..	12	—
Other diseases	72	..	55	2	50	2	41	1	218	5
Total ..	165	2	592	238	137	7	116	3	1010	250

The bowel complaints are grouped together because they presented many of the features of cholera at the beginning, but, being in a mild form, they were returned under the respective heads. It is curious to see that the aggregate number of admissions from fever and bowel complaints is nearly that of cholera, while the pulmonary diseases had almost entirely ceased. There was more fever in these months than at any other period of the year up to November.

TABLE (H).

Return of the prevailing Diseases among Officers before, doring, and after the Outbreak of Cholera at Kurrachee, in June, 1846.

	May.		June.		July.		August.		TOTAL.	
Strength ..	46		42		41		40			
DISEASES.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Diarrhœa ..	..	..	4	..	2	..	1	..	7	..
Dyspepsia ..	1	..	8	..	2	..	..	..	11	..
Fevers ..	..	..	1	..	4	..	1	..	6	..
Other diseases	5	..	3	..	3	1	..	..	11	1
Total ..	6	..	16	..	11	1	2	..	35	1

TABLE (I).

Return showing the Duration of Cholera in the Fatal Cases in her Majesty's 86th Regiment, from June 11 to July 20, 1846.

Died from	3 to 12 hours	57	
,, ,,	12 ,, 24 ,,	117	
,, ,,	24 ,, 48 ,,	32	
,, ,,	48 ,, 72 ,,	11	Total .. 238
,, ,,	3 ,, 4 days	10	
,, ,,	4 ,, 6 ,,	5	
,, ,,	7 ,, 9 ,,	4	
,, ,,	9 ,, 12 ,,	2	

TABLE (J).

Return showing the Duration of Recoveries from Cholera in her Majesty's 86th Regiment,

Recovered in	2 days	10	
,, ,,	2 to 4 days	23	
,, ,,	4 ,, 6 ,,	19	
,, ,,	6 ,, 8 ,,	26	
,, ,,	8 ,, 10 ,,	22	Total .. 172
,, ,,	10 ,, 15 ,,	19	
,, ,,	15 ,, 20 ,,	19	
,, ,,	20 ,, 30 ,,	19	
,, ,,	30 ,, 40 ,,	5	
Upwards of	40 ,,	10	

Notes.—Of 80 recruits who arrived from England in January, 1846, and marched to Bhawulpore after the regiment, 33 were attacked and 20 died.

Of 50 men who recovered from cholera at Bombay in 1842, and still serving with the regiment, 21 were attacked on the present occasion, and 9 died.

TABLE (K).

A Table showing the Influence of Age on the Ratio of Admissions and Deaths from Cholera in the 86th Regit.

AGES.	Strength.	Attacked.	Died.	Ratio of deaths to admissions per 100.	Ratio of deaths to strength per 1000.
Under 18 years..	11	1	1	100·	91·111
18 to 20 years ..	233	13	5	38·46	22·000
21 to 22 years ..	150	48	24	50·00	160·000
23 to 25 years ..	381	124	73	58·87	186·350
26 to 30 years ..	243	177	109	61·58	448·559
31 to 35 years ..	45	35	19	54·28	424·424
36 to 40 years ..	17	11	6	54·54	352·941
41 to 45 years ..	11	1	1	100·	91·111
	1091	410	238	58·04	218·148

TABLE (L).

Table of the Proportion of Deaths from Cholera in the Natives of the three Kingdoms serving in her Majesty's 86th Regiment.

Countries.	Strength.	Died.	Ratio of deaths to strength per 1000.
English ..	237	52	219·409
Irish ..	834	181	217·026
Scotch ..	20	5	250·000
	1091	238	

The above table shows an increasing susceptibility to and fatality from the disease between the ages of eighteen and thirty-five; but afterwards there is rather a decrease than otherwise. Now, it is curious that the age at which the disease is most fatal is that during which dyspeptic complaints are most common.

In reference to the Europeans, the results are these, that of the whole European soldiers in garrison, amounting to 3359, 849 were attacked, or 1 in 4; and 440 died, or somewhat more than one-half of those seized.

It also appears that the native corps were all attacked nearly in the same proportion; but the deaths to admissions is rather under one-half. The camp-followers, including persons exposed to more fatigue than the troops, seem to have suffered in the most severe degree. The medical subordinates, with unusual exposure to fatigue, and always in the wards with the sick, seem to have had no greater liability to the disease than other classes.

The total number of officers belonging to the staff, or the different regiments in garrison, amounted to 200, of which only 9 were attacked, or 1 in 22$\frac{2}{9}$; and of these only 3 died, or 1 in 66$\frac{2}{3}$ of the whole. The number of ladies in cantonment were about 42, and of these not a single death occurred, and only one, I believe, had a slight attack of the diseese.

The proportion of soldiers' wives and children, as given in the table for the 86th Regiment, must be considered as representing that of other corps, in which, there being only a few women present, no accurate returns can be obtained; the women of the 60th Rifles and Bombay Fusiliers not having arrived from Poonah and Bombay.

Thus it appears that the soldiers suffered most, women next, the children and officers still less, while ladies have a total exemption from its fatality. Yet, if it had been contagious, all were equally liable to its attack. Scarcely an officer's compound escaped without some of his servants being taken ill, thus showing that the causes were general. Yet the state of the system, as already described, was quite as remarkable among the officers and their families as among the men, that is, as far as it depended on atmospheric influences: but there was a marked distinction between the collateral and exciting causes to which the two classes were exposed. My remarks are chiefly confined to her Majesty's 86th Regiment; they are, as far as I can learn, equally applicable to every other corps in this garrison.

The extraordinary prevalence and mortality of the disease in her Majesty's 86th Regiment, so disproportionate to other European corps in the same cantonment, and in close contiguity, are, I think, attributable to the following causes, concomitant on those of an atmospheric nature:—

1. The regiment, during the four years it has been in India, has had unusual exposure to and visitation from sickness. It landed in July, and remained at Bombay in the wet monsoon of 1842, and within a few months lost 100 men, almost entirely from cholera. On being sent to the cool station of Belgaum, there was much dysentery at first; and, just as the corps was getting healthy, it was removed to Scinde, where, at Hydrabad, in 1844, it was again cut up by a summer residence in that place, and lost 80 men in a few months. In 1845 it had a year's quiet and restoration in barracks, at Kurrachee. Add to this a residence of three years in Scinde, and I think causes may be found likely to debilitate the men and predispose them to suffer from any epidemic.

2. The harassing duties of the late field-service, from which the regiment had only returned two months, when cholera broke out. During four months, the men were under canvas, and moved by forced marches over 600 miles, to Bhawulpore, 300 back to Sukkur, then for nine or ten days cooped up in fearfully crowded steamers on the river Indus, and after this marched 60 miles more into Kurrachee. In accomplishing this, the men had broken sleep, long marches, and few halts. The ordinary dis-

tances daily gone over varied from 12 to 19 miles. The men were usually roused at one or two o'clock in the morning, in order to strike tents and get to the next encamping ground by seven a.m., to avoid the morning sun. On arrival they had generally to lie down, wet with perspiration, for a couple of hours, till the tents and baggage came up. At the same time, while undergoing this fatigue, they were exposed to extreme vicissitudes of temperature. In January and February, above Sukkur, the thermometer was at 42° to 44° or 50° at night, and 80° in the day. In April it ranged from 68° at night to 106° by day. Happily, however, the air was exceedingly dry, the point of deposition being 20° or 30° below the temperature in the shade.

During the expedition the sickness was not great, and, indeed, it is usually observed in Bombay and Bengal that a corps is healthy on the line of march. But it is equally notorious, as ascertained by extensive experience, that individuals or bodies of men invariably become doubly susceptible of disease during the first period of continued rest which follows great fatigue or prolonged exertion. An unequivocal case, highly illustrative of this, immediately presents itself in the effects of a march such as I have described on a draught of 80 recruits who joined our regiment from England in last December, and marched after us to Bhawulpore. Of these 80 men 33 were attacked with cholera, and 20 died, or one in four. Now, her Majesty's 60th Rifles arrived about the same time from England, and landed at Kurrachee in January, but instead of marching they have ever since remained quietly in barracks, and out of 980 men had only 120 attacked, with 75 deaths, equal to 1 out of 11, or three times less mortality than the 80 men who, except for their long march and subsequent residence in tents, were otherwise under similar circumstances. I could multiply such examples in other countries, but confine myself to one more, at Corfu, where, in a garrison of four regiments, for many years one was always at work in making glacis and mining on the fortifications at Vido; that regiment was always healthy, even when, in July and August, the thermometer was at 90° in the shade, and the men were wheeling earth in barrows during the ordinary working hours; but within a few days after the corps were relieved, put into barracks, and restricted from going out of their rooms from nine a.m. to four p.m., it became the most sickly body in garrison. How could it be otherwise? Congestive disease does, and always will, occur in such cases.

3. After the march the regiment was placed under canvas, on a low, hot, and arid plain, to leeward of all the cantonments, beside the spot on which the new pendalls intended for it were being erected. Here, during the hottest months in the year, the regiment remained, with the thermometer inside the tents at 96° or 100°; and a fierce raging "Scinde" sun, uncovered by clouds, precluded them also from moving out into the open air from sunrise till near sunset. Thus, after months of active work, a forced indolence, the usual animal diet, and large libations of bad arrack, did their work. Surely these were predisposing causes; and, if not sufficient, brigade field-days once or twice a week were persisted in, up to within a few days of cholera appearing in June. Had these field-days been in the morning little mischief might have occurred, but they were in the evenings; so that, after the lassitude of a long day in a hot tent, the men had to commence preparations for parade at four p.m., when the thermometer stood above 90°.

It may be asked why the Bombay Fusiliers did not suffer so severely as the 86th Regiment, as both were under canvas on the same part of the plain. The reason is palpable enough: the former had just arrived in Scinde; and, although it is true they went up as far as Sukkur, yet they were carried there by steam, and brought down by the same conveyance, and only marched sixty miles from Tatta; while the latter, after nearly three years in Scinde, had just performed a march almost unprecedented in the same space of time, either in India or elsewhere. However, that tents were both a predisposing and exciting cause of cholera is very manifest from the surpassing numbers and mortality of the disease in the Fusiliers, compared to the 60th Rifles in barracks; and the still heavier force with which it fell on the 86th is accounted for, in my opinion, by the previous hardships and fatigues which the men had undergone, rendering the consequences of living under canvas so much more pernicious, and tending to create extreme susceptibility in the system to succumb before atmospheric causes of disease.

4. There is yet another undeniable and almost incalculable predisposing cause of disease, alike common to the 86th and other European corps in this as in other garrisons in India; viz., the use of raw and ardent spirits. While I admit the extent of this evil, I do not mean to say it was greater in the 86th than in any other corps, as it has already been inferred by those who will not believe or are incapable of understanding the real causes of the greater sickness in our corps than others. I have taken the trouble to possess myself of information in figures on this subject, which satisfies me that what I state is exactly the case.

The soldier was allowed to obtain four drams or "tots" of arrack daily, the amount of which, when put together, is about half a common bottle; if the man does not exceed this he thinks himself temperate, and is considered so in his regiment; ay, as a sober man. Many, of course, do not avail themselves of this indulgence, but there are few who do not take two drams daily, and there were only 79 in the 1093 men composing the 86th Regiment who did wholly abstain from it.

Let us imagine a well-fed, powerful, and plethoric man, kept in a tent all day long, without adequate exercise, and labouring under the languor, depression, and congestion resultant on a temperature of 96° or 100°, and a humid atmosphere, whose first draught in the morning is a dram of undiluted spirit at the canteen.

Such a powerful source of irritation, applied to the delicate extremities of the nerves and vessels opening on the mucous membrane of the stomach and duodenum, if it does not produce active inflammation it must weaken the tone of the whole organ, and tend to deprave the healthy secretion and whole process of digestion. The breakfast, which a false appetite alone induces him to swallow soon after his morning stimulus, passes from the stomach in a crude, undigested state, along the intestinal canal, thus extending the source of irritation. Again, after dinner another dose of arrack is poured into the weak stomach, and a brief excitement, followed by proportionate depression and thirst, calls for another, and, perhaps, another in the evening. Thus the time that elapses between each glass of spirits prevents the appearance of drunkenness, and such a man passes for sober, unless he goes elsewhere to add an unlimited draught to his canteen allowance. Day after day this practice is followed by too many men, and permitted.

The immediate evils arising out of this are anorexia, a subacute inflammation of a dyspeptic kind, attended by loss of digestion, burning sensation about the pit of the stomach, pyrosis, and intolerable and unquenchable thirst on the slightest physical exertion. The men seek for relief by pouring down their throats enormous quantities of water, and this innocent fluid is introduced into the stomach for its very coolness; a transient quality, which requires libation after libation to keep up the effect. It is really astonishing to see the quantity of water that is drunk off at one time by an arrack-tippler labouring under chronic gastritis. The result is that the vessels are filled with fluid in undue quantity, at a moment when the climate and atmosphere are unfavourable to its removal by the skin, or even by the kidneys; and simple congestion, of course, follows, when mere mechanical distention ends in loss of tone and disturbance of every function that depends on vascular action; a state of the system, the concurrence of which with the primary or atmospheric sources of cholera may with reason be adduced as an exciting cause of no slight magnitude.

I do not mean to infer that inebriety and dram-drinking are the primary causes of cholera, nor do I think that our men would have escaped its ravages had they totally abstained from spirits; but there are few who will attempt to deny that they tend to debilitate the constitution, and render it less able to resist the general cause of diseases; and that, in a man labouring under a choleric diathesis, it may hurry this into open action, and give it a more fatal form. It is very possible that, had the 86th used no arrack for months before the disease broke out, there would have been, perhaps, upwards of ten per cent. less mortality; but, as other causes concurred to swell the list of deaths, there would still have been 200, or double that of the other regiments. Under such circumstances, few would have admitted that temperance had lessened the mortality from 238 to 200, but many would have still pointed to the great excess over other corps, and it might, I verily believe, have been advanced by many as a cause of this excess; so unfair is the reasoning of those who assume to be judges of medical results, without knowing the first principles of the simplest philosophy.

These then seem to be the more remarkable causes which, conjointly, gave the disease so very severe a type in the 86th, compared to other corps. The fatigues of the men in attending on their comrades no doubt became an additional cause of exciting the disease, and added to the terrible circumstances which gave rise to so painful a necessity. I do not think it necessary to bring forward all the minor and less-common causes arising out of habits, idiosyncrasies, former diseases, &c., which may have rendered the men more susceptible to it, because these are common to all bodies of men: it may be well, however, to advert to the circumstances which, in contradistinction to those just mentioned, appeared to protect certain classes altogether from cholera, and gave a comparative immunity to others, while all were subject to the same atmospheric causes.

I believe the number of ladies living in the cantonment at Kurrachee amounts to 42; yet of these only one had a slight, even doubtful, attack of the disease, and not one died. Among these, therefore, there was neither intemperance in eating nor drinking, and the use of spirits may fairly be considered as wholly unknown among them. They had not been subject to previous fatigues or harassing night marches; they had not the duties of officers to call them out of their houses by day or night, and no extraordinary causes inside. I believe, without exception, all were living in bungalows, well ventilated and free from crowding. Now, I know of no other reason for their singular exemption from the disease. It was certainly not their sex, as soldiers' wives suffered greatly; and they were evidently exposed to the remote causes, as was proved by their domestic servants falling victims to it in the very centre of the officers' lines.

The officers belonging to the garrison amount to about 200, of which the greater proportion were living in houses, of course well ventilated and very different from the soldiers, who were cooped up in tens and twelves, or in a fourteen-foot-square tent. A good many of the officers of the Bombay Fusiliers had been living in tents; and we find that, of the nine officers attacked, four belonged to this corps. Now, although the officers accompanied their regiment on the line of march up the country, and shared in most of their fatigues, yet they had horses to ride, and consequently avoided the wearing and effects of continued exertion. In the 86th Regiment two marched a great deal, and both suffered much more than any others from broken health, nominally dyspepsia, but with many symptoms closely allied to cholera. The effects of the march to Bhawulpore told on all, as the

return of 37 sick officers in June and July shows and all with affections that were, in reality, modified attacks of the prevalent plague. They were alike exposed to contagion (if it existed) as the men, having to be in the hospital and barrack-room at all hours. I have no doubt also that the comparative temperance of the officers contributed to save them from the disease; for, although a very small number unquestionably do indulge in ardent spirits, still they are of a quality very much superior to those used by the men, and perhaps, without exception, invariably diluted with water. The effects of wine and beer, even if occasionally in excess, cannot be so prejudicial to the health as an equal quantity of arrack. Add to this the superior quality of food used by officers, and altogether we have a list of advantages which they possess over the soldier sufficient, without entering into others equally manifest, to explain the comparative exemption from cholera which they enjoyed.

Of the nine cases attacked, all, I believe, were very mild except those three that proved fatal, and one of the latter was in so weakly a state that any disease must have carried him off, while another died of congestion of the brain subsequent to the attack of cholera; so that only one case, the circumstances of which I know nothing of, remains without palpable modification.

(To be continued.)

ROYAL BERKSHIRE HOSPITAL.

SURGICAL REPORTS AND OBSERVATIONS.

By F. A. BULLEY, Esq., F.R.C.S., Surgeon to the Hospital.

SCROFULOUS ENLARGEMENT OF THE KNEE-JOINT SUCCESSFULLY TREATED BY ELECTRO-GALVANISM; REMARKS ON THE PATHOLOGY AND TREATMENT OF SCROFULA.

Martha F., a young woman engaged in smock-frock-making and needlework, admitted Nov. 9, 1847, on account of a general enlargement of the left knee-joint, which she cannot bend without extreme pain. Her disease has been coming on rather more than three months, but she has felt a weakness and stiffness in walking for three or four years past; it is particularly painful to her at night, more especially on the inner side of the joint, in the line of the apposition of the bones.

Attributes her disease to her having fallen down some steps while carrying a bucket of water, when she thinks she hurt or sprained her knee in some way, but is not quite certain. She has never at any former period of her life been subject to any scrofulous or other affection of the joints, or glandular enlargements. She has two sisters and a brother living, who are all apparently perfectly healthy; her mother died from dropsy following some organic visceral disease. She is herself a pale, delicate-looking girl, her face marked and seamed with the irregular cicatrices of the confluent smallpox. There is a considerably increased quantity of synovia within the cavity of the joint, which causes the integument to have a bulged appearance, more particularly on the outer and upper part, where the fluid causes a very perceptible and prominent fluctuating swelling. There is, besides this, the peculiarly rounded appearance and somewhat hardened feel of scrofulous disease, the result of the deposit of scrofulous matter in the fibrous tissues of the joint, and it is exceedingly tender to the touch, but without any external redness or inflammation. It does not give her any particular pain to stand upon the limb, and she can even walk with the leg straightened, but the exercise causes an increase of the swelling afterwards. She states that she has been, for as long a time as she can recollect, subject to cold hands and feet, and the circulation through the affected limb is manifestly weaker than in the other extremities of the body. Auscultation over the cardiac region leads me to believe that the heart itself is of small dimensions, having a quick and rather sharp sound in its beats, but withal feeble in its contractions; and I notice one of the peculiarities of this condition, that after she has been subject to any particular exertion or excitement, although the *frequency* of the pulsations is increased, there is not the slightest additional *strength* in its contractions, and, from all I can judge, the organ seems to be under a want of proper muscular development, incapable of exerting a natural and sufficient propulsive action for the distribution of blood through the body. She has for some time past been subject to great deprivations, and has, moreover, I understand, pursued a somewhat irregular mode of life; she has never, however, taken any considerable quantity of mercury, having escaped the usual consequences of her irregularities. The catamenia had not appeared for several months, and her appetite was capricious and defective.

The general treatment adopted was such as it was thought would give tone to the system by strengthening the digestive functions, which were weak, in the hope of thus promoting the formation of more healthy blood (a) by a moderate and careful use of nutritive food, and, when the state of the limb would permit, the employment of daily and well-regulated exercise in the open air; the internal remedies consisting of small quantities of the purest sulphur combined with carbonate of iron, which she took twice daily, to the manifest improvement of her health, as after some time the pulse had become fuller and less frequent, and she complained but little of the constant coldness in her feet and hands, to which she had previously been subject, the treatment, even for the short time it had been practised, having evidently tended to increase the energy of the circulation through the body.

The local measures comprised at first the application of hot linseed-meal poultices round the joint, which had the effect of allaying the pain, but tended in no way to remove the swelling, which, on the contrary, rather increased under their use, the joint being at this time about half as large again as the opposite sound one.

After the poultices had been employed for a sufficient time to remove the pain, the knee was surrounded with strips of the iodine plaster, applied with moderate firmness, so as completely to cover it in every part, and over this a bandage, with the same degree of tightness as the plasters.

The effect of this combination of treatment was visible within a very short space of time in a perceptible diminution of the swelling, so much so that the plasters became too loose to be of service by their pressure, but were once or twice renewed, each time inducing an observable amendment, when she carelessly slipped down and sprained the joint, which was followed by a sudden and considerable effusion of synovia, producing the same fluctuating feel and bulged appearance as were observed on her admission. The pain, of which she had just previously felt but little, had now returned, being more particularly troublesome in the night, so that it became necessary to confine her to her bed, and to revert to the use of the poultices, which, after a time, reduced the inflammation and swelling which had taken place in the joint.

When the pain and other signs of inflammation had subsided, and nothing remained beyond a stiffness, but still considerable enlargement of the joint, it was submitted daily to the action of a stream of hot water by means of a douche pump, and after each pumping enveloped in a flannel bandage. Some little pain was occasioned by this process through the acceleration of the capillary circulation of the part, but after a time the enlargement gradually diminished up to a certain point, when its further reduction became suspended; but as she could now, however, walk about the ward on crutches without any particular pain, and as her health had begun to suffer from her recent confinement to her bed, I discharged her from the hospital on the 14th of March, after rather more than sixteen weeks of treatment, with directions to come to my house every other day, for the purpose of undergoing a course of electro-galvanism, from which in several similar instances I had observed the most beneficial results.

At first she felt but little of the usual sensations produced by the electro-galvanic current when applied to the affected part, and could scarcely distinguish its vibrations, although she was able, when the conductors were removed from the seat of the disease, to appreciate the passage of the fluid in any other parts of the body to which they were applied; a circumstance which I had previously noticed in several other cases, in which, however, the ordinary galvanic sensations began to be felt in the affected parts as soon as, by the restorative action of these means, the morbid deposits had become partially removed from the textures into which they had been fused by the disease. By this it would appear either that the nutritive nervous filaments of the diseased part were pressed upon, and their conducting power interfered with, by the presence of the morbid deposit, or that the deposit was in some way referrible to a faulty and inactive condition of the nerves of the part preventing the due passage of the electric fluid through them, the result of a defective supply of blood, from an unquestionable feebleness of the circulating apparatus, which was observable in this as well as in all the other cases in which I had noticed this circumstance.

After the electro-galvanism had been applied every other day for a fortnight or three weeks, I could observe a very perceptible alteration in the shape of the affected joint, the more than natural quantity of synovial fluid which remained in its cavity up to the time she left the hospital having become absorbed; and I could plainly perceive that the rounded appearance occasioned by the more solid deposit in the ligamentous tissues was gradually becoming less and less apparent, until, at the end of about five weeks from her leaving the hospital, it had almost completely disappeared, and she could walk about upon the limb without any particular pain or stiffness in the joint, which, by admeasurement, did not exceed to any appreciable extent the size of the other knee; it was, in fact, evident that the morbid deposit, which I could have no doubt was of the same solid character as usually accompanies the more advanced forms of scrofulous exudation, had been absorbed and taken away by the processes employed.

Observations.—I have been somewhat minute in noticing the foregoing case, because it afforded me a particular opportunity of observing the *modus operandi* of the different local remedies which I employed for its relief, as well as of witnessing their issue in at least a partial recovery from the disease. The poultice, which seemed to act but slightly upon the part, further than by relieving the pain, was followed by the iodine plaster, which, aided by gentle pressure, produced a very perceptible change in the patient's disease; afterwards the hot-pump-bath was used, and from this she derived very great relief; and, last of all, the electro-galvanism, which effected its all but complete removal.

I may observe that all these remedial means, but especially the last, were used with the most persevering care and regularity, and my only object in varying the applications was, that I might better judge of their respective effects

(a) I have observed that the blood of some scrofulous patients is darker coloured than natural, and singularly deficient in fibrine: the former of which conditions probably depends upon its imperfect aeration in the lungs through the feeble action of the heart; the latter upon the circumstance of the fibrine being expended in the formation of the lardaceous deposit which gives the peculiarly puffy appearance so often mistaken for fat in the subcutaneous cellular tissue, as well as its deposit in the seats of more evident scrofulous disease. This morbid condition of the blood would, of course, tend to that interruption of the healthy processes of digestion and assimilation which so generally accompanies the scrofulous diathesis.

upon the local disease ; from all, however, that I could observe, they each of them appeared to act precisely in the same manner, by accelerating the capillary circulation of the part, and thus promoting absorption of the synovial and fibrinous exudations, as well as, for the time at least, preventing any further morbid deposit: both of which objects this forced and carefully sustained acceleration of the capillary circulation seems capable of fulfilling, provided the means be regularly and unintermittingly persevered in, and their effect kept up until the full result of their employment is obtained ; and it is probable that almost all the local applications usually employed for the treatment of scrofulous diseases, such as blisters and stimulating liniments, mercurial and iodic plasters, act in the same manner, by directly stimulating the capillary venous circulation, and thus favouring the absorption of the deposited lymph.

It is probable, also, that most of the internal remedies, especially those of a metallic nature, commonly prescribed as alteratives, act in the same manner, by their being taken into the mass of the blood, and, thus acting as foreign matter in the circulating fluid, excite the heart to an increased action; and, as the capillary circulation cannot fail to participate in the vascular commotion thus produced, they materially assist the good effects of the local applications, provided, at the time of their administration, there be *vis vitæ* sufficient to allow of their being subsequently eliminated from the system. The effects of their not being so eliminated in debilitated constitutions are too well known to require notice.

The effect of the sulphur, as administered in the foregoing case, was manifestly to accelerate the capillary circulation, the patient feeling, as I have often observed in similar cases, a degree of warmth in her extremities, and particularly in the affected part. Shortly after taking it, as she herself expressed it, the medicine "seemed to go to the part and search it," which I could not but attribute to its action on the blood, by increasing the activity of the circulation ; and I have been informed by patients who have visited Paris, Barège, the Eaux Bonnes, and other places, for the purpose of taking the natural sulphureous waters, that they have frequently experienced the same sensations of warmth after taking them even in moderate doses—a circumstance which would render great caution necessary to avoid excess in the quantity taken, as tending to apoplectic fulness, and an injurious determination of the blood to internal organs, which sometimes follows their immoderate use.

The particular part which the sulphur naturally existing in the economy may be said to play in the production and sustenance of animal heat, it is impossible accurately to determine; but it is certain that, especially in the earlier periods of scrofulous disorder, where the disease is characterized by general coldness of the extremities and cutaneous surface, vast quantities of this substance are sometimes separated from the mass of the blood in the form of sulphuretted hydrogen gas, as well as in that of sulphur uncombined, as is easily proved by chemical experiments, but more obviously and simply by a circumstance which cannot but have been observed by every one who has paid any attention to strumous diseases, which is, that the matter of the discharges from scrofulous abscesses and sores combining with the lead commonly used in medicated plasters, almost invariably turns them of a blackish colour, the result of the production of sulphuret of lead : thus clearly showing that sulphur is in this manner discharged from the system during the progress of these disorders. The occasional excessive production of cystine also in the urine, which is stated by Dr. Golding Bird to be strongly indicative of the scrofulous diathesis, is another proof that, as this substance contains no less than twenty-six per cent. of sulphur, large quantities must be thus parted with in these diseases.

Assuming, therefore, for the purposes of practical experiment, that the presence of a due quantity of sulphur in the circulating blood has something to do with this maintenance of the animal heat, and, *vice versâ*, that from the want of it (as there must be where so much of it is in these ways discharged from the system) the temperature of the body is kept below the natural healthy standard, I have exhibited it in almost all the cases of scrofula which have lately come under my notice, with a view to ascertain if the restoration of this important element to the blood is really capable of restoring the defective animal heat in these disorders ; and the result of my observation has been, that it seems either directly or indirectly, in some degree to operate in this manner ; and I have every reason to believe that when carefully and assiduously administered in small doses, insufficient for an aperient effect, it is a most valuable and efficacious remedy for the treatment of scrofulous diseases.(a)

To ensure its best effects, I have exhibited it in its purest state, as completely freed as possible from the sulphate of lime, with which it is usually largely adulterated, and to the presence of which the more common specimens in a great measure owe their aperient quality, especially the commonest and impurest of all the sulphur vivum, as it is vulgarly called, which, from this circumstance, is in great repute among the poor as an effective cathartic ; the presence of this substance, however, in these commoner kinds of sulphur would render them of little service in the treatment of scrofulous disorders, in which it is necessary, to ensure its beneficial action, that the remedy should find its way into the mass of the blood, which it is not able to do, or at least very slowly and imperfectly, when, by reason of its adulteration, its principal action is upon the intestines. I have generally found that in a short time after the commencement of this treatment—coupled with other important hygienic means which it is unnecessary to mention, further than that they have comprised pure air, wholesome and nutritious food, and gentle and well-regulated exercise—the action of the heart, previously feeble, has become altered in its strength, and that the extremities and cutaneous surface, which a little time before were habitually cold, have recovered a certain degree of permanent warmth which has manifestly aided the removal of any local scrofulous affection to which the patients submitted to this treatment have been subject. It has appeared in every case to act by stimulating the heart to a more healthy action, and has thus necessarily produced a corresponding vigour of the capillary circulation, upon which it would seem that the successful treatment of local scrofulous disorders principally depends.

In conclusion, I would venture to make a few remarks on the pathological origin of scrofula—a subject of much importance, as leading to a correct line of practice in the treatment, and without a clear notion of which, whatever may be the true theory of the disease, the medical management must be based upon uncertain and empirical principles. It has appeared to me, and I have been much struck by the circumstance, that in most of those cases of scrofulous disease, which during the last twenty years I have had an opportunity of investigating after death, the heart, in respect to size and its probable power of duly distributing the blood through the body, has been preternaturally small, and, in respect to its volume, imperfectly developed ; and reasoning from analogy, it would be strange if this were otherwise, for, while we observe that the muscular system *generally* in scrofulous subjects is in like manner feebly developed, there is no reason why the heart, so essentially muscular as it is, should be excluded from this general imperfection.

I regret that, owing probably to the attention of observers not having been particularly directed to the subject, I can derive but slight advantage to my theory from the researches or support of others, as with the exception of an observation of the celebrated Louis, in his work on "Thoracic Diseases," in reference to this peculiar pathological condition of the heart, as connected with pulmonary consumption, I have not been able to light on a single remark of any author, either ancient or modern, as bearing at all upon the subject. M. Louis remarks, "In 112 cases, where death was caused by phthisis, I have only found three examples of an evident increase in the size of the heart. In the great majority of cases the heart was under its usual dimensions, being not more than one-half or two-thirds its natural volume ;" and in a note by my learned colleague, Dr. Cowan, he mentions that Dr. Clarke, in his work "On Climate," p. 318, remarks, "In hereditary cases of phthisis I think the powers of the heart are under the ordinary standard ; a small, feeble heart I consider a strong predisposing cause of consumption."

These are, however, sufficient proofs that these accurate observers had not overlooked this peculiar pathological condition, in reference to phthisis as an aggravated and fatal form of scrofulous disorder, and as particularly indicative of this diathesis. I have, therefore, quoted their opinions as the best means of substantiating my own views respecting it.

But whether this preternatural smallness of the heart be an invariable pathological condition, as connected with the scrofulous diathesis, or not, it is certain, and must have been generally noticed, that, in all those persons who have been the subjects of scrofulous disorders, the distribution of the blood into the more distant parts of the body has been but imperfectly and languidly performed, as evidenced by the pale and bloodless appearance of the skin of those parts, as well as by the persistent coldness of the hands and feet, which is an almost constant concomitant circumstance ; and, as on auscultating the heart it almost always appears to be preternaturally feeble in its contraction, it is fair to infer that this feeble action, dependent probably on its imperfect development, may be the cause, through the consequent *retardation* of the circulating stream, of this particular symptom of coldness, whereby, also, the healthy action of the nervous system of distant parts becomes impaired and incapable of performing *its* part in the development of the animal heart.

I have little doubt that any considerable or long-continued retardation of the current of the blood through any part of the body tends to produce a deposit of its more solid fibrous element in parts disposed by previous irritation to receive it ; and, as an instance of this effect, I need only mention the increase in the quantity of lymph deposited in an aneurismal sac, when partial compression, producing only a *retardation* of the stream, has been applied to the main artery of the limb, as well as by the occasional effects of inflammation obstructing, by the effusion of lymph, the passage of the blood through a varicose vein, where we frequently observe a deposit of fibrine in the cellular texture, both above and below the obstructed point, and also in the œdema accompanying cardiac diseases obstructing the heart's action; and, reasoning from more ordinary analogies, it is easy to understand that a slow-flowing stream of water will deposit a greater quantity of the suspended debris than one that has been subject to a more rapid current; and I have also lately been informed by an eminent engineer, well acquainted with the subject, that in some recent endeavours to convey liquid manures to a distance from the pumps employed in propelling them, if any failure or loss of power has occurred to the propelling means, the more solid particles have been deposited in the tubes, and has thus lost much of its nutritive quality, and this without regard to the temperature of the fluid conveyed.

Doubtless, also, the diminution of temperature

(a) The form in which I have usually administered it is as follows :—℞. Sulphuris purificat., gr. v. ad x.; syrupi simp., ʒj.; aquæ, ʒ vij. bene terendo ft. haust. To be taken once or twice a day in a tumblerfull of new milk. It is occasionally combined with a slight chalybeate.

in the extremities, which almost always coexists with scrofulous disease, assists in promoting the deposit of the solid fibrinous matter naturally existing in the blood, inasmuch as we know that urine of a certain temperature, when voided perfectly clear, will, on cooling, deposit its more solid elements; and, so far as it would seem that the loss of temperature in inorganic fluids occasions a deposit of their solid elements, I have little doubt but that an analogy, modified of course by the influence of vital action, will in some degree hold good as regards the circulating blood.

I have been thus particular in these observations, because I was anxious to explain the theory upon which I acted in the treatment of the foregoing case—my object having been in this, as well as in many other cases which I have treated, to counteract the physical effects resulting from a defective distribution of the blood through the body, from an assumed imperfect development of the heart, either congenital—coexistent, in fact, with the earliest periods of fœtal life—or from an arrest of its growth in youth, which I have thought to be, in most of the instances I have witnessed, the main cause and origin of the disease; and acting fully upon this hypothesis, by using every means assiduously and perseveringly—such as by gentle and well-regulated exercise, which it is known is capable of increasing the tone of the muscular structure in other parts of the body, and would, of course, do the same indirectly by the heart; and by other means, such as by acting upon the heart by internal remedies capable of stimulating it to a more healthy action through the medium of the blood itself, as well as by the modes of local treatment I have mentioned—I have succeeded beyond my most sanguine expectations in relieving some of the most obstinate symptoms of this disease, and in some instances have had reason to believe that I have removed the disease itself and its peculiar diathesis from the system.

REMARKS ON AMPUTATION OF THE FINGERS AND TOES.

By GEORGE WILLIAMSON, Esq., Staff-Surgeon, Fort Pitt.

During the last seven years I have been in the habit of operating in the manner about to be described. None of the methods are strictly new, but are modifications of those generally performed. They appear, however, to possess several advantages.

If a portion of a finger is to be removed at the articulations of the phalanges, a common narrow, sharp-pointed bistoury is pushed from one side of the finger to the other, in front of the joint, and the flap made; the knife is now laid perpendicularly upon the lateral ligament, then brought across the joint, and the other lateral ligament cut; by this proceeding the joint is at once opened, and nothing remains but to divide the skin posteriorly. In amputating between the first and second phalanges, transfixion is made opposite to the large fold in the integuments in front, and the joint is at once come upon, as the two exactly correspond. The articulation between the second and third phalanges is one line in front of the fold. By cutting into the joint posteriorly there is always considerable difficulty in getting the knife between the bones, so as to make the flap in the palmar aspect; in consequence of the extensor tendon having been divided, the flexor contracts and drags the phalanx which is to be removed in front of the one which remains. The flap in the palmar aspect being made first, that difficulty is avoided, and the operation is performed with more rapidity and ease.

In removing the whole of the finger the method adopted is this. The point of the knife is laid on the skin, half an inch above the articulation, carried down straight over it, and then brought by the side of the finger into the large fold in front, and continued upwards on the opposite side to join the incision on the dorsum. This incision is performed by one continuous sweep from left to right, without removing the knife. The finger is now pressed well out so as to put the ligaments on the stretch, the joint entered, and the operation concluded.

Having determined previously to remove the head of the metacarpal bone along with the finger, the same mode of proceeding is adopted, without, however, opening the joint. The incision is commenced on the dorsum, about an inch and a half above the joint, carried straight down, then brought round into the large fold in the palm, and continued upwards to where it began; the blade of the knife is now placed parallel with the metacarpal bone, and carried round its head from right to left, and brought back in the reverse manner, and the bone divided by the forceps. By this method there is no cicatrix in the palm, the flaps are smooth and regular; the operation is also quicker in its performance, and leaves a much better and neater covering than by the mode usually followed.

When amputating the thumb and metacarpal bone, the operator stands either on the inner or outer side of the arm, but I prefer the inner side as most convenient. The point of a long, narrow, straight bistoury is entered opposite to the articulation of the metacarpal bone and the trapezium, passed under the adductors, and its point made to appear in the folds of integuments betwixt the thumb and fore-finger, and by cutting outwards a flap is formed; the knife is now laid upon the angle of the incision, between the thumb and finger, and continued over the dorsum of the bone to the part where it was entered to transfix. The thumb is then firmly grasped by the operator, and the soft parts divided down to the articulation, which is now disarticulated with great facility. The result of this operation is exactly the same as that recommended by Mr. Liston. One of the chief points to be attended to before commencing an operation is to have a good position for its performance: in Mr. Liston's method the surgeon stands in front, and is, consequently, very awkwardly placed for disarticulating the metacarpal bone; whereas, by standing behind, the operator has the power of putting the muscles and ligaments on the stretch, and dislocating the bone with great facility.

For the removal of a whole toe the same oval method, as it may be called, is adopted. It is here of still greater advantage, as there is no cicatrix left in the sole of the foot to annoy the patient when walking. The metatarso-phalangeal articulations of the small toes are deeply seated in the ball of the foot, and the knife must be carried by the method usually practised to the extent of two inches into the sole to reach the joint, and, on disarticulating the bone, the integuments are notched and cut in a very awkward manner; in the method recommended these objections are removed.

In amputating the finger the head of the metacarpal bone should always be removed; but in the toes it ought, if possible, to be preserved, especially that of the great toe, for the purpose of giving greater support in walking.

The toes, with the whole of the metatarsal bones, can be removed in the same manner; the great and little toes are those that most frequently require to be amputated; this can be effected by making a straight incision along the dorsum, brought down into the fold in the sole, and terminating in an acute angle near its commencement. The bone is then cleared and disarticulated.

INTRODUCTORY LECTURE ON INSANITY AT THE HUNTERIAN SCHOOL OF MEDICINE.—28, Bedford-square.

Mr. Morison, son of Sir Alexander Morison, commenced a course of lectures on Insanity at the above school on Wednesday, May 3, at ten o'clock, when he dwelt upon the importance of the subject, and depicted, in strong colours, the ill effects which are likely to ensue from its neglect. He said, let us picture to ourselves one in whom we are deeply interested deprived of intellect—that noble endowment which chiefly distinguishes us from the inferior animals. Although he retains the outward figure of the human species, within all is confused and deranged; a stranger to the pleaures of society and a disturber of its peace, his disordered imagination transforms his best friends into enemies, and every effort of friendship and affection for his relief is viewed with apathy or with suspicion. At one time he revels in imaginary pleasure, at another he groans under ideal woe; sometimes, inflated with pride, he regards every one around him with contempt, or, trembling with fear, he shrinks from their sight. At other times he raves with ungovernable fury, or appears to be sunk in the deepest despair. Incapable of attending to his own preservation, were he not restrained by the friendly hand of others, the wretched sufferer would frequently put an end at once to his miseries and his life.

To this distressing train of symptoms, especially if judicious treatment be not early opposed, there too often succeeds dementia or fatuity—that state of the lowest degradation which presents to our view the humiliating spectacle of what has emphatically been termed "the human mind in ruins"—a spectacle which must continually excite the most melancholly reflections and unavailing regrets.

To my father belongs the credit of having first specially directed the attention of professional men in England to the subject of insanity. As early as the year 1823 he delivered a course of lectures to the profession, and such other gentlemen as felt an interest in the subject; and in the execution of this laudable design he was encouraged by his Royal Highness the late Duke of York. These lectures he has been in the habit of delivering from that time to the present.

In the years 1843 and 1844 a course of lectures on the Medical Treatment of Insanity was delivered at St. Luke's Hospital. Dr. Millingen, also, at the Western Literary Institution in Leicester-square, delivered a course of lectures on the Passions and Affections—a subject which you will at once perceive bears very largely on that now under consideration. Still more recently Dr. Conolly has been giving a series of clinical demonstrations at the Middlesex County Asylum, which have met with well-deserved attention.

But still, notwithstanding these praiseworthy endeavours, the whole subject of the nature, causes, and treatment of mental disorders has been most unaccountably overlooked in the education of medical men, since I am, I believe, the first who has ventured to deliver a course of lectures on insanity at any medical school in England. The opportunity of doing so has been given me by my friend Dr. Aldis, whom I now beg to thank most sincerely, not only for the personal favour to myself, but also on behalf of the profession, for having set an example which I trust will be speedily followed by all the other schools and colleges throughout England.

It is perfectly inconsistent with common sense to suppose that a man shall intuitively know how to treat insanity; indeed, it is universally allowed to be a most difficult and mysterious disease, and yet it is almost the only one in which the medical student receives no particular instruction. In his attendance on the hospitals he will, in all probability, have met with almost every other variety of disease which afflicts human nature; at all events, his lectures will have supplied him with some information as to their treatment. But, except as being incidentally touched upon in the lectures on forensic medicine, it appears almost entirely neglected in the course of a medical education; and, as the subject does not form a branch of examination, the pupils naturally employ their time in those studies which will be directly available, and assist them in obtaining their medical certificates, the result is, that professional men, in other respects well educated, commence practice almost in a state of total ignorance on the subject. The lecturer then said that this ought to be remedied, and that students ought to be compelled to produce

certificates of attendance on a course of lectures on insanity. The nosological divisions of the insane state were then alluded to, as well as the order in which the phenomena of insanity make their appearance, to be described in the future lectures; and this interesting lecture was concluded by an elaborate account of the ancient history of insanity.

These lectures will be continued every Wednesday morning at ten o'clock, and are delivered gratuitously to the pupils of the school and to medical practitioners.

ON NITRATE OF SILVER IN CERTAIN CASES OF DYSENTERY, WITH REMARKS ON ITS USE IN ULCERATION OF THE MUCOUS MEMBRANES GENERALLY.

Communicated by W. GARLIKE, Esq., Rickmansworth.

In a paper which I published in November last, through the medium of this journal, on the use of a strong solution of the nitrate of silver in erysipelas and many other forms of cutaneous disease, I then stated it to be my impression that the efficacy of the nitrate as a topical application depended on its immediate power of stimulating or rousing the languid sensibilities of the capillary vessels, which had been deprived of their tonicity or elastic force by previous undue action. From the very ample opportunities I have had of using this salt in solution in the various forms of chronic inflammation and congestion of all the tissues, where actual contact could be ensured, I feel convinced that the foregoing is the only physiological explanation to be given of its mode of action, and that, when topical agency is required as an adjunct to constitutional treatment, the nitrate stands highest on the list of remedies.

If we are to view chronic inflammation or, rather, the chronicity of disease, in its general acceptation, as an engorged condition of the capillaries, with diminished action dependent upon a loss of nervous influence, reducing them to a somewhat partially paralyzed condition, we may readily account for the direct tonic plan of treatment offering the greatest advantage over every other.

Here we have the stimulating principle carried out through the medium of the circulation; and, although it may be too much to affirm that the *modus operandi* is precisely analogous to that laid down for the nitrate or any other astringent in superficial inflammation, still the effect in both instances is the same.

The fact will not be for a moment doubted that the constitution is generally the primary cause of all ailments; but, should a superficial inflammation which has its origin in this cause run into an evil of greater magnitude, an opposite state of things takes place: the constitution is then secondarily affected by virtue of the morbid irritability set up in the nervous system, and the *fons et origo mali* is transferred to the local effect, the wearied energies of the system but too plainly showing that some morbid agency has obtained the mastery over them; and it happens that, unless the local mischief be subdued, the constitution will sink.

I am of opinion that in dysentery and ulceration of mucous surfaces generally, the topical treatment by injection has not been so efficiently undertaken as it deserves. When we reflect that pathology shows us a disease which has commenced in inflammation or congestion of the mucous membranes of the bowels, and which for the most part has exhibited the greatest amount of destruction on the large intestines, where the stimulating principle may be readily brought into operation through the medium of injections, we are warranted in anticipating benefit by their administration at an earlier stage of the disease than is generally laid down in works on this subject, our object being to restore tone to the capillaries before ulceration or gangrene has taken place; for to use astringents after such an issue, when the vital powers are sinking, with much hope of benefit, is asking too much at their hands.

Until lately I was not prepared to speak of the nitrate in this disease; indeed I had not noticed accurately the effect produced by using astringents of a specific kind at a very early stage of dysentery; but, having some cases under my care in which I was deeply interested, and which had resisted all previous treatment, I administered the nitrate, and, from the circumstance of the result being most satisfactory, am induced to publish the following cases somewhat in detail, more especially as the history will not be found to contain the mere record of certain cases which have been conducted to a favourable termination, but to leave an impression, it is hoped, on the mind of the reader by the contrast which the cases themselves manifest of the real and substantial efficacy of the means employed.

The cases are replete with interest (to me) from the circumstance that I am not aware of the nitrate ever having been used in the form of injection in dysentery by any writer on that disease. The neighbourhood, at the time I am alluding to, was loaded with almost every kind of disease, and all assuming the adynamic form, but, more generally than any other, typhus fever prevailed.

Case 1.—On the 8th of December, 1847, I was consulted by a friend of mine respecting his little boy, aged eight, who had just returned from school with a congested condition of the conjunctiva of the left eye; it did not give pain, neither did he express himself as being ill; there was a great look of debility about him, and want of health; the tongue was slightly coated, and a few aphthous ulcers were to be seen scattered occasionally about the lips; pulse 100, and small; extremities cold; appetite capricious. Under a mild form of treatment the congested state of the conjunctiva readily yielded, and by the 13th no trace of the disease remained, but still his general health did not improve; the lips appeared tumid and pouting, and a deep and unhealthy ulcer had established itself in the lower one. Ordered decoct. cinchon. and nitric acid, to be taken daily, with grey powder and rhubarb at night, and an occasional laxative.

Case 2.—On visiting my patient, on the 13th, my opinion was consulted respecting another child in the same family, two years old, who had sickened with the ordinary symptoms of derangement of the digestive organs.

15. There was great irritability of the bowels, and the motions, which were very frequent, consisted of irregular pieces of white suetty-looking matter, mixed with a peculiar green substance, resembling chopped spinach, in globular masses;(a) these symptoms continued increasing until there was a constant involuntary discharge from the rectum of blood and pus, in a state of intimate admixture, resembling strawberry cream, accompanied with intense suffering.

On the 23rd the case terminated fatally.

Post-mortem Examination ten hours after Death.—On opening the abdomen, and viewing its contents *in situ*, all the viscera had a most exsanguine and pallid appearance, with the exception of the liver, which was excessively engorged with blood; gall-bladder distended with black viscid bile, and the ductus choledochus blocked up with the same in a concentrated state. Tracing the intestines, from the stomach downwards, the mucous membrane put on the following appearance:—Stomach collapsed, particularly pale, and free from any trace of disease; Brunner glands healthy. The first appearance of disease showed itself in the lower part of the ileum, where a tinge of redness, with threads of lymph, began to manifest itself. Proceeding downwards to the caput coli, there was disease varying in intensity from softening of the mucous coat to extensive ulceration. This tract of intestine contained about 1 ℥ of pus; the caput coli was full of sanguineous pus, and extensively ulcerated. The same amount of disease occupied the whole of the colon; the mucous membrane between the ulcers was pallid and softened; the rectum was gangrenous almost its entire length, and broke down under the most careful manipulating; the mucous coat of the bladder was also in a state of ulceration; the kidneys larger than natural, and contained in their calyces several small lithic acid calculi.

Case 3.—On the 16th another child, aged four years, was seized suddenly with faintness amounting to complete insensibility, during which his bowels were relieved involuntarily.

17. Passed a restless night; frequent dejections of the bowels of a precisely similar character to those described in the early part of case 2, which rapidly put on a purulent form, mixed with blood, occasionally alternated by dejections of pure blood.

From the commencement the child manifested great prostration, and on the 21st had bleeding from the nose and gums.

19. Met Dr. Conquest in consultation, with whom I had some conversation on the propriety of using the nitrate of silver injection, seeing every other form had been tried in case 2 without benefit. Having his acquiescence, I gave an injection containing two grains of the argenti nitras with 10m. of laudanum in an ounce and a half of thin mucilage, at twelve A.M. The administration produced considerable pain, but the effect was most satisfactory: the tenesmus, which had been distressing, was soothed, and the bowels did not act again until ten A.M. the following day, being a period of ten hours, when a disposition to irritability again manifested itself, blood and pus still continuing to pass. I therefore repeated the injection, and prescribed decoct. cinchona, nitric acid, and tinct. opii. Bowels not relieved again for twenty-four hours, when feculent matter passed; still some blood. Gave another injection, and from this time the case progressed favourably, but slowly, to a state of health.

On the 24th, case 1, which had remained stationary, evinced symptoms of an acute character, similar to those before described; the bowels were purged several times in rapid succession, and bloody sponges constituted the chief feature of each. The general appearance of the boy was distressing to a degree: face pale; features collapsed; pulse scarcely perceptible; feet and legs cold, with slight tenderness over the abdomen. For these symptoms I administered an injection as before, and applied a large blister sprinkled with camphor and opium over the bowels, to remain on six hours.

25. Bowels not relieved.

26. Passed a feculent motion free from blood. Ordered decoct. cinchona, nitric acid, with hyd. creta and Dover's powder, aa. gr. iij., every night, with half a grain of opium added. From this time the case gradually progressed to convalescence.

The others were cases of troublesome chronic diarrhœa, and here the result was alike successful. In these cases it would appear that the large intestine was the primary seat of ulceration; hence the advantages of topical treatment, and the decided effect produced by the nitrate, when all the other popular astringents failed, speak loudly in favour of its employment in cases of a similar kind; and, should experience prove it to be as useful generally in those chronic forms of diarrhœa so perplexing to the practitioner as I have found it in the few cases in which I have employed it, it will be a valuable adjunct to our present list of remedies. In all the different statements given of the treatment of Asiatic cholera, most writers appear to agree in the importance of checking the enormous demand made on the animal powers, by the copious discharge of serum from the bowels, and to suggest a variety of astringent formulæ for injections. Would not the nitrate be useful in these cases? It would appear to me justly worth a trial.

(a) *Vide* "Abercrombie on Diseases of the Stomach."

War-office, May 23.—Hospital-Staff: Assistant-Surgeon Robert Winchester Fraser, M.D., from the 34th Foot, to be Staff-Surgeon of the Second Class.

PROGRESS OF MEDICAL SCIENCE.

HOTEL DIEU.

CLINICAL SURGERY, BY PROFESSOR ROUX.

CALCULUS.

A man, aged twenty-five, was admitted into the professor's wards for the treatment of vesical disease. For the last seven years the patient had experienced pains in the hypogastric region, and suffered from nephritic colic. The urine deposited a dark sediment, and contained some mucous deposits. On examination with the catheter, M. Roux found at each exploration, in the same spot, a hard substance. Taking into account the form of the catheter and its direction, the surgeon came to the conclusion that the concretion occupied the anterior wall of the urinary reservoir, somewhat to the right side, and that it was constituted by a calculus incarcerated in the parietes of the viscus. The sound produced by striking the foreign body with the catheter was distinctly heard on various occasions, and no doubt seemed to be admissible as to the diagnosis. Lithotomy was resolved upon, and, the presence of the concretion being once more ascertained, the lateral operation was rapidly and skilfully performed. But the calculus was vainly sought for; for half an hour M. Roux continued his researches within the bladder with various instruments, and also with the finger, but without success. Several times a catheter was passed into the bladder through the perineal opening, and met with the calculus, but whenever an attempt at extraction was made it failed. The operation was then abandoned, and the wounds are now completely healed, although the symptoms of stone have not one day ceased to be present.

It is generally in the fundus vesicæ that calculi become fixed, but Boyer has met with them also in the anterior part of the bladder. The cells containing the concretions are usually formed only by the mucous membrane, a portion of which bulges outwards between the fibres of the muscular coat; but Frederick Meckel's case, in which all the envelopes of the bladder contributed to form the cell, is perfectly well known. Ledran and Deschamps have published similar instances. In this sort of incarceration the stone is contained in a sort of bag communicating with the bladder by a narrow orifice, through which only the concretion is attainable. B. Bell reports instances of a similar nature, in which the bladder, contracting upon the stone, had formed a double sac. In the "Memoirs of the Academy of Surgery" we find that Bordenave, being engaged in some anatomical researches relative to lithotomy, introduced a stone into the bladder of a dead subject through an opening made in the hypogastric region; lateral cystotomy having been subsequently performed, the calculus was not to be found; on further examination of the bladder, it was ascertained that it was divided into two cavities communicating with each other by a narrow passage; that the stone had dropped into one cavity, whilst the incision had intersected the other.

Let us also add—and, in the particular case which has occasioned these remarks, such is the opinion of M. Roux—let us also add that calculi occasionally place themselves in the orifice of one of the ureters, and there gradually increase in size. Numerous circumstances, therefore, combine to render difficult, or even impossible, a diagnosis which at first seemed of a very easy nature. It is one of these cases which the surgeon of the Hôtel Dieu has had to deal with; hence the singular and negative results of the operation.—*Union Médicale.*

INFLUENCE OF EXTERNAL INJURIES UPON DISORDERS OF THE INTELLECT.

Two singular cases, illustrative of this curious but undeniable influence, are published in the "Journal des Connaissances Médico-Chirurgicales." The first refers to a labourer, aged thirty, who for several years had given evident proofs of lunacy, with occasional attacks of mania. The unfortunate man, having evaded his keepers, placed himself under the machine of a sawmill, and was most frightfully injured. The back of the head had been deeply grooved by the engine, the integuments lacerated, and the bones injured; the brain was even denuded in the occipital region, where the bone was reduced to fragments; the right forearm was entirely torn away below the elbow; and the soft parts of both legs were much injured. In this state of things speedy death was expected and almost wished for; but, contrary to all hopes, the wounds were not fatal; after a week a few words of repentance were obtained from the sufferer, and in three months all the wounds were healed with the exception of the forearm. The intellect has recovered completely, and there seems no reason to apprehend any fresh disturbance of the mental faculties.

Dr. Labruyère, to whom this case is due, brings forward a second case of a similar nature. A man, aged forty-eight, affected with melancholy madness, endeavoured to commit suicide by placing himself under a large stone, which he caused to fall by the application of an iron bar; his fatal purpose was accomplished in a moment; the face was literally crushed, and the right arm fractured: he outlived eight days only, but during all that time the most evident signs of a complete restoration to reason were observed.

We were ourselves much struck with a case observed in M. Velpeau's wards in 1837, and from our notes we collect the following details:—

A clerk in a counting-house, aged forty-five, lost the situation which supported himself and his family in consequence of an apoplectic stroke leaving after it a palsy of the right side. After having exhausted his last resources, during the twelve months which followed the seizure, the unfortunate man was driven by despair to attempt suicide. Accordingly he endeavoured to blow his brains out by firing a pistol into his mouth. He was brought to hospital in a state of insensibility; the bullet had passed through the palate and lodged itself in the deepest part of the left orbit, whence it was subsequently extracted. The patient recovered, with the loss of one eye, but the palsy had totally disappeared, never to return.

These cases illustrate powerfully the acknowledged influence of a violent shock of the system upon the symptomatic alterations of the nervous centres.

CLINICAL MEDICINE, BY M. LOUIS.

We read in the "Archives" an account of an epidemic of dysentery observed during the autumn of 1846 in M. Louis's wards. During the space of fifty days, 34 women were affected; 16 died; 7 other cases were also sent into the wards, and 8 cases presented only partially the symptoms of dysentery. The epidemic was limited to the most salubrious and best-ventilated wards of the Hôtel Dieu, and was, therefore, entirely referred to infection. The anatomical changes observed assumed five distinct forms:—1. Erosion. 2. Ulceration of the follicles. 3. Ulceration of the submucous cellular tissue, the mucous membrane being preserved. 4. Gangrenous ulceration; and 5. Superficial and circumscribed ulceration. The third form, submucous ulceration, with the raising of the mucous membrane, has been described in no epidemic, and seems to the author to be generally the first step towards gangrenous ulceration. The treatment most successful consisted in the exhibition of mild purgatives.

ARSENIOUS ACID IN AGUE, BY DR. SAUVEL.—Dr. Sauvel, physician to the packets of the Mediterranean, states that he has had several occasions of testing the efficacy of arsenic in ague; and one of the most interesting results he has come to is, that the drug in some cases regulates the paroxysms. Thus, in the case of a lady who had caught in Livadia (Greece) a most obstinate intermittent, which had for four months been unsuccessfully treated by quinine, the paroxysms were most irregular, oscillating around the tertian type; under the influence of 1-12th of a grain of arsenious acid, the fits became quotidian and regular, being at the same time less intense. Unfortunately, after the third pill, agitation and sleeplessness occurred, together with cramps and intestinal derangement. Arsenic was of course abandoned, but its favourable effects in the fever were so notable that six grains of sulphate of quinine at last arrested it entirely.

DISEASES OF THE LARYNX IN INFANCY; DIAGNOSIS AND TREATMENT. BY DR. BLACHE (HÔPITAL DES ENFANS).

Diseases of the larynx in general are not, it is true, very common in infancy, but the various maladies which that organ can be affected with during the first stage of life present a degree of gravity very different from that which they assume in the adult. On the other hand, croup, or diphtheritic laryngitis, is specially observed in children; its severity is excessive, and it is marked by many symptoms belonging to laryngeal disease. It is, therefore, of the utmost importance to physicians to be acquainted with their diagnostic signs, in order to avoid discreditable errors of prognosis, and in order to be enabled to have recourse to timely measures, and not to be taken unawares by serious and unforeseen circumstances.

Croup is a specific inflammation of the mucous membrane of the larynx characterized by the secretion of false membranes on its surface, and marked by three distinct periods. The first presents the symptoms of angina, the predominant signs being sore throat, accompanied by pain in the anterior part of the neck, and swelling of the maxillary ganglions; at the same time the tonsils are red and swollen, the soft palate, tonsils, and pharynx studded with small white patches, and the general symptoms are limited to loss of appetite and some febrile excitement. As soon as the larynx becomes engaged in the inflammation, the second period begins: the cough, loud and hoarse, resembles the barking of a dog or crowing; the voice soon is totally extinguished, and its tone is harsh like the cough. Breathing is accompanied by a sound which recals to the mind that produced by a saw working its way through a soft stone. At the same time dyspnœa appears, and the hand is carried towards the throat by convulsive action. Remissions often separate the attacks of suffocation, and asphyxia begins. Expectoration is sometimes absent, but occasionally causes the expuition of false membranes. The third period is expressive of slow or rapid asphyxia, complete aphonia, laryngeal sonorous respiration, convulsive actions of the respiratory muscles, frequency and irregularity of the pulse, throwing back of the head, extreme paleness, and somnolency. Death supervenes either in a paroxysm of suffocation, or from a sort of calm asphyxia, in a slow and progressive form.

Pseudo-croup, or laryngismus stridulus, deserves, on account of its frequency, to be well known, and to be distinguished from real croup. It is, like the latter, an acute disease, but differs from it by its sudden appearance and the total absence of premonitory symptoms. It generally shows itself during the night. The child wakes in a state of suffocation, and makes vain efforts to breathe: the eyes are bloodshot, the face red and swollen, and the cough, loud and stridulous, is occasionally of a barking character, or resembles more closely croupal cough, being harsh, stifled, and of a metallic sonorousness. Respiration is sibilous; the inspiration crowing, and expiration usually silent. After the paroxysm, which is never so short as in spasma glottidis the child falls asleep again, or, if the seizure has taken place during the day, returns to his occupations without preserving any of that sadness which persists throughout in true croup. In serious cases the paroxysms are as frequent as in croup, but the remissions are complete. In mild cases the symptoms all subside after an alarming attack, the voice is hardly altered, and the pulse is natural. On examination of the throat no false membranes can be detected, nor are the cervical glands enlarged. A simple catarrhal bronchitis follows, and the child gradually recovers. When the case terminates

fatally—an uncommon circumstanee—cyanosis becomes general, and death occurs after several attaeks of suffocation.

Spasma glottidis (*vide Medical Times*, vol. 17, p. 55) is an intermittent malady characterized by very short fits of suffocation separated by intervals of perfect health. Thc attack is ushered in by no warning. The respiration is suddenly arrested, as if the glottis was completely closed; during several seconds the child is threatened with suffoeation; the mouth is widely open, the head drawn back, the eyes fixed, the face purplc; after ten or twenty seeonds, during which rcspiration has been altogether arrested, the patient quietly draws his breath, the attack being concluded by a convulsive, sonorous, crowing inspiration. In general, five or six consecutive paroxysms are observed; and during the attaeks most of the functions experience some transitory disturbance; thc pulse becomes quiet and small; the pulsations of thc heart irregular; the veins of the head distended, and involuntary evacuations take place. No cough, no laryngeal pain, no change of the voice, no redness or deposits are observed upon the mucous linings of the throat; but a peculiar symptom is noticed, viz., contraction of the extremities. At first the paroxysms are few and far between, but they gradually become more and more frequent, and at last occur every day, and even every hour. The frequent repetition of the symptoms at last occasions a state of general debility and suffering, somnoleney makes its appearancc, is soon followed by diarrhœa, and the patient dies from the progress of heetic fever, if he be not carried off in an attack of dyspnœa.

Simple laryngitis, presenting for its anatomieal characters either redness of the mucous membrane, or ulcerations chiefly upon the inferior vocal chords, is symptomatically expressed by aphonia, or hoarseness of the voice, cough, slight acceleration of breathing, little or no fever, and no symptoms of asphyxia. The dyspnœa does not occur in paroxysms; in its severe forms the pulse is frequcnt, the face purple, the neck tumefied; at a later period the voice is completely extinct, suffocation is more and more marked, and death takes place from convulsions, or from propagation of inflammation to the bronchial tubes or to the pulmonary tissue.

Œdematous laryngitis, whether consequent (as in the adult) upon chronic inflammation of the larynx, or upon a general morbid condition of the subject, as in the dropsy which follows scarlatina, is marked by a difficulty of breathing chiefly appreciable during inspiration; the voice is unchanged, and death is brought on by asphyxia. If the œdema be considerable it ean be detected by the finger introduced into the larynx. (a)

Hence, glancing generally at diseases of the larynx in infants, we may form three groups: in the first the nervous system is primarily affected (spasma glottidis); in the seeond the nervous and inflammatory elements are combined in tolerably equal proportions, as in laryngismus stridulus; in the third it is the degree of inflammatory action whieh constitutes the chief peril. A fourth group might be formed of those maladies in which the nervous element is altogether absent, as in simple laryngitis. These classifications naturally lead us to establish the treatment upon a rational basis. Spasma glottidis, an exclusively convulsive disorder, will require for its treatment antispasmodics, amongst which we will chiefly mention oxide and cyanide of zinc, assafœtida, musk, cherry-laurel-water, &c. In pseudo-croup, or laryngismus stridulus, in which the nervous and inflammatory clements combine, we might be induced to suppose that antiphlogistic remedies would be of considerable service. Experience does not, however, confirm this view; at the Hôpital des Enfans, bloodletting is not in these cases found to be beneficial, and we greatly prefer the administration of ipecacuanha. If the disease be complicated with diphtheritic angina, all hesitation should be at an end, and the cauterization of the throat with a solution of nitrate of silver (one-third or one-fourth to three or two parts of water) should be combined with the exhibition of emetics. In these maladies, as well as in œdematous laryngitis, where suffocation is imminent, traeheotomy should be performed. As to simple laryngitis, its danger mainly depends upon the propagation of inflammation to the bronchi and lungs. Emetics and contra-stimulant treatment should be put in requisition.

(a) Death from œdema glottidis is sometimes the very sudden result of suffocation: during our "internat" at the Hôpital du Midi, in the wards of Professor Ricord, a patient was admitted suffering from a tumefaction of the glands in the submaxillary region of the left side. The man had occasion to rise during the night, and, on regaining his bed, fell to the ground and expired. On dissection, the tumour was found to have interfered with the return of blood to the heart, the left aryteno-epiglottic ligament was œdematous, the lungs considerably congested, and an apoplectic nodus of the size of a pea was detected in the superior portion of the medulla oblongata.—D. M'C.

Urea in Perspiration.—Dr. Landerer, professor of chemistry at Athens, has discovered in the perspiratory fluids a notable proportion of urea. Having allowed to macerate in water some flannel which had for a long time been in contact with the skin, he obtained a yellowish liquid, of a salt taste, and slightly acid. On evaporation, this fluid deposited a granular mass of phosphatic salts. The remaining portion was mixed with alcohol, and spontaneous evaporation left a substance of a sweetish taste, and recalling the odour of perspiration. This substance was dissolved in water and decomposed by oxalic acid, and furnished, after thirty-six hours, a precipitate of oxalate of urea. These crystals were again dissolved in water, and decomposed by carbonate of lime; being afterwards treated by alcohol, evaporated, and placed in eontact with a few drops of nitric acid, silky crystals of urea were finally obtained.

Chemical Action of Respiration. — M. Liebig, says Berzélius, somewhat ironically, has come to the following new conclusion, viz., that the production of heat during the act of respiration is not due to the oxidation of the carbon of organic matter, but to the conversion of hydrogen into water, and to the substitution of one or more equivalents of oxygen to the hydrogen. This document is, doubtless, not a little remarkable. I leave to chemists, who continually discourse upon the combustion of carbon and hydrogen in the blood, and upon the heat thus produced, the task of deciding if it would not be more consonant with the received notions of chemistry to suppose that the substances which are admitted into the body with the food undergo continual ehanges, differing in eaeh viscus—operations during which carbonic acid and water are either directly liberated, or generated by the presence of oxygen in circulation with our fluids, exactly in the same manner as it happens in a thousand instances under our eyes. But what, then, would beeome of the theory of combustion and the production of heat, analogous to what happens when free carbon and oxygen burn in the air? Would the destruction of this theory constitute a serious loss to sciencc? In all eases it must fall to the ground.

D. M'Carthy, D.M.P.

Iodized Orc.—This preparation has superseded the other forms of iodine at the Val de Grace. The iodine is dissolved in fresh almond oil as wanted, in the proportion of one part to fifteen; and this is afterwards worked up into an almond emulsion. The minimum dose is one grain. In this way far larger doscs can be administered, if requisite, without irritating the stomach; while the iodine is eliminated by the urine much more slowly, and in far less quantities, than is the case with the iodide. By the use of this preparation the progress of the cure of buboes and other glandular enlargements is much expedited.

Fatal Wounds of the Uterus, with tearing away of the Intestines, not productive of immediate Death.—A horrible case recently came before the French tribunals, upon the medieo-legal bearings of which M. Tardieu was consulted, together with MM. Orfila and Cloquet. Thc violenee in question was committed by a peasant on the person of his wife, seven months advanced in pregnancy. The evidenee showed that the woman was heard supplicating and reproaching her murderer threc quarters of an hour after large portions of her intestines had been seen in the yard, having been thrown there by him. The fœtus found in the bed had breathed. On examining the body no traces of external violence were observable. A large quantity of fluid blood was found in the cavity of the abdomen, extensive lacerations of the vagina, uterus, and peritoneum existing, the ragged edges of the parts showing that a cutting instrument had not been employed. The whole of the intestinal canal, from within fifty centimètres of the pylorus to eight centimètres from the ileo-cœcal valve, had been torn away, a portion of the highly-injected mesentery remaining.

Varicose Ulcer of the Cervix Uteri.—Mr. Whitehead thus describes it:—It is generally met with in women of the bilious temperament and hard fibre, who have been subject to piles and profuse menstrual discharges, and to derangement of the biliary organs. The premonitory condition of the parts consists in a hardened and hypertrophied state of thc cervix, which is traversed in various directions by a number of tortuous, dark-coloured trunks, about the thickness of a probe or a crow's quill, raised above the surrounding surface. Larger and more prominent points are here and there noticed, indicating the situation of inosculation of one branch with another; and, generally, at one of these points the ulcerative process is set up, which soon extends through the coats of the vessel, and escape of blood, in greater or less abundance, immediately ensues. The ulcer, which is not long after in being developed, presents an uneven, livid aspect, with irregular margins, near which a few tortuous vessels may be seen ramifying; it now secretes a quantity of pus, and often has small, dark clots of blood or fibrin, the size of a pin's head, lying loose upon the surface. It usually occupies but one labium, the anterior more frequently than the posterior; but sometimes the whole circumference of the cervix is implicated. The discharge which accompanies it is at first glaring, then brownish and purulent. The treatment includes bleeding from the arm, and local bleeding by leeches and cupping; the patient must keep in the recumbent position; and three to five grains of calomel, with hyoscyamus or opium, followed by an aperient, should be given. A strong solution of nitrate of silver is to be applied locally, which must be changed after the acute symptoms have subsided for solid caustic. A strong solution of sulphate of zinc is to be employed, with vin. opii and tinct. of matico, in case of a discharge of blood.

Deposit of Earthy Matter in the Placenta.—Dr. Mackay exhibited to the Birmingham Pathological Society a placenta spotted over with earthy matter. Tho patient was twenty-eight years of age; it was her first child; she had miscarried twice; has been married three years. She had suffered severely from the ordinary sympathetic affections of pregnaney during the first three months, and the last month of gestation; she had also complained of tenderness over the uterus, but of no fixed pain. Formerly she had suffered from dysmenorrhœa. Hemorrhage occurred for a single day three weeks before her confinement, and returned in considerable amount during the early stage of the labour. An hour after the termination of the labour the hand was introduced into the uterus, and the placenta, which adhered to the uterus, was extracted with some difficulty. The patient did perfectly well. The general structure of the placenta was normal; but there was a rather copious deposit of earthy matter, in spots, scattered over its attached surfaee.

THE MEDICAL TIMES.

SATURDAY, MAY 27, 1848.

THE UNIVERSITY-SCHOOL SQUABBLE.

The smallest interests have always given the world its greatest excitements; and the breach of the "entente cordiale" of nations that a heiress might be caught, will find its parallel of exaggerated consequence, and perhaps of fatal consequences, in the misunderstandings among professors that a son-in-law be not unprovided for. The waste-paper basket in every editorial room in town must have done centupled duty since this University squabble first turned up; and ours, after having been cleared, we know not how often, of letters that will bear no counting, and of pamphlets whose authors' names would have made even folio volumes get a sale, is again on the point of repletion. In short, such a "much ado about nothing," is not often witnessed even in a profession so *désœuvrée* as our own.

Though not unwilling to have our share in the current amusement (having leisure enough on hands to allow our looking at it as not *quite* a bore), yet a thought of duty obliges us to obtrude on the angry combatants the surprise of a word of common sense. "What advantage is there, gentlemen, in proving to the public that Mr. Sharpey likes patronage, Mr. Quain emoluments, or Mr. Cooper sons-in-law? That this one would promote his friend—that one himself; that this third minds not what he says—and this fourth cares little what he does? Which of you gains anything by success in this propaganda of *mutual* shame? What repays in it the expenditure of your half year's income in printing pamphlets—or your night's rest and day's leisure in writing them? Would the world lose anything, or you, if its time were less occupied in such matters, and yours more on some *others* that might be named? Bethink you on all this, and spare *us*—or, if this be quite impossible—ye Quains, ye Sharpeys, and ye Coopers! —in mercy spare our waste-baskets!"

THE BENEFIT OF HOSPITALS TO THE PROFESSION AND THE POOR.

"When that the poor have cry'd, Cæsar hath wept."
SHAKSPERE.

At this season of the year it is customary to make appeals to the public in pecuniary behalf of the hospitals and dispensaries which abound in this metropolis. The clergy of almost every rank and denomination have been preaching sermons, and soliciting contributions, in order that these eleemosynary institutions, said to be the "glory of our land," should be efficiently and liberally maintained. Archbishops and bishops, deans and chapters, prebendaries and curates, have severally employed the dignity of their stations, the eloquence of their tongues, and the fervour of their piety, to make good Christians dive deeply into their breeches pockets, and draw thence a goodly sum for the sick sick poor. From what we can learn, these pious efforts have not been employed in vain, and the coffers of our metropolitan hospitals have been sufficiently replenished to enable the sick and infirm to procure their wonted assistance.

If a judgment were to be formed from the statements made in the various pulpits where the claims of our hospitals have been advocated, we should conclude that they as nearly approximate perfection as anything human can do—the governors being some of the best of men, the funds managed in the best way, the medical officers the most skilful practitioners, and the patients the most worthy objects upon which "advice gratis" can be bestowed. These statements, without doubt, have been made with all that sincerity which becomes pastors of the church; but we, in common with large numbers of our medical brethren, are not prepared to admit these statements to be altogether true. There are few, perhaps, who are so well able to judge correctly of the utility of charitable medical institutions as the members of our profession: they are like persons privileged to pass behind the scenes of the theatre, where they behold many imperfections which are not intended to meet the eyes of the public. In the administration of hospital affairs, both metropolitan and provincial, there is mixed up a vast deal of what is vulgarly called "humbug," which, to make the public admire, is electroplated with the name of charity. It is rarely that persons take the trouble to examine into the abuses of institutions to which we refer; but necessity has compelled medical men to expose and condemn them.

There can be but one opinion as regards the end for which hospitals have been founded and endowed, viz., the relief of the sick poor. This includes two things—first, that the best medical officers that can be obtained be chosen; and secondly, that none but those who are poor be allowed to receive relief. If these two points were kept steadily in view, the members of the medical profession would suffer no pecuniary loss, while the indigent would be greatly benefited. What we purpose showing is, that a departure from the original intention for which hospitals were founded has been the means of injuring the profession and the poor.

The means at present adopted are not those which are best calculated to secure the highest medical and surgical talent. In some of the London institutions family influence has prevailed, and in nearly all it is requisite that a candidate for a vacant surgeoncy should have been an apprentice to one of the surgeons of the hospital. This system ought constantly to be denounced. A man's eligibility for office is here considered, not according to the quantity of his brains, but by the amount of his gold.

The late Mr. Dermott, in his last introductory lecture, gave a remarkable illustration of the baneful influence of the exclusive system of hospital elections. Mr. King obtained in France the honour of being member of the Ecole Pratique at the first *concours*. He became afterwards dresser at the public hospitals, then provisionary *interne*, and finally he was elected by *concours* the second *interne* at the Hôtel Dieu. At this time a question arose whether or not, being a foreigner, he was eligible; and the expressions used by the reporter were, "that the council, being influenced by motives of a high national order, had in their wisdom declared that France was the country of all the talents that would honour and serve her." We cannot but admire the magnanimity of this declaration, and it is especially worthy the consideration of certain persons involved in the recent squabble at one of our London medical colleges. Mr. King, having returned to his native country, became a candidate for the assistant-surgeoncy to St. George's Hospital; but he was given to understand by one of the medical officers of the institution, that no man had any chance of becoming hospital-surgeon unless he had been an apprentice or pupil to the hospital. He failed.

But this is not the only way by which the highest medical and surgical talent of the kingdom is often shut out from employment in our medical institutions. We ask, who are the electors? and what are the means they adopt for securing the best candidates? The governors are, for the most part, non-professional persons, incapable of judging medical qualifications, and are often influenced in their votes more by private feelings than by a desire to promote the public good. Yet, when there is an hospital appointment to be obtained, a very curious sort of machinery is set in operation, as marvellously effective to secure a good doctor as was Munchausen's means of firing his gun when he had no flint in his lock, viz.: sparks elicited from his eyes by giving them a hearty thump; and the public are taught to believe that the highest medical talent can be secured by candidates sounding their own praise in newspaper advertisements, private circulars, followed by a sharp canvass before the day of election. We may as well believe that Munchausen's stratagem made him a dead shot as that hospitals by this plan can obtain the cleverest doctors.

Not only, however, does the manner in which the physicians and surgeons of our hospitals are elected prevent the best talent from being secured for the poor, but the indiscriminate manner in which patients are admitted to the benefits of these institutions, while preventing them from benefiting deserving objects, materially injures private medical practitioners. Under ordinary circumstances, no persons should obtain advice gratis who are capable of paying for professional attendance. Yet numbers are constantly allowed to receive help in sickness who are either tradesmen or mechanics thriving in the world. We have a letter before us from Mr. Alfred Ebsworth, of Bulwell, Notts, in which he warmly adverts to the injury which provincial infirmaries inflict on private medical practice. He says—"I look upon every hospital as the *slaughterhouse* of hundreds of practices in this kingdom. Go into the waiting rooms of any, either in London or the country, I care not which, and observe who are the recipients of medical advice and assistance, and then follow them to their homes. You find mechanics earning more per annum than poor-law doctors get for attending a large district; men in full employ, shopkeepers, *nymphes de pave*, publicans, and sinners of every description. No question is asked as to their capabilities of paying for a doctor, but every possible encouragement is given them to enjoy the benefits of the liberality of the public. And the officers of these institutions do this to secure the better class of patients at the hospitals, because they know it greatly conduces to their own private interests. A lady's maid, a nobleman's cook, a butler with the gout, or a *valet de chambre* with the clap, find favour in the eyes of the medical and surgical officers, to the neglect of downright poverty." Few will be disposed to deny the statements which our correspondent here makes; but we can say more—that hospitals and dispensaries are not unfrequently got up upon private medical speculation. So charitable are these places that patients are attended at their own houses when unable to come to the institution, provided they have a

recommendation from a governor. A better trick to secure patients in respectable families could not, perhaps, have been adopted, or a better method for gentlemen to get their servants attended for a small sum. In all these manœuvres the relief of the deserving poor is entirely lost sight of, while the injury that is done to private medical practitioners is incalculable. This is one cause among others that numbers of the profession in London supply medicines and perform the minor operations of surgery at the rate of 1s. each consultation for adults, and 6d. for children! while midwifery cases are attended for a crown! The fees are disgracefully low; but can we wonder at this when the educated general practitioner has to contend with ignorant quacks and hospital charities? We hope that the note of benevolence which has been so loudly sounded will call up some genuine tritons. The welfare of the deserving poor, and the prosperity of general practitioners, require that our medical eleemosynary institutions should be reformed. The "advice gratis" which is so indiscriminately given in those places is more derogatory than vending a bottle of physic for a shilling, for we have serious misgivings that the former is as closely connected with the latter as cause and effect.

POOR-LAW MEDICAL RELIEF.

Sir Geo. Grey has fixed Tuesday for receiving the deputation on this subject. We understand that representatives of the corporate bodies, with gentlemen from the National Institute and the Provincial Medical and Surgical Association, will accompany the deputation.

MEDICAL REFORM.

The probability of a settlement of this protean question seems hourly on the increase. The corporations—English, Irish, and Scotch—are now in harmonious assent; the medical associations are content; the Government, which only waited this "lying down of the lion and lamb" as the condition of action, is ready to take up the subject; and, as the parliamentary committee is likely soon to terminate its supererogatory sittings, it is not impossible that even this session may witness a Ministerial attempt at legislation. May it be a happy one!

ON MEDICAL EDUCATION.

[from a correspondent.]

"Honos alit artes, omnesque incenduntur ad studia gloriâ; jacentque ea semper quæ apud quosque improbantur."—Cicero *in Tusc. Disp.*

(Continued from page 26.)

The system laid down here would seem to impress the notion, that the whole lifetime of the medical pupil is to be a round of unceasing study—philosophy, science, metaphysics, medicines—a host of abstract knowledge to be mastered. But even with devotion to these studies, with intense application sufficient to raise themselves to the position desired, medical students may find leisure for what is so necessary for all men, namely, mental and physical recreation. As the assertion that,

> "From the body's purity, the mind
> Receives a secret, sympathetic aid,"

so more particularly is this relaxation required by those whose time is occupied by study. In the first place, so far as mental recreation is concerned, it appears to me a matter of far higher importance than it is generally deemed to be. There are times, or rather shreds of time, which occur amidst the occupations of the busiest which may be left barren wastes, or made to bear the choicest fruits. Will the aspiring student have any difficulty in choosing between a barren country that fills his eyes with the prospect of naked hills and plains, which produces nothing either profitable or ornamental, and a beautiful and spacious landscape divided into delightful gardens, green meadows, fruitful fields, bearing in every spot of earth some elegant plant or flower? If not, how is the selection to be made available?

By devoting these leisure hours to the study of the best English authors—the poets, dramatists, historians, and novelists—the bright creations of whose genius are given to us "not for an age, but for all time"!

I hope there will be no man found to stand up and say that such pursuits are incompatible with the most perfect professional knowledge. The whole history of those who have achieved the noblest triumphs in our art tells us that they are. Few persons were fonder of poetry, or had more of the works of the British poets committed to memory, than Sir Astley Cooper; of the illustrious Harvey we know that, amidst all his experiments and discoveries, he devoted much of his time to literary pursuits; and the remark of Coleridge on Sir Humphry Davy, that "were he not the greatest philosopher, he would have been the first poet of his age," is equally applicable to many medical men of the present day.

And, even if such recreation have no better effect with the majority of students than that of passing away so many wearisome hours of idleness, does it not seem to be better spent thus, than that they should run the risk, as all students must do who are away from their friends in attendance on lectures and hospitals, of being dragged into those gulfs of what is falsely called pleasure, and of which all large cities are peculiarly prolific? It may be said this has nothing to do with education; but its importance needs no apology for its introduction here. Every man possesses his share of the frailty which is the natural heritage of mankind; the brightest stars have had their lustre dimmed; the wisest and most noble-minded have fallen. The folly of imagining that an unbending of the mind, without injury to the body, can be effected by revelry and dissipation is a fatal error indeed; but, in the present age (a), I fervently hope it will be needless to warn any man against the danger of allowing himself to be dragged into those whirlpools by the thoughtless or the wicked. It is no stretch of fancy to say, that they are fraught with destruction to their victims—like the cave of Cacus, strewed with the bones of the slain, and like that, too, the paths to them knowing *nulla vestigia retrorsum*.

But I would not advocate any system to preclude young men from rational enjoyment, because I know its use, its advantage, and its necessity. Our profession should be no enemy to mirth and cheerfulness—no exactor of pensive looks and solemn faces; though there be, no doubt, many of its members who try to pass off, with sober aspect and with canting phrases, their solemn ignorance of its precepts. There is a time for enjoyment as well as for study; and a time that requires to be circumspectly guarded in like manner. Every day may afford a number of hours marked out for study; but there is time enough, and more energy in it after, for a little amusement withal. Rambles across the hills, along the seashore, or over the green fields, are as pleasant as they are useful. "I would not," says an accomplished writer, "trust the fellow that could not enjoy them, though he had the look of a judge, and the talk of an apostle." Rational enjoyment is not "barred or banned, forbidden fare," to any of God's creatures; but we are rather required to unbend the mind; and the wisest men may indulge occasionally even in what the morose ascetic or the contemptible fanatic may call frivolous or childish amusements. "Enjoy the blessings of the day," says Jeremy Taylor, "if God sends them; and the evils thereof bear patiently and sweetly; for the day only is ours; we are dead to yesterday, and we are not born to to-morrow."

Let us now suppose the student has entered on his lectures, every season of which is of vital interest to him, and calls for incessant and unremitting study. Having spoken of such preparatory culture as seems to me most necessary up to this period, I may now turn to that which precedes the actual practice of the profession, and consider the best means of making both available to the student. Dr. Graves observes, and truly, that "five or six years' attendance on an hospital will be little enough to qualify a man to enter *with propriety and confidence* on the discharge of his professional duties." It may be replied to this, that a student could learn every disease—symptoms and treatment and dissect—every portion of the human body in half that time. But a glance or two at each disease, and at every branch of medicine, will not be sufficient; it must be repeated and reiterated, and impressed on our memories, until we feel confident in the permanence of our knowledge. "The pictures drawn on our minds," observes Locke, "are drawn in fading colours; and, if not frequently refreshed, soon vanish and disappear." And the beautiful language of Coleridge impresses this truth still more strongly. "It is not enough," he says, "that we have once swallowed truths; we must feed on them, as insects on a leaf, till the whole heart is coloured by their qualities, and shows its food in every the minutest fibre." This spirit of perseverance will surmount every obstacle. It is by the use, not merely by the possession, of energies that we can hope to succeed; for the exertion of moderate talents will be sure to outweigh the carelessness of the brightest.

With the curricula of the various medical corporations I have nothing to do here; every student will now become acquainted with the course prescribed, and the plans intended to enforce the regulations of the schools. It may be a sweeping assertion to make, that nearly all of them are in some degree liable to objection; but it is not on that account the less true or the less to be lamented. It is asserted, on good authority, that our medical schools do not possess as many and as useful elementary books as those of our continental neighbours; and this is ascribed, per-

(a) No one will deem it out of place here, to pay a tribute to that great and good man, through whom chiefly, in Great Britain, intemperance has now, and I trust for ever, received its death-blow. Medical men, above all others, knowing its direful influence, should honour and revere its conqueror—a man rising, as if by magic, from amongst the people; whose mission was not "to break the bruised reed, or quench the smoking flax," but to whom a power was given "to move dove-like over the troubled waters, and hush them into quietness."

haps truly, to the fact that teachers on the Continent are separated from the practical duties of their profession, whilst the lecturer in this country is merged into the practitioner also. But the capital cities of Great Britain afford the most ample facilities for medical and surgical instruction; they have all dissecting-rooms, hospitals, and laboratories, with men of industry and ability to conduct the several departments in each; and it will be the student's own fault if he does not avail himself of the advantages thus laid before him.

It might, perhaps, be expected that I would devise or suggest some uniform system, and hint to students the propriety of apportioning their time—devoting so many hours to one thing, and so many hours to another; marking one book to be read in the morning, one at noon, another at night, invariably. This clockwork style of business is quite foreign to my notions of study. I am no disciple of the Blair school, and wish to establish a uniformity in men's minds, which must ever be as varying as the shadows cast by the sun. Whilst students have before them the hours of attendance upon lectures fixed so as to ensure regularity, I would suggest to every one to adopt that system for himself that will best suit his habits and convenience. Men are as varied as the tendencies of their minds; and neither must be controlled, unless they wander into evil habits. My chief object is to discuss general principles of study, which, like principles of art and science, are scarcely to be imprinted on the mind by the calculated formalities of any precise or marked-out culture.

No student, however, should attend lectures without allotting part of every day to reading, and digesting in his mind the information he has acquired. "Think as you read, and read that you may think," is an axiom applicable above all others to medical students. It contains a maxim worthy of being written in letters of gold, and of being made the fixed motto of all those who would aim at honours that industry and exertion of talent can alone place within their reach. Whatever rules of study may be adopted by those attending lectures, it seems to me to be a matter of importance that they would consult their teachers relative to the most useful works necessary to be read, with reference to the different branches of their art; otherwise much time may be often spent to little purpose. There is no use in their wandering about in pathless woods, and using their eyesight in this vagrant manner. If they decline to take advice from those whose experience enables them to act as guides, they shall continue to ramble on in uncertainty and confusion, and shall find themselves, after all their labour, not in the least wiser for their wearisome journey.

POOR-LAW COMMITTEE.

[To the Editor of the Medical Times.]

SIR,—The committee appointed by the Convention of Poor-law Medical Officers have, in my opinion, set themselves a most unprofitable task, in attempting to frame books which will be alike acceptable to the Poor-law Board and the whole of the union medical officers which the committee represents.

Each individual member of the committee will, no doubt, be biassed in favour of the particular mode he has been accustomed to adopt in registering his patients; and I am firmly convinced it will be a waste of time in endeavouring to obtain a unanimous opinion, even of the few gentlemen of the committee, in favour of any particular form of books; and hopeless, indeed, will be the endeavour to obtain the approval of the same of all the medical officers of the various unions. And even, Sir, were we to be unanimous in recommending a particular form of books which should be kept by the medical officers, the members of the Poor-law Board, who know nothing of medical subjects, may disapprove of the plan the committee, after mature deliberation, may have decided upon. If there were a medical man attached to the Poor-law Board I should have some hopes of obtaining a more perfect and useful system of books; but, constituted as that board now is, the task the committee is giving itself will be of no avail.

The form of books which I keep for my own use is very simple; and although I entered in my register, during the last year, 3541 cases, I was enabled to furnish the clerk to the guardians of the union with my annual return in a very short space of time. As my cases are only entered once, I have merely to count the number of lines on each page, and multiply them by the number of pages, which, of course, gives me the total number of cases. I have then to separate them into fever, surgical, midwifery, and general cases, and to state the number cured, dead, and removed to the hospital or workhouse. Then, for my own guidance, I keep a daily journal, or waste-book, in which I enter the name of the patient, the disease, the extra diet which may be necessary, and the medicines.

I am at a loss to understand how medical men, without adopting a system similar to the above, can recollect what medicine each, out of perhaps a hundred patients, is taking. The waste-book, therefore, gives no extra trouble, but is absolutely necessary for every medical officer who has many patients to see, unless he is blest with a most retentive memory.

If medical inspectors should be appointed, the use of such books will be invaluable; for in case of any epidemic, such as cholera, prevailing, the most successful mode of treatment might be easily made known, and thus much benefit would be conferred upon the community. To lay such books, however, before the board of guardians would, of course, be unnecessary; if inquiry were made about a particular patient the name might readily be referred to.

The books I keep are in the subjoined form:—

Register Book, No. 1.

Date.	Name of patient.	Age.	Residence	Name of disease.	Secondary disease.	Event.	Observations.

Daily Journal, No. 2.

Date.	Name of patient.	Necessaries ordered to be given to patient.	Medicines.	Observations.

Your obedient servant,

May 17. JOHN LIDDELL.

AFFIDAVTS IN RE BERNCASTLE.

James Blundell, of No. 1, Great George-street, Westminster, in the county of Middlesex, doctor of medicine, formerly lecturer on midwifery at St. Thomas's and Guy's Hospitals, London, maketh oath and saith that he has carefully and attentively perused the whole of the evidence given at the inquest held at Croydon, in the county of Surrey, on the body of Elizabeth Hopkins, alias Howard, on the 4th, 7th, and 11th of January last, as reported and published in the *Surrey Standard* of the 15th day of the said month of January; and this deponent further maketh oath and saith that, taking the whole of the said evidence into consideration, he is clearly and distinctly of opinion that the evidence given at the said inquest, as reported in the said *Surrey Standard*, is wholly insufficient to show that the death of the said Elizabeth Hopkins, alias Howard, was occasioned "by exhaustion resulting from protracted labour," as found by the verdict of the coroner's jury.

John Charles Weaver Lever, of Wellington-street, Southwark, doctor of medicine, physician-accoucheur and professor of midwifery at Guy's Hospital, London, maketh oath and saith that he has carefully and attentively perused the evidence given at the inquest held at Croydon, in the county of Surrey, on the body of Elizabeth Hopkins, alias Howard, on the 4th, 7th, and 11th of January last, as reported and published in the *Surrey Standard* of the 15th day of the said month of January; and this deponent further maketh oath and saith, that he is clearly of opinion that the death of the said Elizabeth Hopkins, alias Howard, was not occasioned "by exhaustion resulting from protracted labour," as found by the verdict of the coroner's jury; and that this deponent's opinion is confirmed, first, by the description of the patient's condition given by Dr. Berncastle; secondly, by the evidence of the witness, Mrs. Meagher, the midwife; thirdly, from the evidence of the witness, Mr. Dale, from which it appears that natural efforts were equal to the completion of the labour, and that no artificial assistance seemed to have been thought necessary, or to have been employed, by him; fourthly, from the fact, as appears upon the evidence, that Mr. Neville and Mr. Dale suffered fourteen hours to elapse before they deemed it necessary to visit the patient after her confinement; and lastly, from the record of the necroscopic appearances.

Similar affidavits were made by Dr. H. Oldham, physician-accoucheur to Guy's Hospital, and Mr. W. H. Pettigrew, assistant-accoucheur to Guy's Hospital, and several other eminent surgeons.

DR. M'CULLOCH AND THE CASE OF THE LATE MR. GREVILLE.

[To the Editor of the Medical Times.]

SIR,—Will you be so good as to give insertion to the accompanying letter in your valuable and widely-circulated journal? On the 8th instant I sent it to the *Times* newspaper; but it has not yet appeared. I remain, Sir,

Your obliged and obedient servant,

G. M'CULLOCH,

A.M., M.D., T. Col., Dublin; F.R.C.S., Ireland; Assistant-Surgeon 2nd Life Guards.

Army and Navy Club, May 17.

[To the Editor of the Times.]

SIR,—Permit me, for the second and last time, to trespass on your liberality, and beg of you to insert the following lines—*not* in answer to the letter in your paper of Saturday, signed "J. J. Halls, house-surgeon, St. George's Hospital," but in order to recal to that gentleman's recollection one or two remarks which passed in the hospital during the time the late Mr. Greville was there.

I was standing at the bedside, some few minutes after Mr. Greville was carried in, when Mr. Halls, I presume, having heard who I was, asked me the question, "Was I one of the medical officers of the regiment to which Mr. Greville belonged?" To this question I answered in the affirmative. He then asked me, "Did I wish to take charge of the case?" to which I replied, "Certainly I do;" and accordingly gave the directions which I considered necessary; and, stating to Mr. Halls my opinion of the case, reduced the fracture myself, with his assistance: and, to use the words of a brother officer, Mr. Lumley, who accompanied me into the hospital, and remained until Mr. Greville was removed to barracks—"You appeared to have taken the whole management, direction, and guidance of the case, and to have set the leg." This gentleman has kindly allowed me to give his name in testimony of what he considered the leading part I took in the matter.

In conclusion, I beg to thank Mr. Halls for the assistance which he rendered on the occasion.

I am, Sir, your obedient servant,

G. M'CULLOCH, A.M., M.D.

Hyde-park Barracks, May 8.

STATE OF THE PUBLIC HEALTH IN THE FIRST QUARTER OF THE YEAR 1848.

The Quarterly Returns are obtained from 117 districts, subdivided into 582 sub-districts. Thirty-six districts are in the metropolis, and the remaining 81 comprise, with some agricultural districts, the principal towns and cities of England. The population was 6,612,958 in 1841.

The mortality has been high in the quarter ending March 31, 1848, but rather lower than in the previous quarter; and, taking the increase of population into account, higher than in the corresponding quarter of the year 1847. The deaths returned were 57,710 in the last, and 57,925 in the previous, quarter. The deaths in the corresponding quarter of 1847 were 56,105.

The smallest number of deaths returned in the 10 last winter quarters was 42,410 in 1839. The mortality was below the average in the winters of 1839, 1842, 1843, and 1844; in the severe winter of 1845 it was 49,996, which is considerably above the average. In the mild winter of 1846 it was much below the average. The rest of the year was unfavourable to health: some of the diseases of hot climates set in; the potato crop failed in England and Ireland, with disastrous effects. In 1847 scurvy, typhus, and other zymotic diseases prevailed; and at the end of the year influenza broke out. Its ravages extended over the country, and continued in some districts through the month of January, 1848. The results are shown below.

	1839.	1840.	1841.	1842.	1843.	1844.	1845.	1846.	1847.	1848.
Deaths registered in the March quarters of 10 years	42,410	46,376	46,967	44,903	43,748	46,136	49,996	43,850	56,105	57,710
Deaths which would have been registered if the mortality had been uniform, and the numbers had increased from 1839 at the rate of 1·75 per cent. annually	43,589	44,352	45,128	45,917	46,721	47,539	48,371	49,217	50,078	50,955
UNHEALTHY SEASONS. Difference above the calculated number	..	2,024	1,839	..	..	..	1,625	..	6,027	6,755
HEALTHY SEASONS. Difference below the calculated number	1,179	..	..	1,014	2,973	1,403	..	5,367	..	..

Deaths Registered in each of the Four Quarters of the Nine Years 1839—1847, and in the March Quarter, 1848, in 117 of the Districts of England and Wales.

Quarters ending	1839.	1840.	1841.	1842.	1843.	1844.	1845.	1846.	1847.	1848.
March	42,410	46,376	46,967	44,903	43,748	46,136	49,996	43,850	56,105	57,710
June	41,244	42,074	39,133	38,569	40,343	38,977	40,847	43,731	51,585	....
September	37,317	39,498	36,058	39,409	36,953	38,933	36,139	51,427	49,179	....
December	41,740	44,186	39,292	39,662	42,608	44,080	39,291	53,093	57,925	....
Total	162,711	172,134	161,450	162,543	163,652	168,126	166,273	192,101	215,094	

The mortality of the district of Lewisham, and of the sub-district of Hampstead, is included in this table throughout.

GOSSIP OF THE WEEK.

THE LONDON CUTANEOUS INSTITUTION.

A dinner was given at the London Tavern in aid of the funds of this institution on Thursday, the 11th instant. The Earl of Harrowby in the chair.

An interesting report was read, indicating the success of the charity and the large extent to which it had been useful. Especial mention was made of the services of Mr. Gurney, Mr. Moxhay, and the surgeon (Mr. Startin) to the institution; and a benefaction was recorded of 100 guineas from the city of London. It was likewise stated that the Apothecaries' Company had furnished an abundant supply of hot water from their works for the patients' baths. It was also stated that the Duke of Cambridge had become the patron of the institution, and had forwarded a check for twenty guineas. The health of the Earl of Harrowby, as an old friend of the institution at a time when his help was of great service in its establishment, was proposed and drunk with great enthusiasm; as likewise were the healths of Drs. Hodgkin, Southwood, Smith, and Mr. Startin, the medical officers. Subscriptions were announced to a considerable amount, and some excellent speeches and glees made the evening pass convivially. Mr. Harker, the toastmaster, performed his duties with his characteristic tact and ability.

BRISTOL MEDICAL SCHOOL.

The annual distribution of prizes and honorary certificates to the students of the above school, took place on Monday, May 1. Dr. Kay presided, and presented them to the following gentlemen, accompanying each with a few appropriate remarks:—

Third Year.—Prize—Mr. Crosby Leonard.

Certificates.—Mr. Robert Ellis, Mr. Nathaniel Crisp.

Second Year.—None awarded.

First Year.—Certificate—Mr. T. H. Taylor.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, May 18:—John Penberthy Berryman, Penzance, Cornwall; Henry Rowland Hoskins, London; George Dunn, South Molton, Devon; Charles Drage, Ipswich; Scholes Butler Birch, Leamington Priors; Frederick William Pearce Jago, Bodmin, Cornwall; James Edward Neild, Oulton, near Leeds; Thomas Goodall Copestake, Kirk Langley, Derbyshire; William Perry, Stonehouse, Devon; James Murray, Oldham.

A Hint to Colonel Sibthorp.—The Registrar-General reports this week that a horsehair-manufacturer, twenty-one years of age, who formerly resided in Hackney-road, sub-district of Bethnal-green, died a *natural death*, accelerated by the noxious vapours of a privy, and the insufficient drainage of the neighbourhood.

Gutta Percha.—The importation of this newly-introduced article continues to take place in large quantities. A vessel just arrived in the docks from Singapore has brought 4966 blocks and 415 packages of gutta percha, consigned to order.

Educational Reform at Milan.—The Patriotic Society of Milan has appointed different committees to reform the system of education. One is occupied with preliminary education, another with the higher schools, a third with the gymnastic, a fourth with the modes of education adopted in the universities. The last is subdivided into three sections—one for the mathematics, another for law, and a third for medicine, surgery, and pharmacy. These meetings commenced on the 28th of April.

Medical Men in the French National Assembly.—Twenty-five physicians have been elected as representatives in the new National Assembly.

Culture of Rice.—The Academy of Medicine of Turin have announced for 1849 a prize of 1000f., "On the maladies which arise from the culture of rice, and the means of preventing or curing them."

The Queen has been pleased to confer the honour of Knighthood upon John Liddell, M.D., F.R.S., Chevalier of the Imperial Russian Order of St. Anne, and of the Order of the Redeemer of Greece; Medical Inspector of Fleets and Hospitals, Royal Hospital, Greenwich.

Cholera and the Plague. — Marmara and Cutali, distant from Constantinople about twelve leagues, have been again visited by the plague. The cholera has also carried off eighty-five victims from the former and sixty from the latter place.

Royal College of Surgeons.—Gentlemen admitted members on the 19th inst.:—Messrs. F. T. W. Ford, J. N. Coffin. C. Carey, M. Simpson, S. S. Shackles, P. H. Bird, H. C. Shepard, T. E. Ladd, J. R. Morgan, H. Stuckey, R. Harold, and J. Kay.

Midwifery.—Old Court.—(Before Mr. Baron Alderson.)—John Bradbridge Nice surrendered to take his trial upon an indictment charging him with the manslaughter of Anne Cossins. Mr. Ballantine prosecuted; Mr. Clarkson was for the defendant.—The learned counsel, in opening the case, described it as one of considerable importance to the public in general, but particularly to the lower classes, who were frequently compelled to apply to unlicensed persons like the prisoner for assistance in any ailments under which they were suffering; and it was very necessary that persons who chose to take upon themselves an office for which they were not competent should be taught that if death resulted from their ignorance or incapacity they were amenable to the law for their conduct. The learned counsel then proceeded to narrate the circumstances under which the charge was made, but some of the facts from their peculiar nature can only be briefly alluded to. The deceased was the wife of a person in humble circumstances, and, being in the family way, the prisoner attended upon her as a man-midwife, and a female child was brought into the world in due course; the patient appeared somewhat exhausted, and it appeared that the defendant gave her some stimulant, and went away saying he would return, and before he did so the patient expired, as was alleged, from a certain operation required in such cases not being performed.—Baron Alderson expressed an opinion that these facts would not support the charge of manslaughter, and that there must be clear proof of criminal negligence or ignorance.—The jury then returned a verdict of "Not guilty."

The Medical Schools of Portugal.—The medical and surgical schools of Lisbon and Oporto contain this year 148 students, who are thus distributed:—At Oporto, to the surgical courses, 40; at Lisbon, 84. To the courses of pharmacy there are 2 students at Oporto and 4 at Lisbon. To the courses of botany, 8 at Oporto and 10 at Lisbon.

Influenza among Horses.—Colonel M'Douall informed the Council of the Royal Agricultural Society of England, at a recent meeting, that a most effectual mode of treatment among horses (exhibiting itself by a severe cold, with inflammatory affection of the nostrils and lungs) had been adopted with unvarying success by the veterinary surgeon to the 2nd Life Guards. The plan consisted in keeping the bowels of the horse gently open by administering one-fourth of the usual dose of medicine on four successive days, and at the same time in making such arrangements (by means of hay soaked in hot water, or otherwise) as would cause the horse continually to breathe the steam of hot water. The effect of this inhalation of aqueous vapour was to keep the mucous membrane of the breathing organs in a state of continual discharge, by which the air-passages were kept free from accumulation, and the inflammatory symptoms rapidly removed. Not a single horse affected with this disorder has been lost in the regiment since the old system of bleeding, blistering, &c., had been discontinued, and the plan Colonel M'Douall then referred to had been adopted; and recovery was generally effected in a few days. Mr. Hudson, of Castleacre, having about seventy horses on his farms, had constant opportunity of observing the nature and progress of this distemper, and his experience fully corroborated the statement of Colonel M'Douall. Mr. Hudson had found the most successful treatment to consist in allowing rest to the horses, and giving them cordial balls, and in placing hot bran-mashes in their mangers; and, in order to promote perfect recovery in the horses laid up with the complaint, it had been his practice to allow them to remain for a fortnight or three weeks quiet, and without work.

MORTALITY TABLE.

For the Week ending Saturday, May 20, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	969	943
SPECIFIED CAUSES...	967	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	269	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	47	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	105	122
Diseases of the Lungs, and of the other Organs of Respiration	113	129
Diseases of the Heart and Blood-vessels.....	28	33
Diseases of the Stomach, Liver, and other organs of Digestion	56	62
Diseases of the Kidneys, &c.	9	10
Childbirth, Diseases of the Uterus, &c	16	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	6	9
Diseases of the Skin, Cellular Tissue, &c.	5	1
Old Age	42	55
Violence, Privation, Cold, and Intemperance.....	31	29

TO CORRESPONDENTS.

"Mr. Alfred Ebsworth, Bulwell, Notts," writes us as follows, in reference to the "Profession as it is":—"The profession is not *true* to *itself*. In my endeavour to hunt down an illegal practitioner in this neighbourhood, and whilst selecting cases for trial, I had an opportunity of witnessing this in a lamentable degree. Will it be believed that the very man whom I sought to overthrow was in the habit of calling in *physicians* and *surgeons* from Nottingham, and that they were venal enough to go over and consult with him in any case of difficulty? They could have no excuse for so doing, because they all know that this man is nothing but a quack. One physician complimented him on the excellence of his treatment to the patient's friends, wrote a prescription, and gave it to the quack to make up—treating him, in fact, as a qualified man. The love of gain, I am sorry to say, must be very rife, professional etiquette at a very low ebb, and patients extremely scarce, for practitioners so far to forget their calling as to journey over ten miles to meet a man they would scorn to speak to in their own town. The *advice-gratis* system amongst *provincial* physicians and surgeons is also an evil in the profession of the greatest possible magnitude; it does little or no good to them, except as stimulating food to their excessive *egotism*; but it ruins all practices round about large towns. I say this from a thorough acquaintance with facts relative to the subject under consideration, that those who have high and good wages, able and willing to pay a medical man, run after the *advice gratis* whenever anything ails them. The high-sounding titles of M.D. and F.R.C.S., how miserably have they fallen short of our anticipations, both of their professional respectability and their honesty to the corporate bodies who dubbed them Physicians and Fellows in name, but not in deed! They keep no drugs, yet gain *by* drugs; the £1. 1s. has sunk into 3s. 6d. for a prescription by one, and 2s. 6d. for a visit by the other. By lowering themselves to these *prices*, what mischief have they not done to themselves and the general practitioner? They cannot live on their income derived from such a source, and they drag on an existence by filching us of ours. There are some bright exceptions to this casting system, but I am compelled to add, few. The great fault of medical practitioners generally is the acceptance of contracts of poor-law unions and clubs at the unremunerative prices they are offered at. Of the first I have said much in your columns, and shall not renew the discussion; but it does appear to me that the clubs might be cast off by the profession altogether; for I find this evil in them, that, whilst they admit as members the deserving working man, they admit also your village butcher, baker, publican, blacksmith—all of whom are treated for sums varying from two to four shillings per annum. A publican drinks till he gets a gangrened toe; he has a club in his house, and, of course, becomes a member of it, and, of course, he has the doctor to attend him; it does not pay him to receive twelve shillings a week, and do nothing in his business, so he sits behind the tap with his leg on a couch, and drives his trade as usual, bullying the medical man, and cursing his bad attendance. Now, had this been a private patient, the bill for the same attendance given would be about £50; and the publican, having an old licence and good custom, could well afford to pay well. We don't receive £10 for attending to some sixty or seventy members, and these will include ten or twelve able, in a pecuniary point of view, to meet a decent bill. Is not, then, the club system a bad one?"

"Homo" has been deceived by some interested person. The fees are not remunerative.

"Physiologist."—1. The acids, in general, have no action upon urine, excepting oxalic acid, which precipitates its lime. 2. Tannin renders urine cloudy by combining with the mucus and with a portion of the extractive matters; if the turbidness be considerable it must be attributed to the presence of albumen.

"Mr. Bland."—All the numbers of the last volume can be obtained.

"R. N." has our thanks for his offer. We shall be glad to receive the papers at his earliest convenience.

"Beta."—We are unable to speak positively on the subject. Mr. John Quekett states, however, that he observed in a portion of bone submitted to him for examination, and which was taken from a woman who died while affected with mollities ossium, that the bone along the edges was very transparent; and that numerous nucleated cells, blood-discs, and fatty matter occupied the cancellated structure and some of the Harvesian canals.

"A Zealous Reformer."—In all probability the Medical-Reform question will not be brought into Parliament this session.

"Anglican."—The question proposed to us can only be answered by one of the officers of St. Andrew's University.

"Minor."—The paper on Homœopathy is unsuited to our columns.

"T. J. Orton, M.D."—Yes: if within a month from the date of the letter.

"Chirurgus, Bolton."—From the description we are disposed to think that the tumour is the result of inflammation in one of the numerous bursæ about the shoulder-joint. It is difficult to say, however, in what place the disease originated.

"Mr. Richards."—We agree with our correspondent that reform is needed in coroners' courts, but we must decline publishing the letter.

"Medicus."—The person can be punished under the Apothecaries' Act.

"Matter of Fact" has either adopted a wrong name, or has a very queer way of stating truth.

"A Surgeon to an Emigrant Ship."—The statement should be forwarded to the Home Secretary, who will take the matter under his immediate consideration.

"A Member."—The London College received a charter about the year 1800—the Corporation of Surgeons, founded by George II., having lost their charter by the non-election of officers at the appointed time.

"Nemo"—The *litre* is equal to about an English quart.

"A Bachelor."—Enrolment in the General Album is the only legal record of attendance in the University of Edinburgh.

"Adolescens."—A "periodical malady" is one the symptoms of which return from time to time without regularity, as epilepsy.

"Provincial" asks if it is really true that Mr. Syme has resigned at University College? We are not surprised at our correspondent's credulity, but he may be assured that the statement is true.

"A Subscriber, 1843."—As a surgeon, yes; as an apothecary, no.

"Anxiety."—Surgeons can recover at law for their surgical attendance.

"Bolus" requests us to state how long it is probable the Apothecaries' Company may exist. As we cannot answer the question, we must refer our correspondent to the society's secretary, at their hall, in Water-lane.

"H. G., A Subscriber, King's College."—The expenses we cannot state, as they will depend on circumstances.

"Mr. Hale Maxwell, Albany-place, Edinburgh."—Communication received.

"Student."—Not for the member's diploma.

"Antiquarian."—Yes; the College of Physicians is the oldest English medical corporation. 2. It was founded probably by the influence of Linacre with Henry VIII.

"Clericus."—Bishops have not now the power of licensing any order of medical practitioners, though they continued to do so more than a century after the incorporation of the physicians.

"P. B., Brighton."—Consult Dr. Paris' "Pharmacologia."

"Quiz."—The strictures on the Bishop of London's Training Institution for Nurses for Hospitals, &c., is inadmissible.

"Oscar."—What our correspondent states is little short of a physiological miracle.

"M. D."—In some cases of cholera there is neither vomiting nor purging.

"Alpha."—Apply to the secretary of the Apothecaries' Society.

"Gulielmus."—Whalers generally take a surgeon on board for the voyage, but what is the usual salary we are unable to state.

"A Physician."—The institution has been closed for the want of funds.

"Fusbos."—1. Yes. 2. Not without the Apothecaries' licence.

"M. D., Lond."—The cases are not sufficiently numerous to establish the efficacy of oxygen in arresting the progress of typhus fever.

"A Constant Reader."—The paper on Chloroform contains no new facts, and we must, therefore, decline publishing it.

"Rusticus."—We have not received the letter.

"Mr. Doyle."—Consult the Army or Navy List.

"Amicus, Birmingham."—A double qualification is not necessary.

"Experimenter."—The calorimeter does not measure with "rigid accuracy" the quantity of heat which a body gives out in cooling.

"Erinensis."—1. The licence of the Irish Apothecaries' Company does not confer a title to practise in England. 2. We must decline offering an opinion upon the merits of the two companies as examining bodies.

"M. R. C. S. and L. A. S."—The new charter for the general practitioners has not yet received the royal signature.

"A Non-professional Friend."—1. It is the concrete juice of the hævea caoutchouc and jatropa elastica (natives of South America), and of the ficus Indica and artocarpus integrifolia (which grow in the East Indies). 2. A cheap and good solvent is naphtha.

"N. B."—The name is in the list of the members of the College of Surgeons, London, but it is not found in the "Directory."

"A Poor Invalid."—Consult a medical practitioner, as we do not prescribe through our columns.

"J. B., Glasgow."—The numbers shall be forwarded according to request.

"An Old Student of University College."—The letter contains reflections on individuals, which prevents us publishing it without our correspondent transmitting us his name and address.

"Philanthropist."—The funds of the hospital are not in a flourishing condition.

"One just Passed."—A candidate for an assistant-surgeoncy in the army must be unmarried, not beyond twenty-six years of age, nor under twenty-one. The other particulars may be obtained at the War-office.

Mr. Thompson's offer is declined.

"Medicus, Bristol."—We have not seen the new Pharmacopœia.

"A Qualified Surgeon."—The case is anomalous, and the diagnosis should be guarded.

"A Practitioner prior to the Act of 1815," addressing the members of the Medical Mutual Protection Association through us, says:—"Ere we can stay the progress of quackery we must first reform ourselves. Can you for an instant suppose that any medical gentleman of respectability would join a society, the avowed object of which is to turn common informer (which in itself is the most odious of all avocations) merely to save the Company's overflowing coffers from further expenditure? I need not say that there are quacks of all kinds, political, legal, religious, as well as medical, which I will defy the law even to annihilate. I merely ask, is it consistent with common sense that the licentiates and members of the Society of Apothecaries' will be found, in the eleventh hour, doing their dirty work of common informer? I think not. Let the law be altered; it is that which is in fault. Monopoly is the order of the day with the whole of the institutions in this country; it is high time that all medical and surgical institutions were placed in the hands of Government."

"M. F. G., Brighton."—We have not received the verses, "The Gold-headed Cane and the Oak Stick," which will account for our not taking notice of them in our answers to correspondents.

"M. D."—Apply to any of the shipbrokers in town, who will give the required information.

"Mr. J. H. Horne, Princes-street, Coventry-street," recommends the following plan in the treatment of verrucæ:—"Let the warts be touched simply with a solution of the tincture of iodine about three times a week, and all, however numerous, will be found to have disappeared, without the least pain, trouble, or annoyance, about the third week after first using it. To Mr. Drew, surgeon-dentist, of St. James's-street, I am indebted for the suggestion. He recommended it to one of my own children's hands. (See *Medical Times*, p. 481, No. 446.) They were on some parts almost too numerous to count, and by the time I have stated not a vestige of them remained. Other cases have yielded by the application with equal certainty and celerity since first using it. I have also found it by far the best application that has hitherto been suggested or adopted for eradicating syphilitic warts and venereal excrescences; of course the constitutional mischief must be judiciously prescribed for as well, to ensure complete success."

"A. C. R." asks, "Have you any idea of Mr. Quain *ever* letting us have the third volume of his Anatomy? The two first are out, and he said in his introductory lecture last year that we should have it by the 1st of November, 1847; but, alas! it is unborn."

"Mr. J. L. Levison, 14, Devonshire-place, Brighton," on "Disease of the Antrum produced by a Fracture of the Alveolus," received.

"Mr. H. Haynes Walton."—Communication received.

"Letters and communications have also been received from Mr. Alfred Ebsworth, Bulwell, Notts; Homo; Physiologist; Mr. Bland; R. N.; Beta; A Zealous Reformer; Anglican; Minor; T. J. Orton, M.D.; Chirurgus, Bolton; Mr. Richards; Medicus; Matter of Fact; A Surgeon to an Emigrant Ship; A Member; Nemo; A Bachelor; Adolescens; Provincial; A Subscriber, 1843; Anxiety; Bolus; H. G., a Subscriber, King's College; Mr. Hale Maxwell, Albany-place, Edinburgh; Student; Antiquarian; Clericus; P. B., Brighton; Quiz; Oscar; M. D.; Alpha; Gulielmus; A Physician; Fusbos: M. D. Lond.; A Constant Reader; Rusticus; Mr. Doyle; Amicus, Birmingham; Caustic; Experimenter; Erinensis; M. R. C. S. and L. A. S.; A Non-professional Friend; N. B.; A Poor Invalid; J. B., Glasgow; An Old Student of University College; Philanthropist; One just Passed; Mr. Thompson; Medicus, Bristol; A Qualified Surgeon; A Practitioner prior to the Act of 1815; M. F. G., Brighton; M. D.; Mr. J. H. Horne, Princes-street, Coventry-street; A. C. R.; Mr. J. L. Levison, 14, Devonshire-place, Brighton; Mr. H. Haynes Walton; Mr. M'Cormick, Dublin; Mr. Renton, Gravesend; Dr. Heath, Stratford-on-Slaney; Mr. Dunkeley, Greenacre's Moor; Mr. Lyon, Petty Carry; Mr. Craig, Ratho, &c. &c.

No. 453. **SUMMARY.** JUNE 3.

ORIGINAL CONTRIBUTIONS—

The Philosophy of the Human Hand; translated from the French of M. Le Caine S. D'Arpentigny 65

A Report of the Causes, Character, and Treatment of Spasmodic Cholera as it appeared in her Majesty's 86th Regiment, at Kurrachee, in June, 1846; by ALEXANDER THOM, Esq., Surgeon of the Regiment; communicated to the Medical Times by the Army Medical Board 67

On Dislocation of the Humerus, by F. C. SKEY, Esq..... 69

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 70

History of a Case in which a Foreign Body was lodged in the Trachea, and successfully removed by the Operation of Tracheotomy, by JOSEPH THOMPSON, Esq..... 72

PROGRESS OF MEDICAL SCIENCE—

Academy of Medicine; Meetings of May 16 and 23.. 73

Poisoning by Colchicum 73

Treatment of Epilepsy 73

Clinical Surgery—Lithotomy; a New Operative Process, by Dr. Maisonneuve 73

Loose Cartilage in the Knee-joint, by Professor Velpeau..... 73

Clinical Medicine—Peculiar Signs of Inflammation of the Superior Lobe of the Right Lung 74

Arseniate of Quinine..... 74

Epidemic of Smallpox in Lyons 74

A New Mode of Extracting Sugar from Diabetic Urine 74

MISCELLANEA 74

Royal Medical and Chirurgical Society 75

REVIEWS—

A System of Practical Surgery, by John Lizars, Esq. 75

An Elementary Treatise on Crystallography, by Professor Regnault 76

LEADERS—

Captain Berkeley and the Assistant-Surgeons of the Royal Navy 77

The Deputation to Sir George Grey..... 78

Medical Reform 78

On Medical Education 78

GOSSIP OF THE WEEK..... 79

MORTALITY TABLE 80

TO CORRESPONDENTS 80

ORIGINAL CONTRIBUTIONS.

THE PHILOSOPHY OF THE HUMAN HAND;

TRANSLATED FROM THE FRENCH OF

M. LE CAINE S. D'ARPENTIGNY.

1848.

(Continued from page 35.)

General Rapp was the most perfect specimen of the elementary conical type, such as it appeared in the upper classes under the Empire. He was a man too fat, spread out, highly coloured, prominent features, manners at once sumptuous and rustic, theatrical and soldier-like, and who, when no alcove bed nor silver-gilt service could be had, demanded a straw pallias and a wooden spoon. At Dantzic (1812), where we called him the Pasha, as well from his luxury as from his kind of merit, *the sabre*, he used to promenade in an open carriage, magnificently dressed, rather spread out than seated, with his mistress, a mincing little ugly German, with high cheek-bones, and to whom the generals under his orders paid homage as to a queen. His splendid parties, where figured daily a hypocritical and neglected dish of boiled horseflesh, insulted the misery of the soldier, to whom he cheerfully distributed silver plentifully, living himself, as the phrase goes, from hand to mouth, but whom, in his neglect and indifference, he abandoned to the rapacity of scribes and sutlers. At the theatre, where the subaltern epaulette dared show itself only in the pit, from eight to ten boxes were devoted to his noisy and insolent staff. His people had his name continually in their mouths, and he spoke only of his master, the emperor. He owed his promotion first to his exalted fetichisme (fatalism); next, to his great bravery; finally, to a manner of frank flattery, seasoned with a capricious good-fellowship, which succeeded with him. Without acquired talents, but not without tact and delicacy of observation, he called to assist his ignorance and incapacity on every occasion representatives or proxies. Yet such was his opinion of himself, that he considered us well paid for all our exertions by merely saying on parade that "he was satisfied with our conduct." In other respects a good man, serviceable, a hater of prepared discourses, abounding in postscripts or marginal notes, with the heart, as the phrase is, in his hand.

Over this type (men with elementary hands) superstition has a strong hold. Finland, Iceland, Lapland, are full of sorcerers.

The type is deficient in moral courage.

IX.

In this chapter I shall consider only hands with spatular fingers and large thumbs; the *mixed genius* will be readily comprehended by the reader.

By "spatular hand" I mean that hand in which the *first* phalange (*nail* or *distal* phalange), enlarged and spread out, presents, more or less, the form of a spatula. The hand so formed, having also a large thumb, has unquestionably its origin in northern and inhospitable regions, where such a hand is, as it were, necessitated by nature. By it and its corresponding intelligence man overcomes physical objects insurmountable by the conical-fingered hand. The confidence (*self-reliance*) such men have in themselves is extreme. *Abundance* is their object, and not merely the *essentially necessary* (*quoi vivre*, mere subsistence) as is the case with the *elementary* hands. They possess the instinct, and in the highest degree the sentiment, of positive life; and they reign by the natural intelligence they possess over the *world of things* and of *material interests*. Continence is easier observed by them than by others. Diana, fond of the chase and of active sports, was the symbol of chastity.

When spatular hands have the fingers at the same time smooth, the individual loves elegance in his comfort; but it is the *elegance* of *fashion* he prefers, and not the elegance of *art*. The colonies abound with such men; they are also numerous in jockey-clubs.

Large spatular hands abound more in Scotland than in England; in England than in France; in France than in Spain. The painter Ribera, whose leaning was towards the ugly, nevertheless gave to most of his figures hands more or less pointed; so also did Murillo and Zurbaran. Large fingers, squared or spatular, abound on the canvas of Dutch and Flemish artists. From Galicia and Asturia come most of the muleteers —that is, most of the laborious portion of the peninsular inhabitants. The Kabyles have these hands, and they are the most industrious of all the Algerine races; the Bedouins, on the other hand, sluggish, ferocious, superstitious, have enormous hands. The Swiss have spatular hands; their taste for mechanics is well known; their industry, their care. In Russia the *elementary* hand abounds; and amongst the Cossacks (a mongrel race) the spatular hand.

For the reasons assigned, durable colonies are founded best by spatular hands. Persons so formed attend wholly to material interests. Manual labour is their delight, and they love the soil only for what it produces. Moderately sensual, they do not suffer from over-abundance, but they abhor scarcity: they are faithful husbands. For exile or expatriation they care little; neither do they dread solitude.

France peopled Canada and Louisiana with hands of this kind, and could do no more; Spain, by colonizing America, became morally and physically exhausted. Thus, in the hands of his Flemish subjects lay the more solid portion of the glory of Charles V. To this day the Spaniard and Fleming are violently contrasted in all things. A Fleming's pride consists in his wanting for nothing; a Spaniard's in despising all his wants.

With persons having spatular hands motion is essential: hence, their love of liberty and their individualism. M. Dupin the elder,—whose motto is "Each for himself; let every man possess his own house exclusively,"—this M. Dupin the elder has enormous, villanous hands, with knotted spatular fingers.

Men so formed (with spatular hands) are regulated by numbers; arithmetic directs them; they have no idea of form, and care nothing for it; hence in northern countries, the *artist* is put down by the *artisan*. In Italy, France, Spain, it is the reverse. The cities of such persons partake of their genius; long straight streets, crossed at right angles by others; symmetry, regularity, order, neatness; but no statues, fountains, caryatides. On the other hand, look at Rome, Naples, Grenada—charming city! where, under orange groves, under the silvery moonlight, to the sound of guitars, I have passed so many happy hours of my youth! Where are such courts to be found, such fountains, such columns, in the cold prosaic cities of the North!

X.

The strange epoch between the ninth and twelfth ages belongs exclusively to the spatular, hard-handed race. Each profession had its distinct dress; each group its chief, its cry, its device, its banner; the pleasures were purely sensual; a profound ignorance pervaded all. They delighted in war and bloodshed, and their rule was savage and brutal.

The modern *noblesse*, who boast of possessing conical, small, and pointed hands, and at the same time claim a descent from the hard, spatular-handed race of the ninth and tenth centuries, claim what is incompatible, and therefore impossible. Every gentleman really and lineally descended from the "*noblesse* of the sword" must of necessity have the spatular hand. If, on the contrary, his hand be fine and pointed, he must trace his origin to the cloisters—the monks and the abbés.

The Breton nobility, whose houses still smell of cattle and smoke, and who are profoundly innocent of all new ideas, have spatular hands; they are stationary in intellect. Each type, especially in great decisions, refers to its dominant characteristic, admitting that the mixture of races has greatly modified certain types; thus it is that, when certain types prevail or govern, they invariably choose their agents of all sorts from the same class. Hence the different kinds of civilization which have prevailed on the earth.

Fine, delicate, and white, they say, were the hands of Napoleon; be it so; but I protest against the *form* which artists, led away by flattery or routine, have or still give to his fingers. Most certainly they did not terminate in slender cones, excepting, perhaps, the index finger, which is always somewhat conical, even in spatular hands. Napoleon,—the enemy of liberty, who had not the sentiment of poetry, nor of the fine arts, who knew only the ignoble parts of the human heart; who, from a hatred of the Republic, employed only discipline, vanity, money,—Napoleon, the mathematician, the inspired strategician, had unquestionably the fingers squared or even somewhat spatular, the thumb large, the palm of a medium size and

elastic, the fingers smooth—a sign of instinctive decision, the hand small, like Charles V., like Shakspere, Hildebrand, Byron, Newton—like all large brains which, in one direction or another, have aimed at universality. Canova has given fingers slightly spatular to his group of "The Three Graces."

The predominancy of hard, spatular hands under the Empire was a great misfortune, for under the government of the sabre the requisite amount of intelligence to become renowned is excessively feeble.(a)

The old veterans, the old soldiers of the Empire, were in the lowest grade of intellect; but they extinguished that liberty which Jourdain, Hoche, Marceaux, Lafayette, Desaix, and Kleber contended for.

XI.—CATHOLICISM AND PROTESTANTISM—SYRISME —MYSTICISM.

Lovers of art, of poetry, of romance, of mystery—men with pointed fingers—desire a deity after their own imagination; spatular-handed men have their own ideas on this important matter. To the first belong fêtes, contemplation, Catholicism; to the second, rigorous deductions, action, Protestantism. Everywhere, therefore, Protestants surpass Catholics in the mechanical arts, in industry, in wealth, not because they are Protestants, but by reason of their organization. Everywhere, for the same reason, Catholics surpass them in the liberal arts. It is not, then, two different ideas merely which are opposed in religious wars, but two different organizations, two races obeying instincts diametrically opposed; hence the cruelty of these wars. Since the revocation of the edict of Nantes France became inferior to England in the mechanical arts. Denis Papin, the inventor of the high-pressure steam-engine, was a French Protestant refugee who fled to England.

For this reason, also, it seems probable that Protestants rejected the plastic arts, calling their culture idolatry. Religious sentiment is strongest in the Catholic, but religious ideas are more fully developed in the Protestant. Protestantism has produced more doctors, and Catholicism more saints.

XII.—ON THE HANDS OF THE ENGLISH.

A deep and profound silence prevailed over Scandinavia and the Cimbric Chersonesus, so soon as the more robust, the more active of its nations secured a footing in England, to return no more to their native land. The English, of all nations, abound most with hard, spatular-fingered hands. The Irish naturally boast of a southern origin, which is precisely what we should expect; I presume that the conical-fingered type abounds with them. The English are absolutely astonished at our love for decoration, and we equally wonder at their eternal pursuit of the comfortable and the useful. They mingle up art with nothing; the mode (fashion of the day) suffices with them. Their houses, furniture, jewellery, table-services, toilet, musical instruments—everything, in short, about them displays a lamentable poverty in artistic invention, in imagination; their whole life is a struggle with material existences. Their love for the country is a necessity flowing from their nature, from their love for fatiguing exercises. The Spaniard, for the same reason, prefers the city.

The English, who adorn, who ornament nothing, do the same with language; they employ no gesture, they are so profoundly ignorant of the sentiment of the necessary relations which form must have with its essence or nature, that they see nothing unsuitable *in a dancing priest*.(b)

The English constantly mistake stiffness and haughtiness for dignity, ostentation for grandeur, singularity for distinction.(a) The incessant hurly-burly of their clubs keeps Europe awake; they drink with the windows wide open, and man and beast will gallop till out of breath in pursuit of a fox or a five-shilling-piece. The sad silence which these doings excite in foreigners they mistake for admiration.

The conical artistic type of hand is so rare that the high manifestation of its instincts shocks the sense of the masses. Byron was of this type, and it procured for him almost universal hatred. It is this type which prevails in France; hence its high taste; hence, also, its frivolity. We (the French) are progressive in *ideas*, and they (the English) in *things*. The logic of theory prevails with us; with them it is the utility and the application. We sacrifice interests to principles; they sacrifice principles to interests.

In spatular-fingered England it is an absolute disgrace to be poor; the reason need not be told: where so many grasp and hold, the mass naturally despise those who do not, esteeming them weak-minded persons.

You will apply these principles to other countries—to Germany, for example, exalted by the triple intoxication of contemplation, music, and tobacco. People live gravely there, and dream enormously. There they drink out of large glasses; there they read large books. It is the country of metaphysical dreamers.

XIII.—OF THE VENERATION IN WHICH ALL NATIONS HOLD POINTED FINGERS.

However much nations differ from each other, they seem all to agree in this, namely—they represent their deities as beings with pointed fingers. Even the Chinese and the Japenese do this—people who do not actually know what is meant by liberty or the fine arts. The human race, then, sees in pointed fingers something deeper than merely an elegant form. It is this: the necessity for labour reveals to us our fallen condition; hence our respect for indolence, or the doing nothing; hence, the adoration for a form of hand the symbol of purity, ideality, intuition, and leisure.

XIV.—OF THE ROMAN HAND.

But such was not the form of the Roman hand: they excelled in the construction of aqueducts, bridges, roads, camps, machines, fortresses. For poetry, for the fine arts, they had no taste, but merely vanity: they esteemed only war, eloquence, politics, law, sensual pleasures.

When they raised their strong hands to Heaven as Christians, the earth escaped their grasp. They governed the world as men with spatular-shaped, useful hands. The genius of a people may be modified, but cannot be completely altered or changed; and thus imitative courses are always dangerous, or at least of doubtful profit. It is with nations as with individuals, each being desirous of being esteemed the most civilized.

In describing the masses, remember that exceptions are found everywhere: Pindar, Hesiod, Plutarch, Epaminondas, were Bœotians; the great Corneille was born at Rouen, the city of base and positive interests; persons of a generous and fine spirit may possibly be found in Belgium; and one of us may possibly have heard an Englishman sing correctly; Lesage was born in Brittany; lastly, the generous Laffitte was born at Bayonne, where scarcely anything is known but two sources of wealth—usury and smuggling.

Glory to the spatular hands. Without them there could exist no solid and powerful society; without them we should still be half barbarians, without chimneys, without glass.(b)

XV.—THE ARTISTIC HAND.

This hand, according to slight modifications in its form, has three very different tendencies. When supple, with a small thumb and a moderately developed palm; it aims at *the beauty of form*, or beauty as represented by form; when large, thick, and short, with a large thumb, it aims at wealth; when large and very firm, its aim is sensual pleasures. All three obey inspiration, and are relatively unfit for the mechanical arts. The first proceeds by enthusiasm; the second by cunning; the last by the suggestions of pleasure. Imagination belongs to every artistic hand, however it may be.

The first modification spoken of has the fingers more or less obtusely conical. The thumb is small, the palm sufficiently developed, the fingers smooth; the appetites are large, without sufficient moral restraint; the beautiful only they prefer to pleasure; such are artists generally. It is in persons of the artistic organization that we find most individuals who have the defects only of their type; now, these defects are sensuality, indolence, egotism, singularity, cynism, a spirit of dissipation, intellectual inaptitude, cunning, a tendency to falsehood and to exaggeration.

Our armies are filled with artistic hands; the German army, on the other hand, sluggish and gluttonous, abounds with elementary hands; schnaaps and the cudgel govern them best. One bright, sunny day I caught a Dutch major, of the pure local race, enjoying his retreat; even at Rotterdam the formidable size of his abdomen attracted attention. He smoked tobacco constantly, and sat as motionless as an Egyptian monolithic temple. This enormous military vegetable drank 6000 pints of beer annually; he had no consciousness of his existence until after liquor; at other times he lay motionless, like a ship left by the receding tide.

The English army, on the other hand, is regulated by material interests and a heraldic fetichisme, and abounds with spatular hands, exhibiting chiefly the defects of the type: these are brutality, intemperance, moral sluggishness, violence, &c. This army views war as a trade; the pay is the vehicle, the stomach the moving power. Its victories depend on the amount of its provision supplies, and its natural brutality is held in check by corporal punishments. Generals with elementary square hands never go beyond the corporal. They will tell you the number of single straws in a bundle of hay.

Tactics, manœuvres, encampments, sieges, lengthened wars, belong to square and spatular-fingered hands. Generals with artistic, conical-fingered hands proceed by inspiration. Murat and Junot had both the hard artistic hand. At the battle of Smolensko Murat stood calm as a statue for some time; suddenly he became roused, and, at the head of the cavalry, fell on the enemies' flank like a thunder-storm. The movement decided the action.

Alexandre Dumas, our greatest literary painter of battles, has an extremely supple, artistic hand.

In 1825, before Pampeluna, the Spanish Army of the Faith, as it was called, passed its nights in playing on the guitar, smoking cigarettes, singing litanies, and shaking out rosaries; by day, stretched on the grass, they slept in the sun or ate chibols. At the first volley of case-shot they fled like a troop of frightened geese, shouting enormously, and cursing the saints. Nothing could stop them, and even their general, who was also a perfect oddity (le Compte d'Espagne), confessed, as the entire Army of the Faith disappeared in a cloud of dust, that this army of canaille was wholly worthless—at the same time ardent and feeble, cowardly and ferocious, with a character more of the gipsy or Bohemian than of European men. Artistic hands abounded no doubt amongst these burlesque wiseacres.

(a) Our Indian wars fill the Houses of Lords and Commons with old soldiers of the class here spoken of.—Tr.

(b) A thorough-bred English parson is generally a magistrate, fox-hunter, man of the world, &c.; and will box, drink, gamble, or take to any other reasonable amusement, without giving offence to any one. Voltaire remarked of them long ago, that they got drunk without scandal.—Tr.

(a) The race of *snobs* is peculiar to England.—Tr.

(b) It would be interesting to know the form of the hands of the members of the Royal Commission on the Fine Arts: from their doings I should be disposed to think them large and spatular, like those who planned the exhibition-building in Trafalgar-square, the fountains, the statue in the centre of the Exchange, and the equestrian statue of immortal memory; spatular, large, and coarse, no doubt, with enormous palms, spread-out fingers, and hard as bronze.—Tr.

The age of Dante, Petrarch, and of Gerson was the period when psychiques hands governed and abounded; all was chivalry and romance; the worship of the Virgin was then established; religious architecture rose to sublimity, producing the great cathedrals of those times.

We are told that the gigantic monuments of Thebes and Memphis were built by violence and force; but this is doubtful; a long period of years must have elapsed, during which violence could not always have prevailed. Have we not nations of shopkeepers, nations of weavers; and why may there not also have existed a nation of masons?

XVI. — SAME SUBJECT CONCLUDED. ARTISTIC HANDS OF THE SIXTEENTH CENTURY.

The cathedrals of the thirteenth century are more remarkable for their style or prevailing idea than for the execution or workmanship. Like barbarous *epopées*, they may affect strongly the soul, but they shock the taste. In their construction psychological hands prevailed, whilst the artistic hand played a second part. But at the epoch of the revival these latter recovered their position. This was the age of Francis I., whose hands were artistic, though somewhat spatular, and who encouraged art solely by reason of the pleasure it afforded him. Louis XII., on the contrary, had hands with knotted, squared fingers, that is, philosophic hands; hence his character. In the sixteenth century France naturally looked for her models in Spain and Italy; at present she turns towards Germany and England. Thus Paris is well placed at present; in the sixteenth century it would have been better further to the south. The men of the north saved France during the period of the Revolution; they restored the national mind to realities. In France all types exist and abound; hence the variety of character and the facility with which the race accommodates itself to the ideas of others. The approbation of the English is sufficient for an Englishman; in France it is not so: general approbation is courted and sought for.

XVII.—THE USEFUL HAND.

The useful hand is of medium dimensions, rather large, nevertheless, than small; fingers knotted, the external phalange (nail phalange) *squared;* the *thumb large*, with the root well developed; the palm of medium size, hollow, and firm. Useful hands with the thumb small have been already spoken of.

A REPORT ON THE CAUSES, CHARACTER, AND TREATMENT OF SPASMODIC CHOLERA AS IT OCCURRED IN HER MAJESTY'S 86TH REGIMENT, AT KURRACHEE, IN JUNE, 1846.

By ALEXANDER THOM, Esq.,
Surgeon of the Regiment.

Communicated to the *Medical Times* from the Army Medical Board.

(Continued from p. 54.)

We find the children of the soldiers suffered more than officers or their families; but much less than their parents. In the 86th Regiment only one child out of every 14 was seized with cholera, and 1 in 18½ died; while among the women the mortality was 1 in 6, and among the men 1 in 4.

As it is well known that children, from the delicacy of their constitution, are more liable to contagion and endemic diseases than adults, we can only explain this disparity by the influence of the circumstances already cited, and the fact that the children were not in tents, nor did they use ardent spirits. Yet, notwithstanding this, they suffered more than officers or officers' children, because they were worse fed, and lived in the patcheries, small, hot, ill-ventilated dwellings, about to be described.

The women of the 86th Regiment were attacked nearly in the same fearful proportion as the men, and with a much greater degree of mortality among those actually taken ill. I am disposed to attribute this to several causes: first, the greater delicacy of the female constitution, the fatigues and anxiety of looking after their families, in many cases aggravated by the loss of children or husbands; secondly, to the habit, which I regret to say too many of them have, of indulging in the use of spirits; and, thirdly, to the nature of houses in which they were living.

The patcheries, or quarters allotted to the women and children, consist of rows of buildings, divided into small apartments of about twelve feet square, with a door and small window at each side, but no lateral communication with the next rooms. In each of these there were two families, or four grown persons and six or eight children. The place generally filled with furniture and beddings, and divided by curtains into separate nooks; thus preventing a free circulation of air. In such places the closing of the openings on the windward side was necessarily followed by complete stagnation of the atmosphere within, the accumulation of heat and moisture to saturation; thus arresting all the evaporation from the surface of the body. Such, unfortunately, was too often the practice of those occupying the patcheries. The door to windward was always shut at night, and often by day, and a small window alone remained to admit air on this side. As the bed of one family was necessarily under this window, it often led to two evils: when open, the wind blew with force, perhaps on their bodies when asleep; or, if they felt this too strong, it was closed, and all within became subject to the want of ventilation. To these, and many other evils arising out of small crowded rooms, and very little superior to tents, and tending to assist the atmospheric causes of cholera, must be assigned its prevalence in these places being greater than in the large and better ventilated, although somewhat over-crowded, barracks of her Majesty's 60th Rifles, near the patcheries. It is also a proof of the insalubrity of such places that the very last cases of cholera which were admitted were both men and women residing in them. When women were attacked, the disease was proportionately more fatal than among the men; and it is a curious fact that the only women who survived cholera attacks were those that were nursing.

This attempt to discriminate between the probable causes of the important gradation in the spread and severity of cholera in the 86th Regiment has been confined to those which are most ostensible, but might have been pursued with much propriety into minute details if this report had not already extended over a very wide range of inquiry. But the practical bearing of the question is so fraught with interest and, perhaps, utility, that I must yet trespass a little further, by adding a few remarks on the apparent causes of the inequality of the disease among the different corps at Kurrachee, as exhibited in Table (D), page 20.

Next to the 86th Regiment the Bombay Fusiliers, among the Europeans, suffered most, owing in all probability to their being in tents; but having been newly arrived in Scinde, and not exposed to the same campaign as the former, they had the disease in a milder form, and in half the numbers.

The 60th Rifles felt the disease still less, as they were in the barracks, and had not been previously debilitated by a Scinde or even Indian climate, or exposed to a single march from Kurrachee, where they arrived in January, and remained quiet till the present time. I feel persuaded that this corps would have had very little sickness had they been less crowded in barracks, and their rooms ventilated by better arrangement, such as a medical board recommended at the moment the disease was breaking out; and had beer been issued instead of ardent spirits.

Among the native corps there seems to have been as much cholera as in the Europeans, and there is no difficulty in discerning the influence of the same exciting and predisposing causes. For instance, the Belooch Battalion and 12th Native Infantry, which marched up to Bhawulpore and back again, a distance of 1200 miles, had more than twice as many cases as the corps which, like her Majesty's 60th, remained in garrison at Kurrachee. The 12th Native Regiment had 131 cases and 66 deaths; the Belooch Battalion, 196 cases and 93 deaths; while the third Native Regiment had only 67 cases and 36 deaths. Excepting that the latter was stationary, there was little difference, that I am aware of, in regard to quarters; all were living in rowties, or low mat huts (except a part of the 12th Regiment in pendalls), and, consequently, ill-ventilated places; and, if they did not indulge in spirits, they used opium and bhong (cannabis indicus), articles quite as pernicious to health; and, with their inferior kind of food, had little, except, perhaps, abstemiousness from animal diet, to render them less exposed to the causes of cholera than Europeans.

I need not allude to Fort Artillery, or the Sappers and Miners, because they were in small bodies, mixed Europeans and natives, and differently circumstanced; but no doubt, on the same scale as the larger bodies, did they feel the general and subordinate causes. Two of the four batteries were up the country, but all were in good pendalls after returning to Kurrachee.

This very day an officer of high rank, denying that prolonged marching was a predisposing cause, remarked that the Horse Artillery (see Table (D), p. 20), which went to Bhawulpore, suffered less than any other arm of the service. This fact had escaped my memory, but I now seize it in a totally opposite point of view from what it was intended; for it shows that men who rode on horseback the whole way up and down without fatigue had natives to look after their horses, and, subsequently placed in good barracks, were very nearly as much exempt from cholera as the officers.

Symptoms and Pathology of the Disease as it appeared in her Majesty's 86th Regiment.—It has been our object in the preceding paragraphs to show that a diathesis, which may appropriately enough be termed "choleric," is induced by certain conditions of the atmosphere, which is capable of bursting forth into a fatal form of disease by the concomitant agency of certain obvious predisposing and exciting circumstances; but which, except for this peculiar state of the system, would be inadequate to the production of so deadly a pestilence. Also, that this choleric diathesis may, in the absence of exciting causes, be dormant in the system for months or even years; and may, under favourable circumstances, disappear altogether, or merely display itself in a mild form, and *vice versâ*.

The choleric diathesis appears to consist in an altered condition of the elementary parts of the blood, from a deficient quantity of oxygen being introduced into the system. This diseased state of the blood is similar to that resulting from the effects of several poisons, and frequently acts on the vital powers by accumulation till it suddenly ends by affecting the heart and respiratory process. The direct consequence is that the brain and nervous energies are weakened, and, of course, every function under their control becomes more or less deranged; hence a morbid reciprocity of action is established between the organs primarily and secondarily affected.

With loss of tone in the vascular system, congestion follows, increased by immoderate thirst and drinking, and is always aggravated by the concurrence of a non-evaporating state of the atmosphere at the time.

The state of the blood in cholera is well known to be nearly the same in every region where this terrible scourge has been felt. There is an increase of the proportion of carbonaceous matter to nearly four times that of healthy blood, while the fibrine is diminished to nearly two-fifths, or even to one-sixteenth, and the albumen is also lessened in quantity, but not in so very remarkable a degree. Hence we found that the blood abstracted from men within a quarter of an hour of their first signs of the spasmodic action likely to result from such abnormal changes was dark,

pitchy, and incoagulable, almost resembling thin molasses. It was also found that the blood, not only in the right but also in the left side of the heart and aorta, was in a similarly depraved state; and no trace of coagulable lymph ever occurred in the cardiac cavities, as we generally meet with in other diseases, where there is a low action for a few hours preceding death. A similar condition of the blood was remarked in men who were attacked with dysentery, and a peculiar kind of diarrhœa, which followed cholera.

It is impossible that such a change could take place in the vital principles of the blood without corresponding mischief being present in the various functions of assimilation, reparation, and elimination. Yet it is surprising to find how long a man will bear up without any very alarming signs of internal and morbid alteration, beyond a sense of languor, debility, and softening of the muscles, yet bloated fulness of the body; so much so that up to a certain moment the man appears in health, or what is so called. Yet it is easy to suppose that, in such a state of the system, the slightest over-exertion of a physical or mental kind, of the brain, heart, or stomach, would produce syncope or collapse, which, with vessels over-distended by deteriorated blood, must soon be fatal. The history of scurvy, once so fatal to armies and seamen, and long considered contagious, furnishes many examples of the sudden effects of slight causes in men labouring under the diathesis peculiar to that disease, and in so many points resembling that of cholera, especially in the state of the blood, as well as in the fearful ravages which it once committed, till experience has shown how it may be controlled. Are we too sanguine in prognosticating that cholera may also be confined within narrow bounds?

That the "choleric" diathesis existed in various degrees of intensity in different individuals is very certain, from the manner in which it broke out and ran its course; for,

		Died.	Recovered.
Of the first	100 admissions	79 ..	21
,, second	100 ,,	66 ..	34
,, third	100 ,,	50 ..	50
,, fourth	100 ,,	40 ..	60

Following on this were above 60 or 70 cases which began with symptoms of cholera, but ran into fever in six or eight hours, or reaction took place, and which were returned under the head of fever or diarrhœa, of which only three died. To these might be added 15 cases of the officers, varying in degrees of severity. All these might have been put under the head of cholera; but, as a name has little to do with the treatment, I preferred the less formidable, although I consider them to be gradations of the same disease in a pathological point of view.

Thus those who were first attacked fell victims to it, and died in a few hours, in the appalling proportion of four out of five. After this the disease gradually lost its violence, till it ended in simple diarrhœa and fever. Those in which the diathesis was fully developed succumbed at once to the disease; while others, who had it in a less degree, both resisted the attack longer, and fell before it in fewer numbers. It is curious to observe the tendency which it had to attack certain classes of men in the regiment before others. The Tables (F), (K), (L) exhibit this in reference to companies, stature, age, and country.

The two flank companies suffered most; but, although the Table (F) gives the mean height of each company, it is obvious that nearly one-half must have been above this; and it was the tallest men of the front ranks of the grenadiers and light company which were cut off. It seemed as if the disease had travelled along the front ranks of these. Indeed, throughout the regiment, it was the most powerful, muscular, and robust men that most speedily and generally fell victims to the malady: a fact that is not in accordance with general observation elsewhere, but with us it admits of no doubt. Any one who ever saw the splendid men in our flank companies, and looks at Table (F), will quickly appreciate the truth of this. It is not difficult to understand why congestion, loss of nervous energy, and paralyzed action of the heart and vessels, should be felt more by tall than short men.

With regard to the symptoms which characterized the cases of cholera, I can only say that they were most variable, and almost contradictory when sought for as pathognomonics; yet all the signs uniformly indicated universal depression, or an asphyxied state of the vital functions. It is unnecessary here to go over *seriatim* all the minute detail of symptoms, but suffice it to say, that they were such as I find described in every work on this disease; only differing in degree in every group, from the most malignant attack to the mildest case of diarrhœa. Many men died without vomiting or purging, or spasm. On the other hand, we found that collapse and profuse sweating were the only two constant and invariable symptoms. Of course, under the head of collapse is embraced the loss of pulse, obstructed circulation, and flaccid vessels. The term "cholera," or cholerie pestilence, which it has consentaneously received, is expressive of a very limited view of the nature of the disease, and merely conveys an idea of one of the most remarkable symptoms, which, although very generally present, is by no means universally so. But the malady may be divided into four gradations, each of which had certain distinctive marks from the other, and may with propriety be represented by the four groups in Table (M), page 29.

1. Among the first 100 cases which occurred, many died in a few hours, and some in less time; one man, I am told, went off in less than an hour. In these, vomiting and purging were not always present. Sudden collapse, ending in profuse sweating, was the most prominent symptom; in fact, as if asphyxia had suddenly taken place. It was often found that the pulse had ceased at the wrist, the eyes were turned up, and the voice hollow and feeble, before the natural hue had fully given way to that horrible lividity which is so characteristic of the disease—so instantaneously were the powers of life arrested. Spasms of the muscles were very generally but not always present, in these early and more severe forms of the disease; in fact, not a few sunk almost without much suffering or complaint, but lay down to die with an apathy scarcely credible.

2. The next or second class of cases were those in which the first seizure was equally sudden, and the collapse preceded the vomiting and purging. These were sudden faintness, prostration of strength, restlessness, and anxiety, accompanied by vertigo, deafness, loss of vision, alteration or hollowness of the voice, weak and slow respirations, performed convulsively or in sighs. These were followed by nausea, vomiting and purging of "conjee-water" stools, sensation of burning heat at the præcordium, intense thirst, and desire for something cool. The circulation became impeded, especially in the extreme vessels and capillaries, and, of course, still more so in the system of vena porta; the collapse rapidly progressed; the expression was full of extreme anxiety, amounting to agony, accompanied by restlessness and jactitation; the features became shrunk and cadaverous, the lips and skin assumed a livid colour, and the whole body, bathed in profuse cold sweats, soon yielded to dissolution. The respiration was slow, feeble, and irregular, being performed in convulsive starts, and with very little dilatation of the chest to receive any quantity of fresh air. Perhaps nothing was more uniform than the desire to be exposed to fresh air, or a current of wind, and to have every piece of covering removed from the body. The spasmodic action of the muscles was most severe in the first stages, and in many cases was not confined to the extremities, but affected every voluntary muscle in the body. This has even extended to the appearance of tetanic disease. In these cases, while the body was cold, the patient complained of a universal sense of heat.

3. Another class were attacked with vomiting and purging of "rice-water" stools; and copious sweating, cramp of legs, arms, and abdominal muscles, rapidly producing prostration of strength and collapse, with all the train of symptoms just related as belonging to the second order of cases, were consecutive on the discharges.

4. Lastly, as the disease was subsiding the new cases began to exhibit signs of reaction, after the vomiting and purging had gone on for an hour or two; although in many instances this effort of nature was but brief, and the patient finally sunk under it. In general, however, these cases were much more manageable than the other, and when the purging and vomiting were once arrested a reaction ending in fever took place; even this is better than a doubtful case of cholera. From the most virulent cases to simple dyspepsia, a gradation was traceable.

The diarrhœas, accompanied by "rice-water" dejections and gastric irritation, particularly among the officers, might be ranged after the last; but, not having been classed under the head of "cholera spasmodica," I do not refer to them further than to remark, that even these might have been called "mild cholera;" and Dr. Twining, in his "Diseases of Bengal," has related many cases that he terms "cholera" which we returned as fever or diarrhœa. Now, although the more remarkable gradations of the disease have been arranged in the preceding groups, yet I must observe that each was linked to the other by a series of cases scarcely admitting of an arbitrary line of demarcation.

The train of symptoms, in general, are such as might be expected where the proximate cause is deterioration of the blood and congestion of the whole vascular system. A lesion of the nervous powers must early and necessarily follow, and the motative powers and glandular functions be simultaneously deranged. It has been too common to ascribe the remote cause to one of these effects. For instance, congestion of the mesenteric vessels and vena porta is always prominently developed; yet this is but one consequence leading to another, in the form of profuse secretion from the mucous membrane of the intestines. Attention has also been called to the absence of biliary secretion; but this is equally remarkable in the kidneys and other glands, and is the natural result of congestion and loss of action in the various centres of the ganglionic system of nerves. Again, a lesion of the heart's action has been considered to be the specific cause of cholera; but this would follow from the cardial cavities being filled with unoxidized blood, congestion of the coronary arteries, and, in common with all other functions, from the nervous energy being diminished. These are obviously the causes of spasmodic action in the voluntary muscles. All are but symptoms of the general morbid state of the system. Whenever this is ripe for the disease, any offensive or irritating matter extraneously introduced into the stomach, or resulting on depraved or weakened digestion, will, in such a congestive state of the abdominal vessels, be productive of spasms and purging, &c.; so also will any physical exertion, as marching, for example, suddenly make a demand on the heart and muscular system which neither can supply nor support without sinking under the effort and producing cholera. This is exactly the case in the Madras presidency, where the atmospheric causes of cholera which have been assigned are more prevalent all the year round, and leave the troops predisposed to attacks of cholera when marching, the occasions on which it is most fatal. It would seem, however, that, when the commencement of a march is marked by an outbreak of cholera, after twenty or thirty days the disease increases in severity and fatality.

A muscle put into action without receiving a due and daily supply of fibrine and oxidized blood, adequate to repair the waste incidental to motion, must quickly fail. Even if there was not an absence of fibrine, as is the case in the blood of persons labouring under a choleric diathesis, the other changes, along with con-

gestion and diminished nervous power, would render very great exertion of the heart and muscles pregnant with danger; and as all fatigue creates thirst, and is followed by general depression, this last is likely to terminate in collapse, and those feeble efforts of nature to relieve congestion by copious purging, vomiting, and sweating.

That these three last symptoms, which constitute some of the leading pathognomonic characters of the disease, are indications of a salutary effort of nature towards restoration, can hardly be doubted.

It is true such efforts are, generally speaking, ill regulated, imperfect, or become uncontrollable after they have effected their object; and, perhaps, they only relieve one part of the disease, the congestion, while the blood remains in an abnormal condition; so much so, perhaps, that the functions of life, after the first shock of the disease, and even partial alleviation, cannot be carried on till the restorative powers of the constitution, climate, or medical treatment, bring about a salutary change. We cannot penetrate into the latent arrangements and provisions made by a wise Providence in the principle of life, to enable it to resist or shake off the assaults of morbid agencies; but we have so many incontestable proofs of this "vis medicatrix naturæ" as to convince us that such is put into more or less active operation in every malady, and in many instances constitutes what we are pleased to call "disease." As those even who had neither vomiting nor purging always died, and none recovered without more or less of these natural efforts for depletion, it seems to point them out as being the channels which nature employs to free the system from congestion. The fact of women who were nursing having in every instance recovered, while all the others died, bears forcibly on this part of the subject.

(To be continued.)

ON DISLOCATION OF THE HUMERUS.

By F. C. SKEY, Esq., Surgeon.

CASE OF DISLOCATION OF THE HUMERUS OF THREE MONTHS' DURATION REDUCED.

A gentlemen, aged twenty-one, of strong muscular mould, called on me on the 23rd of last March, with a dislocation of the humerus from the glenoid cavity of the scapula. His brother, who accompanied him, informed me that he was the subject of epileptic fits, and that during the occurrence of a fit on the 24th of December last, while in the act of falling, a younger brother raised the arm suddenly for the purpose of supporting him. The result, as it appeared to me on careful examination of the injury, was dislocation of the head of the bone from its socket. Three months had elapsed since the accident. The arm had regained some considerable extent of motion in the swinging direction, backwards and forwards, but was incapable of elevation, without assistance, beyond an angle of about 35°. The shoulder was flattened, the elbow could not be pressed to the side of the body without pain, the outline of the acromion and clavicle was distinct, the head of the bone could be obscurely felt in the anterior part of the axilla, the deltoid muscle was unsupported by the head of the bone, and the arm measured from the acromion to the external condyle three quarters of an inch longer than the opposite arm. On rotating the arm, a crackling sensation was perceived at the head, both by the patient and myself.

Mr. Stanley, on consultation, came to the same conclusion, and we determined on the necessity of an attempt at reduction. Notwithstanding the generally unfavourable result of similar cases, I was particularly anxious to avail myself of a second opinion in this case, with a view to determine on the safety of employing the chloroform during the operation, from the use of which we might have been deterred by the disease of which my patient was unhappily the subject, and the more so as having postponed the attempt at reduction from the Friday to the Monday following, in the expectation that the weekly return of the fit would occur on the Sunday. I found that day had passed without its occurrence; however, I determined at all risks to make the attempt on that day to employ the chloroform, but to employ it cautiously, and to desist at any moment should a fit come on during the attempt.

The operation was done in the operating-theatre of St. Bartholomew's Hospital, and I was assisted by Mr. Stanley, by Mr. Henry, the house-surgeon, and other gentlemen who were kind enough to attend. The attempt was made by two consecutive operations, quite distinct in their object from each other. The first that of detaching the head of the bone from its false position, and tearing asunder the new substance, whatever it might be, that tended to retain it there; the second that of replacing it in its socket.

The patient was placed on a low bed, the body fixed by a round towel passed through the axilla, and a second round the chest, and fastened in a line with the opposite axilla. Extension was made from the wrist by means of pulleys. The arm was drawn out from the body to a right angle, and even beyond it, and I then twisted the arm and dragged it with great force in all directions. This proceeding occupied from ten minutes to a quarter of an hour, and was attended with some pain, inasmuch as the chloroform was difficult to administer, or probably, from the caution necessarily employed, we were indisposed to obtain its entire influence before the tension was begun.

By this first process I obtained great mobility of the limb, which could now be twisted and turned in every direction. The apparatus was now entirely removed, and preparatory to its reapplication the right or affected side of the body was brought in a straight line between the two points of extension. The counter-extension was effected by a short cylindrical rod of iron about eight inches in length, padded sufficiently on one side to fit into the cavity of the axilla. To each knobbed end of the rod the rope was fixed and carried upwards, the one from behind, the other in front of, the shoulder, and fixed to the wall. The extension-cords were attached to the wrist as before, by means of the india-rubber bandage, now generally employed for that purpose, and extension was made by pulleys in a direction straight downwards along the line of the body. The chloroform was again resorted to, but with no great success, and, judging from the violent expression of pain that attended the subsequent stages of the operation, I do not consider that my patient was in any respect under its influence. When the extension had been continued for ten minutes, the head of the bone had obviously descended from its original position. At the expiration of twenty minutes it was impossible to say whether the bone were reduced or not. There had been no visible sign of sudden change in the relation of the bone, and very powerful extension had been continued as long as we deemed it desirable or safe. I was the less inclined to protract his sufferings, inasmuch as, having proceeded thus far with impunity, I had inwardly resolved to repeat the attempt at reduction, should the present effort fail. The cords were now suddenly relaxed, and the arm thrown across the opposite shoulder and there bound. At this period the roundness of the shoulder appeared to be restored, and the very position the arm occupied argued the great mobility of the limb, which position was unattended by pain; but whether the head of the bone was in the socket or otherwise, it was still difficult to determine. Mr. Stanley was of opinion rather that it was, than that it was not; and in this opinion I concurred. The arm was fixed in its position, with a large pad in the axilla, and I sent Mr. B. home.

On the following day I visited him, and removed the bandages, in consequence of his complaint of considerable uneasiness. As he sat up in bed with all the appliances of the previous day removed, while in the act of making what I intended to be a full examination as to the situation of the head of the bone, I raised the head freely with my left hand, and drew it outwards, and the head slipped into the socket with a slight but very palpable shock, perceptible to my patient, to his brother who was assisting me, and to myself. I then placed a large pad consisting of a pair of worsted stockings in the axilla, and again bound the arm to the side by a long bandage encircling the arm, body, and opposite shoulder. Ten days elapsed without a return of a fit, and I entertained a hope that the operation he had undergone might prove serviceable in a medical as well as in a surgical sense, but the fit returned on the eleventh day.

Three months and three days had elapsed since the accident, and the arm was reduced on the ninty-sixth day without any extraordinary powers being resorted to in the way of mechanism, or without any draught being made on his vital powers. To what is the success to be attributed?

I proceed to some observations on this head, whose object is to prove what appears to my judgment the greater efficacy of the agents employed in the above case than those usually resorted to in cases of similar difficulty.

1. I attribute our success to the means employed of systematically breaking down the new attachments of the head of the bone. It is very true that extension of an arm in any direction, in a greater or less degree, may effect this object; but it has always appeared to me that this important intention should be made a distinct object with the surgeon, and quite independent of the attempt at reduction, and towards the accomplishment of which the leverage of the bone itself, carried out in a straight line from the body, and even beyond the straight line, is a far more effective agent than simple extension of the arm, and by which action the important means of rotation of the arm is permitted, for the purpose of breaking down the entire connection of the bone around the head and neck; whereas rotation combined with extension by means of pulleys is impossible, in any profitable degree, by reason of the very tension in which the arm is brought.

The rotation should be forcible, if not violent. It should be made at all stages of elevation, but especially at its greatest degree. In the above operation I am satisfied that I felt some attachments yield repeatedly under the influence of the combined movements of elevation and rotation. The immediate result was shown in the complete mobility of the limb, when the effort was discontinued.

2. The direction of the extending force is, I conceive, all-important. Now, it is quite notorious to all practical surgeons, that we possess no agent nor principle, in all ordinary dislocations of the humerus, so efficient as the heel in the axilla, extension being made by the surgeon in the longitudinal direction; and why?

I have seen many examples, during my connection of twenty-five years with St. Bartholomew's Hospital, in which other agents, apparently more powerful, have entirely failed, where the mechanical power of the pulley was not spared, and in which the heel of a single individual has succeeded in restoring the limb, and this after all other means have been relinquished as powerless and inoperative. The result of my own observation in the management of such cases (and it has not been small) is, that there is no line of traction so efficient in reducing the head of the humerus, dislocated either into the axilla or forwards or backwards, as the line downwards parallel to the body.

If we examine into, and reflect on, the conditions of the head so dislocated, we shall find it lying against the second and third ribs, locked in under the glenoid cavity. We have the deltoid muscle descending between its attachments to the acromion above and the humerus below, in a line parallel to the bone; the pectoralis major and the latissimus dorsi extending outwards at a right angle to the bone.

The attachments of the first of the muscles, viz., the deltoid, are unnaturally separated from each other, for the head of the bone is carried from one to two inches below its natural position

in its socket; the muscle is, therefore, drawn tight, so long as the humerus is parallel or nearly parallel to, the body. Hence the difficulty of bringing the elbow to the side. On the other hand, the pectoralis and latissimus dorsi remain relaxed by the permanent approximation of their attachments, so long as the arm is depressed. Elevate the arm, and the lower portions of each of these last muscles are brought into action; the result of which is to draw the bone downwards towards the chest, whether the head be fixed in its socket or not; but operating with this difference, that, in dislocation the head is drawn downwards, whereas in the natural action of the limb the humerus moves in the radius of a circle, of which the head is the fixed centre.

In reasoning on this subject we must always keep in mind one important feature in the character or principle of this articulation, distinguishing it from every other articulation in the body, viz., that we are pulling from a moveable socket; that the scapula is attached to the trunk almost entirely by muscles; and, consequently, that our efforts at extension apply to both parts of the joint concerned in the injury; and these observations will apply, however strenuous our efforts to "fix the scapula" by the agents of counter-extension.

Extension at right angles to the body has, then, two disadvantages—first, that the tendency of the two great muscles of the trunk is to draw the upper end of the humerus away from the socket as the extension becomes more and more complete; and, secondly, that the head of the bone, locked in under the glenoid cavity, where it is held in its abnormal position by the deltoid, supra and infra spinatus, and subscapularis muscles, all in a state of tension, pushes before it the glenoid cavity while in the act of extension, or at least inclines it from the direction of the head of the bone.

On the other hand, the line of traction being employed in the longitudinal direction, the deltoid becomes subservient to the very important end of drawing downwards the acromion, and with it the glenoid cavity, so as to incline it towards the axilla, in which is placed the dislocated head. In fact, we employ, in the case of reduction, a powerful lever of the first kind, and in the origin of the deltoid muscle, resides the power; and the lower edge of the glenoid cavity, against which the head is locked, is the fulcrum, this line being transversely inwards. The fulcrum is made by the pressure of the lower edge of the glenoid cavity against the rounded head of the humerus. If, in the act of extension, the arm be drawn downwards, just in the same degree does the acromion descend, while at the same time the scapula revolves, so as to turn the glenoid cavity downwards towards the axilla, as though looking for the lost head. If this view be correct, and with a clear idea of the simple anatomy of this region it would be difficult to deny it, let me ask what possible benefit can arise from the old recommendation to "fix the scapula," by the employment of belts or thongs drawn round the shoulder? On the other hand, is it not of great importance that the scapula remain free, that it be permitted to descend and revolve, for the purpose above stated, on its own axis? It is to absence of constraint that we owe our success of the heel in the axilla in the recent dislocations; and this principle I have adopted with success in such cases as have come under my charge, both in public and in private, for many years past—whether the result of recent accident, or otherwise; the difference being that in the cases of long duration some substitute must be employed as a counter-force for the heel in the axilla, as in the case of extension we substitute the power of the pulley for that of the hand. For this purpose I employ the short iron rod I have described above, padded in the form of a ball, which fits into the axilla, and which should be so made as to encroach on the margins of that cavity as little as possible; otherwise, as in the case of the old leather girds that surrounded the shoulder, forming the apparatus of counter-extension, we employ our best efforts to draw and fix up the humerus, by bracing up the great muscular margins of the axilla that are inserted into it; and, having done this effectually, we again employ our best efforts in drawing it down again.

Extension and counter-extension must necessarily be equal; and, if we look at the power lost by dragging at the two ends of the humerus in opposite directions at the same time, can we doubt for a moment the unmechanical nature of such power?

One word connected with dislocations in general. I have reduced a great many, and I have witnessed the reduction of a great many more in the hands of others; but I have not seen by any means so frequently as described by authors and surgeons, the advantages derived from any sudden effort, as in elevation or rotation, or eversion or inversion, &c., employed as a last effort, when simple extension has been carried to the extreme of human endurance. Such efforts have, in my observation, almost invariably failed. I have no faith in them.

In the case I have related I consented to the sudden effort by which the arm was thrown across the chest, rather in deference to Mr. Stanley's recommendation than from any belief in its advantage, and considering, as I did, that, if the bone were in the socket, such a movement could not displace it.

I have inquired of others whose age and opportunities have exceeded my own. I have put this simple question, "How often have you seen a dislocated bone reduced by a sudden effort following extension?" The answer has invariably been, "Rarely, if ever."

I do not believe it to be essential that extension be made in any exact direction. If extension be made with sufficient force (and it should be made rather continuously than forcibly) the muscles themselves will always reduce the displaced bone if the mechanical obstruction to its return be removed. To this end they will operate most skilfully; and if, on the completion of the extending power, the bone does not rush unaided into the socket, little hope can be indulged that any sudden effort of the surgeon will effect the reduction.

Grosvenor-street, May 23.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 51.)

There is one circumstance which often attends the early stages of renal degeneration, or albuminuria, and which I am not aware has yet been noticed by medical writers on this subject; it is the following:—That a severe form of diarrhœa, attended with more or less hemorrhage from the bowels, may continue to be unchecked by art for many weeks before the medical practitioner has the slightest suspicion of the existence of renal disease. In fact, the "bowel complaint" is the only one which the patient is supposed to labour under; and as this symptom arises from a morbid process of softening of the mucous membrane, attended with subacute inflammation of its follicles, it forms a strong argument in favour of the opinion of some pathologists, who ascribe the origin of this and some malignant forms of disease to a "weakened state of the system, arising from depravation of the vital conditions of the part affected, whereby its nutrition, nervous sensibility, and secreting function become specifically changed, and all the fluids and solids ultimately contaminated."

An instructive case, amongst many others of the same kind, occurred in the female wards lately, under the care of Dr. Hawkins. A woman, aged forty-five, was admitted with an obstinate form of dysentery. The countenance was much pinched, the face sallow, and the frame somewhat emaciated. She stated that she had been under medical treatment for six weeks prior to her admission, having suffered during the whole of that time from constant purging, attended with occasional shreds of blood and mucus. She made no allusion to the state of her urinary organs; but, with the use of the infusion of krameria, the diarrhœa became abated, and in less than a week from the time she came under our care I observed a slight thickness in her articulation, and in the course of the same day we found her unusually sleepy. I requested to see her urine. She declared that she had passed none but with the motions.(a) The nurse corroborated this statement; and, not feeling satisfied as to the condition of the bladder, I sent for the house-surgeon, who passed a catheter, and drew off half an ounce of pale urine, which I immediately tested, and found it to contain a large proportion of albumen. I now expected the case would terminate fatally, unless the proper quantity of urine should be shortly secreted. She was ordered into a warm bath; her head was shaved; blood was taken from the loins, and turpentine administered internally; but she became more and more comatose; there was complete nephroplegia, and she died in this state in forty-eight hours.

There was found after death universal ramollissement of the whole alimentary canal in its mucous surface, with some patches of ulceration towards the lower portion of the colon. The kidneys were degenerated one-third in size, were hard, mottled, and pale, having no fat within or around them; the bladder was contracted to the size of a walnut.

Another case of a similar kind occurred amongst the same gentleman's patients in the male wards. The man was forty years of age, and had no suspicion whatever that the kidneys were the seat of disease, he having applied for admission in consequence of a protracted and wearying diarrhœa. However, the latter symptom gave way under appropriate treatment; the renal organs were attended to; the urine was light, pale, and faintly opalescent by nitric acid; counter-irritants, warm baths, and occasional loss of blood from the loins were ordered, and he left the hospital convalescent; not, however, without carrying with him the undoubted evidences of confirmed granular degeneration of one or both kidneys.

The more ordinary accession of this fatal disease is, however, ushered in with slight febrile symptoms, after some debauch, or from getting wet through and sitting in damp clothes. The first evidence which the patient has of illness usually arises from sickness or nausea, a puffiness of the ankles and under eyelid, and loss of appetite, with a confused state of his mental faculties. It is in this early stage of the disease that the repeated doses of elaterium, judiciously prescribed, have proved so eminently efficacious. There is a porter at our herbalist's in Covent-garden market, who supplies the Institution with medicinal plants, &c., and who was the subject of this disease in a more formidable manner than I ever remember to have seen it. His size was so enormous that he could scarcely lie on the ward bedstead; and the scanty urine was nearly solidified with the precipitated albumen from nitric acid. He was one of the most persevering fellows in taking elaterium that I ever met with. He was ordered one-third of a grain every three hours for three doses, and he took such doses three times a week. The vomiting, purging, and disturbance of the whole system which always ensued after every dose he bore with comparative ease. The evacuations produced by elaterium in this disease are always from a gallon to ten or twelve pints in quantity, and consist of pure serum, intermixed with

(a) In such instances as the above there is great difficulty in collecting any urine apart from the evacuations from the bowels, as the bladder invariably acts with the sphincter ani, and the two mucous surfaces are so equally irritable that the one cannot act independent of the other, as is the case in health.

numerous shreds of pale lymph-like substance, which, though they have the appearanee of epithelium from the intestinal canal, are, nevertheless, I suspect, the elementary forms of fat. This porter often visits the hospital now with his master's articles, and I have made him produce some of his urine, and in testing it I could not find a trace of albumen; the specific gravity was high, and the colour natural. He has since been here also with fracture of the jaw, and I have watched the urinary secretion, but never found it otherwise than healthy. This, therefore, may be reckoned amongst the few instances of perfect recovery from albuminous dropsy; and I certainly attribute his convalescence to the free use of the elaterium as a means in the hand of God.

It has occurred to my mind that the greater number of instances of aeute albuminuria is to be found amongst that class of men who are naturally very powerful in their frames; who eat animal food two or three times a day, and who drink somewhat in proportion; whilst, at the same time, they perspire with freedom at their work; such mechanics as blacksmiths, smiths, axletree makers, strikers, &c., I more especially allude to; and in such instanees a sudden check to the free excretion from the skin is simultaneously followed by a diminution of the usual quantity of urea and of salts from the kidneys, and albumen is detected as an additional product in the urine.

The deficieney of fibrine and of colouring matter in the blood, the inerease of albumen in the urine, and the low specific gravity of the serum in this form of renal disease, are so many reasons in explanation of the rapid ehanges which the system undergoes in this kind of anasarca. Dr. Christison observes, "I am acquainted with no natural disease, at least of a chronic nature, which so closely approaches hemorrhage in its power of impoverishing the red particles of the blood as the disease in question; whilst the coagulability of the urine and the low specific gravity of the serum of the blood are unequivocal evidences that the disease is established in these organs." This eminent physician has also elucidated the faet, that, whenever the quantity of urea is small in the urine, there is also a scarcity of albumen; but, whenever urea is plentiful, albumen in the urine is likewise increased in quantity.(a)

This interesting and most important fact having been established, it necessarily follows that its practieal value in detecting active or passive disease in the kidneys is of no small moment, and should be carefully weighed by the practitioner. If he finds, upon examination of the urine, that its specifie gravity is high, and that it contains a eopious deposit of albumen, he may safely conclude that the diseased action in these organs is in its earliest stages; during whieh period antiphlogistic remedies, local bloodletting, active purgation by sueh hydragogues as elaterium, gamboge, jalap, &c., are of the greatest service; but on the other hand, if the urine presents but faint traces of albumen, and eontinues of a low specific gravity from day to day, then he may be assured that partial obliteration of the seereting portion of the kidneys has taken place, and he will doubtless find, on a careful examination into his patient's symptoms, that other serious disturbances have arisen in organs equally as essential to life as are the kidneys. The blood is sureharged with urea, the nervous system is shattered, the mucous tissues are softened, the serous membranes are peculiarly liable to inflammatory action, and blood escapes from its vessels, especially along the mueous canals, with the utmost readiness; so that hæmaturia, hæmatemesis, epistaxis, and dysentery are frequently connected with advanced renal degeneration. Now, it is by no means an essential feature in this disease that dropsy should make its appearance in any part of the body; I have witnessed repeated instances where we had the most unequivocal evidence of advaneed Bright's disease, and yet there was no effusion of fluid into the cellular tissue of the body; and the examinations after death have further established the above fact. It is chiefly on this account that the serious disease now under consideration is so repeatedly mistaken or overlooked by medical men, even at the present state of our improved knowledge of it. The urea which should be sent forth from those glands is left to circulate throughout the body in that fluid which is *the life* of the body—the blood; and other serious symptoms thereby present themselves which mislead the unwary praetitioner, and he is induced to treat a severe attack of hemicrania, with vertigo, tinnitus aurium, and siekness, as one of threatening apoplexy: the patient is bled or cupped, as the case may be, and shortly afterwards he has a distinet epileptie fit, which is succeeded by another and another, and at length death eloses the scene. A *post-mortem* examination of the body is made, and great astonishment follows on finding no disease whatever within the cranium, and only some general fulness of the chloroid plexus, with a greater amount of serum in the ventricles than was anticipated; and thus finishes the autopsy, without any satisfactory knowledge as to the immediate cause of death being attained. I am writing from personal observation, and the faet has come under my notice in private practiee, where such has occurred, and doubtless others will be enabled to add many more instanees which their memory ean readily furnish them. It is in consequenee of this singular and most deceitful train of eerebral symptoms which are apt to set in with renal degeneration that I deemed it of the utmost importance to plaee the disease in the third division of the first class of the physiognomy of diseases, namely, in that of cerebral sympathies in irrationality. If the study of pathology, as well as clinical medicine, was more insisted on by our examining faculty, we should not find the younger branches of the profession so eulpably ignorant of this serious and most formidable disease of the human frame, as it is too often witnessed in the present day. It remains now, therefore, to present a characteristic example of the disease in question:—

Edward Parker, aged fifty-three, a groom and servant in a gentleman's family, applied for admission here on Dec. 28. A well-formed man; countenanee pale, thin, and somewhat distressed. Some emaciation of the body, but no dropsical swellings in any part. Complains only of pains in the head and loins. Urine, he reports, is sufficient in quantity; but, on interrogating him, he acknowledges that he is disturbed three or five times during the night to pass it. Appetite bad; bowels rather obstinate. His history was the following:—That he had become ehilled after getting wet through two months ago, and this was sueceeded by loss of appetite, dyspnœa, and aehing in the loins, for which he sought relief at a dispensary. Eats heartily when well, but temperate in his habits. Auscultation: Free respiration in every part; heart's action feeble in impulse and in sounds.

On examination of the urine, it was discovered to be slightly albuminous, low in speeific gravity, and clear in appearance; from whieh cireumstanees we judged that the disease had made some progress in the kidneys. The treatment consisted in hot-air baths every night, and the compound elaterium pill every other morning (a). He was bled to six ounees on two separate oceasions, for vertigo, tinnitus aurium, and heaviness over the forehead. He was also eupped twice over the kidneys, with decided relief to his general symptoms; and, in addition to this treatment, the ung. ant. pot. tart. was rubbed over the loins until a large number of pustules appeared. The internal remedies eonsisted of an occasional dose of ealomel and compound jalap powder, together with the acetate of ammonia, in a draught, three times a day. Under this judieious practiee he made great progress, so that the urine increased in quantity; but, unfortunately, the albumen on one day suddenly disappeared, and, coexistent with its absence, there sprang up some more formidable symptoms. He was now observed to be heavy and stupid; the lips and tongue became parched; some tenderness arose also over the bladder; the urine was dark and muddy, which appearance arose from the presence of hæmatin, and there was obstinate vomiting, with total loss of appetite. The urine became darker and more sanguinolent, less in quantity, and all the evidences of suppression were rapidly coming on.(a) These serious ehanges crept on about the 21st of January, at which time his head was ordered to be shaved, a blister was applied to the forehead; but yet, although every effort was made to induce a free action on the skin and kidneys, these secerning organs became more and more sluggish, so that on the 25th, until the day of his death, which occurred on the 28th, there was not more than an ounce of dark urine secreted, and there was so much abdominal tenderness, that peritoneal inflammation was evidently set up a few hours before his dissolution.

The *post-mortem* examination took place on the following day. All the organs of the head, ehest, and abdomen were healthy, except an unnatural amount of clear serum in the ventricles of the brain; a weak, pale, and flabby heart, and recent peritonitis over the pelvis, and around the kidneys, which were large, heavy, and palish. The right was injected in its arteries, and the left in its veins. The reflected membrane tore off with great difficulty. The injection did not fill one-third of either set of vessels. There was abundance of fat around and within both these glands. The uriniferous ducts were hypertrophied; and the venous network on the one hand, and the Malpighian bodies on the other, were for the most part impermeable to the injections, and gave the appearanee of a series of abrupt termination of vessels. There was also much extravasation in both injeetions. The duets were evidently obstructed by a deposition of foreign matter in them, and this matter I am inclined to believe was the stearine principle of fat.

A second case of this insidious and fatal disease I cannot pass over:—

G. C., aged sixty, a labourer, applied for relief under the supposition that he had retention of urine, as he positively asserted that he had passed only half a pint during the previous six days. A catheter was readily introdueed, but not more than $3\frac{1}{2}$ ounces flowed, deeply coloured, and highly albuminous. His appearanee betrayed much distress; he was heavy, like a semi-intoxieated man; his eyes were sunken, but he was rational and eollected. Vomited every kind of food; the pulse was slow and laboured; tongue slightly furred. He stated that he eaught cold a week previously, having always enjoyed good health. He then suffered from heats and rigors, pain in the head, and giddiness, with suppression of his urine. These notes were taken at his admission on the 15th; but notwithstanding depletion was resorted to on three occasions over the loins, yet on the 22nd he fell into a complete state of coma, with epileptie eonvulsions, and died in a eonvulsive struggle on the 24th.

There was aeute and reeent pericarditis. The blood was universally fluid. There was dropsy

(a) "On Granular Degeneration." Dr. Christison. Edin., 1843.

(a) This consists of the following ingredients:—℞. Extr. elaterii, gr. $\frac{1}{4}$; cambogiæ, gr. jss.; capsiei pulv., gr. $\frac{1}{2}$; ext. jalap. mollis, gr. iij.; ft. pil.

(a) I have frequently noticed this very unfavourable symptom beforc. The urine of a patient is found to be slightly albuminous, and, though increasing in quantity, the albumen diminishes in somewhat the same ratio, when a sudden or, perhaps, gradual outbreak of symptoms of eerebral disturbanee ensue, suppression follows this nervous disorder, urea eirculates in the system, and the patient rapidly sinks either in a eomatose state, or with a severe attaek of epileptic fits.

of the left lung and pleura. The kidneys were natural in size, but presented externally the appearance of mottled or Castile soap, but in general having the character of an aggregation of minute glands, of an ash colour, with an intermediate vascular substance, highly injected. On making a longitudinal incision of one, the greater part of its tubular portion, the pelvis, and infundibula were found loaded with and supplanted by a quantity of fat. The urinary ducts were filled with dark blood, so that they presented so many red lines, instead of their natural white and fibrous appearance. The cones were fewer in number than ordinarily. The ureters were pervious. The bladder was much contracted, and its coats thickened. The mucous membrane was studded with dark hemorrhagic spots, like black currants: this organ was empty. The prostate was not enlarged. The urethra was quite pervious.

A medical gentleman a short time ago requested my opinion of the cause of death in a case of which he had that morning made a *post-mortem* examination, and which had only left his mind in greater uncertainty than it was, before his patient died, as to the immediate seat of his disease. The man had expired suddenly in a fit of insensibility, ushered in by some epileptic convulsions. The brain was most carefully examined by himself and some other medical friends, as well as the viscera of the chest, abdomen, &c., but not the slightest trace of morbid appearances could be detected anywhere; and, on inquiring if the heart was flabby and the blood in it thin, he replied that he thought it was so. I then said, "Did you examine the kidneys carefully?" "No, indeed, we did not; and they were the only organs we neglected to look at." I now made particular inquiries as to the symptoms during life; and the account which he gave me was short, but precise. He had been called to see the man a few days before, in consequence of his suffering from severe sickness, dyspnœa, and vertigo; these symptoms ran on unabated, and he became slightly comatose, and then had an epileptic fit, from which he rallied, but another fit succeeded the first, and he died. I could not refrain from expressing my strong conviction that, had the urine been tested and its amount and specific gravity ascertained, he would have found some unequivocal evidences of acute albuminuria, and that he was sadly negligent in not examining the kidneys after death. But these instances of rapid dissolution under the influence of poison by urea, undetected or unsuspected by the medical man, are so common, and have been so repeatedly alluded to in the course of these papers, that further comment is unnecessary.

In scrofulous enlargements of the mesenteric glands we may notice the same pallor of the countenance which has been already referred to under the previous diseases; the abdomen is large, tympanitic, hot, and the surface shining; the features are much pinched, the nose is pointed, the eyes sunken, and the slow and attenuating character of the disease is strongly depicted in the face. The same observations, in a less degree as respects the physiognomy, may be made in those protracted forms of entozoa where the constitution has already begun to sink under the influence of these parasites. The debilitating effect of these inhabitants of the alimentary canal is more evident in the constitution of young people than it is in that of adults. I have spoken elsewhere of the varying, insidious, and deceitful train of symptoms which attend the presence of entozoa in men and women.

I cannot, however, leave the subject without expressing my admiration of the bold and successful practice of Dr. Robert G. Latham amongst the out-patients of this hospital labouring under invermination. He commences with one, two, or four emetics during the week, and then follows them up with purgatives and enemata; and from his observations it is very manifest that entozoa, in some form or other, is far more common in the human subject than the generality of practitioners are by any means aware of.

(To be continued.)

HISTORY OF A CASE IN WHICH A FOREIGN BODY WAS LODGED IN THE TRACHEA, AND SUCCESSFULLY RELIEVED BY THE OPERATION OF TRACHEOTOMY.

By JOSEPH THOMPSON, Esq.,
Consulting Surgeon to the Union Hospital, Nottingham.

On Jan. 31 a little boy, the son of Mr. Tomlinson, of Gedling, swallowed while at school, during his dinner, a damson-stone. Soon afterwards, whilst playing with his school-fellows, he coughed violently, fell down, and became black in the face. He was taken home, and has had cough ever since coming on in paroxysms, particularly when in the recumbent position, so strong as to cause swelling of the features, fulness of the jugular veins, and some degree of dread to the patient. Previously to this he was perfectly free from cough, and had never been subject to fits or other sudden seizures. The right side of the chest did not dilate so much as the left, and on the application of the stethoscope it was found that the natural respiratory murmur was very indistinct on this side, whilst it was increased on the left. There was, however, a collection of mucus in the bronchial tubes of both sides, and on the right, in the region of the bronchial tube, a tubular sound existed; it seemed as if the air rushed through a contracted passage, and the sound was sometimes interrupted by a portion of mucus, and then it assumed more of a whistling character. There was not any dulness on percussion. When the patient was placed in the horizontal position he coughed more, and, having been put upon his left side and shaken forcibly, it was evident that the stethoscopic signs had changed. The chest moved equally well, and the indications furnished by auscultation were the same on both sides, and, although the cough was now almost incessant and the respiratory movements violent, I fancied I could hear at times a sound as of a foreign body in the region of the windpipe. My friend Dr. Wright, who examined the case, concurred with me in thinking that a foreign body had found its way into the trachea, and that it was probably a damson-stone; and this was rendered more probable, for, on making further inquiries of the little boy, he stated that "David," one of his playmates, "gave him a a stone;" and, on being asked what became of it, he said, pointing to his throat, "it went down here." The strictest quietude was enjoined.

On the 7th the symptoms were all the same; and on the 8th our opinion was confirmed by Mr. Wright, the senior surgeon to the Nottingham General Hospital, who saw the patient and gave us his assistance and advice. It was certain this state of things could not continue long without imminent risk of suffocation, from the substance being propelled into and grasped by the larynx, or the supervention of inflammation and its effects, which must sooner or later ensue, of the air passages, or the lungs, or both. Tracheotomy afforded the only chance of saving life; and, as any further delay would have been not only undesirable but dangerous, the operation was performed on the 9th, previously to which it was discovered that the obstructing cause had moved from the right to the left bronchus. The right lung now dilated freely, and the respiratory murmur was distinct; in fact, all the indications of the foreign body being on the right side had disappeared, and were now observed on the left. The little patient was placed on a table, with his shoulders raised, head thrown back, and chin elevated, so as to increase the distance between the sternum and chin, in order to facilitate the different steps of the operation. A superficial incision was made from the cricoid cartilage down to the sternum, dividing merely the skin and cellular membrane. The next incision, which was between the sterno-hyoid muscles, did not extend so low, as it would not have been safe to approach too near to the sternum with the deeper incisions. An artery was divided, which bled freely, and was tied.; it appeared to be a branch of the left inferior thyroid. These muscles being pulled aside, the fascia behind them was exposed, between which and the trachea two large veins, one as large as a goosequill, proceeded from the transverse portion of the thyroid body to the vena innominata. These were in front of the windpipe, with a small interval between them. They were carefully separated, and pulled to either side, in order to expose the trachea: in extending this incision upwards, for the purpose of laying bare more of the trachea, an artery of considerable size was divided, and some venous branches coming from the thyroid body to form the large veins before spoken of. Much hemorrhage was the consequence, and the blood flowed freely over all sides of the wound; the artery was soon secured, and the bleeding ceased. The trachea was soon opened to the extent of four of its rings, and every attempt made to remove the foreign body, but in vain; it could not be felt by the forceps, and only twice by the scoop. The patient was then inverted, and rudely shaken and jolted about, but without any effect; one hand was placed in front of the left side of the thorax, and the other behind, and both suddenly and powerfully pressed upon the chest, but unsuccessfully. The chest was also smartly struck several times by the hand, both before and behind, with the like unsatisfactory result. Although the greatest disappointment was felt, it was not considered prudent to prolong the operation; the little patient was, therefore, put to bed, and the wound left open, in the hope that the substance might be passed through it, or some future opportunity might occur, in case it should become loose in the trachea, of removing it. An anodyne draught, consisting of five minims of tincture of opium and water, was to be administered in case of great restlessness or distress; and the little patient was left about five o'clock P.M.

Feb. 10, morning. I was gratified beyond measure to hear that last night he had a violent fit of coughing, during which the damson-stone was projected through the opening. Since then he has coughed but little, and it has entirely lost its paroxysmal character. He slept during the night. Pulse 120; skin cool; countenance free from expression of distress. To take a tablespoonful of the following mixture every four hours:—

℞. Vini ipecacuanhæ, ʒss.; syrupi papaveris albi, ʒij.; liquoris ammoniæ acetatis, ʒiij.; aquæ ad, ℥iij.

The wound was closed by strips of adhesive plaster.—Evening: Bowels not open. To take half an ounce of castor oil in the morning.

11. Bowels open three times, and he has had so much griping that they gave him the anodyne prescribed on the 9th. In all other respects going on well.

12. Bowels open again last night and once this morning; he has had occasional pain ever since the oil; no uneasiness on pressure. In every other respect in a favourable state.

℞. Tincture opii, gt. iv.; aquæ menthæ piperitæ, ℥ss. ft. haustus statim sumendus.

To omit his present mixture, and to take a tablespoonful of the following every four hours:—

℞. Sodæ sesquicarbonatis, ʒss.; syrupi papaveris albi, ʒij.; aquæ carui ad, ℥iij. m.

13. He got some sleep in the night, notwithstanding his bowels were so much disturbed that they were obliged to give a few drops of laudanum; one of the stools was decidedly bloody; at the present time (twelve o'clock) the purging appears to have ceased; some discharge from the wound has loosened the plasters, which have been renewed. His diet has consisted of gruel, tea, and sago. Pulse 109; little or no cough; skin cool. To continue the mixture with the addition of three grains of prepared chalk to each dose.

14. Plasters again renewed; has been slightly moved in the bowels, the pain and irritation of which have ceased; in every way better. To be allowed chicken, tea, and a little bread sopped in his tea. To continue his medicine.

15. Going on well. To be allowed a little potato and gravy.

16. Improving.

18. Wound nearly healed; cough gone; bowels regular. To take a little mutton.

20. Discharged cured.

REMARKS.

Whenever tracheotomy becomes necessary, the operation ought to be performed without loss of time; for, although foreign bodies have sometimes been expectorated, such a fortunate termination is not in the majority of cases to be expected, and so long as they remain in the trachea the patient is every moment in danger of suffocation.(a) It might be supposed that anything that can enter through the larynx with so much ease may also find its way out as readily; but it must be remembered that during inspiration, when extraneous substances enter the air-passages, the glottis is dilated, whilst during expiration and the act of coughing it is much more contracted. It has been a question with some surgeons whether laryngotomy, laryngo-tracheotomy, or tracheotomy ought to be preferred in these cases. I believe it ought to be altogether decided in favour of the latter, although it may be somewhat more difficult, on account of the depth of the trachea from the surface and the parts implicated in the operation.

The advantage of having the opening in the windpipe is, that it is nearer to the bronchial tubes, and when the chin is turned to one side instruments can be introduced with more ease, used with more delicacy and dexterity, and with better chance of success; the opening can be made larger, and the danger from the operation is not so great, for the reason that the trachea is not an organ so essential to life as the larynx. The disadvantage of laryngotomy is that the opening cannot be made so large, that it is further from the brochial tubes, nearer to the chin, and the diameter of the circle of the cricoid cartilage is less than that of the trachea: all of which circumstances render the introduction and use of instruments much more difficult; besides which, the larynx is an organ endowed with more sensibility, and has much more important and extensive sympathies. It will be seen that nearly the same objections bear upon the operation of laryngo-tracheotomy.

The only anatomical remarks I would wish to make are, that at the age of three years the diameter of the trachea is, externally, about seven-sixteenths, and internally nearly a quarter, of an inch; and that, if we attend to the trachea, we find that the distance between the ericoid cartilage and the sternum is one inch and seven-eighths; but, if we measure from the under margin of the cross slip of gland to the sternum, it is only one inch and a half. The thymus gland at this time mounts up five-eighths of an inch above the sternum. We have, therefore, just three-quarters of an inch of the trachea between the two glands, and which could be easily exposed. The upper margin of the innominata is level with the surface of the clavicle, and the carotid is not quite off the trachea for perhaps three-quarters of an inch above the sternum.(b) It must be remembered, also, that, as well as the veins which have been noticed, sometimes a large thyroid artery runs up from the innominata in front of the trachea. It is of consequence to attend to the temperature of the room, as well as of the instruments used in the performance of the operation of trachcotomy.

Although it is a rare occurrence to succeed in removing a foreign body from the bronchus, (c) still our want of success could not be otherwise than a source of the greatest disappointment, as we had confidently anticipated a favourable termination, from the fact that the stone had up to the period of the operation been moveable. Our little patient was put to bed with the wound open, and not without hope that, when the spasm and irritation of the respiratory organs had subsided, the stone might again become loose, and either expelled or capable of being extracted. I have observed that, when instruments are moved with rapidity over the tracheal and bronchial mucous membrane, much more distress is caused than from a slower movement; too great delicacy and caution cannot, therefore, be observed in operations on these structures. Some persons have recommended the removal of a portion of the trachea in these cases, but such a procedure should be looked upon as unsurgical. It must, I believe, lead to a contraction of the tube proportionate to the quantity removed. During and after the operation I could not help thinking that the stone had partially, at least, entered the primary division of the bronchial tube, as the respiration was much less distinct in the upper than in the lower and middle lobes of the lung.

If it should ever be my lot to meet with another case of this kind, I should not hesitate, after having made the opening in the trachea, to tickle the fauces with a feather, for the purpose of exciting violent vomiting, as being a not unlikely means of expelling or dislodging the foreign body.

Feb. 19.

(a) See "Burn's Principles of Surgery," vol. ii., p. 34.

(b) See "Burn's Principles of Surgery," vol. ii., page 37.

(c) See "Liston's Operative Surgery," p. 412.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF MEDICINE.

Meetings of May 16 *and May* 23; Professor Royer Collard in the Chair.

Poisoning by Colchicum.—M. Renauldin read a report on a case of poisoning by the tincture of colchicum, forwarded by M. Leroy des Barres, surgeon of the Civil Hospital of Saint Denis. The patient, a woman, took by mistake, in one dose, thirty grammes (ʒj) of tincture of colchicum, which had been prescribed in teaspoonfuls. The surgeon immediately exhibited an emetic, and during the following days prescribed a solution of iodine; the patient was completely restored in a week. The reporter approved of the treatment adopted, regretting only that preparations of opium had not been also resorted to.

Treatment of Epilepsy.—M. Péraire, of Bordeaux, proposes, as a mode of treatment of this disease, the obliteration by subcutaneous incision and subsequent compression of the various arterial branches which ramify on the pericranium and establish communication of the circulation of the skull with that of the brain. This method, according to M. Péraire, renders cerebral congestion more difficult, and may lead to the cure of epilipsy; the author illustrates this view with a case successfully treated.—M. Rochoux, who reported upon this communication, could not agree with the assertions it contained. Epileptic fits were not, said M. Rochoux, the result of congestion of the cerebrum; but, if even they were, the method proposed would be unavailing, on account of the rapid development of the collateral arteries and their divisions.

CLINICAL SURGERY.

LITHOTOMY.—A NEW OPERATIVE PROCESS, BY DR. MAISONNEUVE.

A joiner, aged twenty-eight years, intending to remedy an obstruction of the urethra, introduced into the duct about two years since a piece of wire, to the extremity of which was attached a fragment of cork, one inch in length and four lines in diameter. The cork accidentally loosened from the wire, and, falling into the bladder, became the nodus of a concretion. M. Maisonneuve admitted the patient into the hospital on the 20th of August, 1847, and, on account of the presence of the cork, resolved upon performing lithotomy in preference to lithotrity. The patient having been placed in the usual position, and the grooved staff being introduced into the bladder, the surgeon passed the index of the left hand into the rectum, and in front of the anterior angle of the prostate recognised the groove; through the membranous portion of the urethra, and above the sphincter, a knife enveloped in linen up to within four lines of its point was conducted along the finger and readily punctured the urethra, penetrating into the groove of the staff. Into this aperture the lithotome was introduced and passed into the bladder, where the blades were opened to the extent of fourteen lines. The index and medius fingers of the left hand were then used for the purpose of dilating the intestine and for the protection of the sphincter ani. The lithotome was withdrawn, and the forceps, after some research, removed the calculus. On the second day after operation, slight febrile excitement was noticed, but on the third the urine was voided from the urethra. On the fourth day the patient was up for six hours; nine days after lithotomy he took a very long walk without any inconvenience, and seventeen days after it had been performed he returned home. He has since continued in perfect health.

Many years ago M. Sanson proposed extraction of vesical calculi through an incision of the rectum. He proposed two methods, both of which differ considerably from the present. One consisted in dividing the rectum above the prostate, and was very soon abandoned; the other, closely resembling the plan brought forward by Vacca Berlinghieri, comprised in the incision the sphincter ani and the perineum as far as the bulb. In M. Maisonneuve's process the sphincters remain untouched, and a preliminary incision of the soft parts is not necessary for the purpose of detecting clearly the precise position of the groove of the staff. The involuntary contractions of the sphincter do not constitute an objection to the operation, as they can easily be prevented by anæsthetic inhalations. At the same time morbid enlargement of the prostate, or considerable hemorrhoids, might form an insurmountable obstacle to the performance of the new operative process. The remarkably rapid recovery of the patient after the operation is attributed by M. Maisonneuve to its nature, the incision being protected from the contact of air, and being in some measure placed in analogous conditions with subcutaneous sections, the consequences of which are comparatively unimportant.—*Unian Médicale.*

LOOSE CARTILAGE IN THE KNEE-JOINT. BY PROFESSOR VELPEAU.

A man having been admitted into M. Velpeau's wards for the treatment of arthritis caused by the presence of a loose cartilage in the knee-joint, occasioned some remarks from the professor, of which the following is an abstract:—

The formation of these loose cartilages has been referred to various causes. For a long time they were supposed to result from the detachment of the cartilage from the articular surfaces. On two occasions M. Velpeau ascertained the correctness of this opinion, but it cannot be entertained in all cases. Sir A. Cooper and Bérard believed them to be formed outside the synovial membrane, from the deposition of plastic lymph. Another cause might be found to reside in the thickening and inflammation of a fold of the synovial. M. Velpeau had shown that a fourth origin might be traced to hemorrhage within the joint, the liquid part of the blood being absorbed, and fibrinous concretions remaining afterwards. Whatever their cause, the prognosis of these loose cartilages must always be of a reserved nature—their presence exposing the articulation to frequent inflammation, and their removal being often followed with the most fatal consequences. The perils of extraction have, however, been greatly diminished by the subcutaneous operation proposed by M. Goyran, a surgeon of Aix. That gentleman operates in the following manner:—Through a fold of the skin a narrow-bladed knife is introduced into the joint, and the foreign body is forced through this aperture into the cellular tissue, whence it is removed, after eight or ten days, by a simple division of the skin, the wound of the synovial membrane having been allowed time to heal. M. Velpeau had twice operated successfully in this manner. In the case which led to the present remarks the loose cartilage was attached to the synovial membrane by a pedicle, which increased considerably the difficulties of the operation. Indeed,

M. Velpeau was unable to divide this attachment; but, having succeeded in forcing the cartilage out of the capsule, he divided it *in situ* into numerous fragments. The joint was kept for several days in a state of perfect immobility, and, when the pressure exercised by the bandages was removed, the fragments were found to have disappeared by absorption.

CLINICAL MEDICINE.

Peculiar Signs of Inflammation of the Superior Lobe of the Right Lung. By Dr. Harvez de Chegoin.—("Union Méd.")—The fatal issue of this circumscribed inflammation, its peculiar symptoms, induced Dr. Harvez to institute anatomical researches on the subject. At the very onset of the disease the patients present an extraordinary degree of prostration, great paleness, general refrigeration, disturbance of the intellect, a very small pulse, nausea, sickness, and diarrhœa. In general considerable pain, both above and beneath the clavicle, is complained of; cough and expectoration are insignificant. All these characteristic symptoms existed so plainly in a case admitted into hospital in July, 1847, that the diagnosis was not for a moment doubtful, nor the fatal prognosis uncertain. The patient died on the thirteenth day; and on dissection the superior lobe of the right lung, in a state of condensation, was found to have interfered considerably with the circulation of the blood in the cava descendens, and in the right auricle: both contained fibrinous coagula. It is to this impediment to the venous circulation that Dr. Harvez refers the greatest part of the peculiar symptoms observed, viz., the livid hue of the countenance, the cerebral disturbance, the nausea, and serous diarrhœa. The peculiar nature of the pain is accounted for by Dr. Harvez by the pressure exercised by the inflamed lung upon the par vagum; and he concludes by stating that the apparent state of collapse, and smallness of the pulse, should not prevent the physician from having recourse to energetic antiphlogistic measures for the purpose of liberating the circulation and subduing inflammation.

Arseniate of Quinine.—("Annals de Thérapeutique.")—M. Briquet, physician of the Hospital of La Charité, prescribes this drug with much advantage in the cases which were formerly treated by the exhibition of the sulphate of quinine, *i. e.*, in cases of intermittent fever, or of acute and chronic rheumatism. When the doses have been raised to 45 milligrammes (9-10th of a grain) daily, the pulse has been observed to fall 20 pulsations. M. Briquet begins by doses of 1-25th of a grain, and gradually increases as far as one grain and a quarter. The action of this medicine being extremely powerful, M. Briquet was obliged to employ it with the greatest caution. It is a soluble salt, much less bitter than sulphate of quinine, and which has been in the first place brought forward by therapeutists of the Italian school.

Epidemic of Smallpox in Lyons during the Winter of 1847-8, by M. Mouchet.—177 patients were admitted into hospital; 18 had never been vaccinated; 4 had been vaccinated without success some weeks previously; and 3 had already been affected with smallpox. The prodromic symptoms were in all cases extremely violent, even in those in which the subsequent eruption was trifling. In 4 instances the eruption was verrucose; 18 cases terminated fatally. During the entire duration of the epidemic not a single case of typhoid fever was noticed—a fact of a singular and interesting character. In the confluent eruptions, venesection did not produce any favourable results; when a complication of pneumonia occurred, tartar emetic was at once resorted to; and in hemorrhagic smallpox tonics were exhibited after saline purgatives, and the ascitis which followed was rapidly dispelled by preparations of iron.

Braconnot and Simonin, on the Emanations from Manufacture of Chemical Products.—These two distinguished chemists, having received instructions from superior authority to inquire into the nature and importance of the injury which the establishment of a manufacture of chemical products, such as acids, alkaline salts, &c., may produce in any locality, have come to the following conclusions:—The observations were made in the city and neighbourhood of Dieuze, where a considerable manufactory has for some time existed. The air, in a very extensive part of the adjacent country, contains free sulphuric and muriatic acids. These disappear when they come into contact with a vigorous vegetation, covered with dust. The trees and shrubs rapidly die away from the pernicious influence of the vapours. The authors conclude that the fabrics in question are highly injurious to vegetation, and also to buildings; man and domestic animals also suffer from the same causes. Thus the workmen lose their teeth, and the inhabitants of the vicinity are subject to frequent purulent inflammations of the eyes, and pneumonia. The means indicated by the authors for the neutralization of these causes of disease consist in the entire destruction of the smoke and vapours. The first result can readily be obtained, as it is in England, by a sufficient introduction of air into the chimneys; and the latter by injections of steam into the ducts, or by placing the noxious vapours in extensive contact with alkaline fluids or carbonate of lime.

Brzezinski—a New Mode of Extraction of Sugar from Diabetic Urine.—Diabetic urine having remained during four days in a new and unvarnished earthen jar, the exterior surface of the vase soon began to exude, and towards the eighth day became covered with an incrustation of sugar, which was removed in scales. The phenomenon is readily accounted for: as the fluid is exuded its water evaporates and leaves the saccharine deposit. The experiment could very easily be repeated with the Spanish water-coolers, called alcarazas.

D. M'Carthy, D.M.P.

Diagnosis of Incomplete Fractures.—M. Debron observes that while the obscurity of these cases, owing to the absence of crepitus and all the usual symptoms, renders detection difficult, it is very important for the patient that this should be effected. Severe pain at the seat of fracture, distinguishable from the more diffused, less fixed, and less intense pain of the accompanying contusion, is one of the best signs. If the indication furnished by this is overlooked or inappreciable, and the limb is not secured, another sign manifests itself, viz., erysipelas arising at the very seat of fracture, thus developing itself after the inflammation depending on the contusion has subsided. This erysipelas is accompanied, too, by an œdematous or pasty feeling of the part. The delay (perhaps several days) in the appearance of this form of erysipelas arises from the inflammation first occurring among the soft parts around the bone, and spreading from within outwards (inversely to what it usually does), it being, in fact, but a symptom of the suppuration which is going on between the bone and the muscles.

Circumstances under which Phlebitis may take place.—Dr. Craigie enumerates them as follows:—1st, after venesection, especially when the finger is applied to the wound, so as to touch the divided edges of the vein; 2nd, after amputation, especially when there is much fingering, or when a ligature is put on a vein; 3rd, after laceration of a vein, as in certain lacerated wounds; 4th, after any venous tube has been laid open by ulceration or erosion, as in cancer or ulceration of the womb; 5th, after laying open the uterine veins, as in childbearing; 6th, after deligation of a vein, as in the operation for varix, the old operation for castration, in which all the vessels were tied in one mass, and after operation on the hemorrhoidal veins.

Treatment of Lues in Children.—Mr. Pearson, quoted in "The Provincial Journal," says, if the mother be affected with the venereal disease, and the child sleep with her, and if she give suck to it, it will be only necessary for the mother to use the remedy. When the mother is under the influence of mercury, the child's mouth is often extremely sore; but, if the child does not become affected by the mercury, it will be right to give it half a grain of the chloride of mercury, twice a day. If the calomel run off by the bowels, a scruple of the mercurial ointment should be rubbed upon the child's body, nearly every day, for five or six weeks. It is not desirable to salivate a child severely, as it has sometimes proved fatal; children, however, bear mercury so well that there is more danger in giving too little than too much.

Lotion for the Itch.—The "Répertoire de Pharmacie" gives the following formula for the treatment of the itch:—Take of the essence procured from the turpentine of the silver-coloured fir-tree 20 grammes; rectified spirit, 100 grammes; bichloride of mercury, 10 centigrammes; iodide of potassium, 20 centigrammes, M.S.A. A teaspoonful of this liquor in a glass of water as a lotion to be applied carefully with a fine sponge.

On the Ill Consequences of the Repression of Cutaneous Diseases.—M. Gogue reports several cases from M. Devergie's practice, illustrative of the fact that various morbid conditions of the internal organs may be induced by the repression of cutaneous disease of some standing, and sums up the results of his observations with the following conclusions:—1. The functional disturbances occur simultaneously with some cause manifestly modifying the condition of the skin, as the action of cold or local repellents. 2. The severity of the symptoms is proportioned to the species, extent, and duration of the skin diseased. 3. The symptoms cease on the return of the eruption or the induction of an artificial one. 4. The symptoms presenting themselves are not those of any simple or ordinary disease indicated in our nosologies. 5. From this unusual morbid condition, the diagnosis of which is so unprecise, death may result far more rapidly than from ordinary acute inflammations of the same organs. 6. The autopsy does not exhibit lesions proportioned to the severity of the symptoms. 7. If this morbid condition is treated by the usual antiphlogistic means, we only hasten death; and, moreover, a fatal result is certain if the eruption is not or cannot be quickly reproduced, or an artificial one substituted.

Condition of the Gums in Phthisis.—Dr. Frédericq's attention was first called to this subject in 1844, when he observed a line of a red brick-colour near the free edge of the otherwise normal gums of a phthisical patient. The line was very narrow, and ran parallel with the edge of the gums, but only opposite the incisors and canine teeth. Since that period he has examined the gums in numerous subjects of phthisis, and has always found this red line more or less distinctly visible, although sometimes only opposite the inferior median incisors. The researches of the author do not enable him to say whether this sign manifests itself as one of the earliest symptoms of phthisis, nor to declare absolutely that it is seen in no other disease, although he has never yet met with it in such.

Simple Method of Extracting a Fish-hook from the Œsophagus.—Two children amused themselves by playing at angling; the younger swallowed the hook. The consequence was that his brother drew the line, and fixed it at once in the œsophagus. All attempts to extract it proved futile, till the surgeon took a pistol-bullet, and, having pierced it, put it on the line, and allowed it to slip down to the impacted hook. The weight removed the latter, the point of which sticking into the lead, it was safely returned.

On the Tartrate of Potassa and Iron.—M. Mialhe says this compound possesses properties superior to most other martial preparations. Although it contains above thirty per cent. of the peroxide of iron, its ferruginous flavour is so slight that it may be tolerated by stomachs which reject all other preparations of iron. It is very soluble, and, as alkalis do not decompose the solution, it is as capable of absorption amid the alkaline juices of the intestine as in presence of the gastric

acid. Moreover, it causes no constipation. It can, therefore, be well employed in all the pathological conditions demanding the use of iron, and especially such as require it in large doses, as the syphilitic cachexia. In a case related it changed, after long use, the colour of the hair from fair to dark, "a point well worthy the attention of physiologists and physicians, for it proves that, on the administration of iron, it is solely by the hairs that the excess of this metal is excreted, as M. Dumas had already supposed; for certainly to sulphuret of iron was the colour due in this case."

Case of Elephantiasis.—Mr. George Southam, dispensary surgeon to the Manchester Royal Infirmary, relates in "The Medico-Chirurgical Transactions," the case of an unmarried female, in whom this disease had existed about twenty years, commencing when she was in her eighteenth year. During the last four years of her life the measurement round the calf of the leg was two feet nine inches, above the knee three feet four inches, and at the upper part of the thigh, including the nates, five feet six inches. On examining the body twenty-six hours after death, the enlargement was found to have been caused by the deposit of a dense, white, lardaceous substance, interspersed with fat, in the subcutaneous cellular tissue. When cut into layers, a small quantity of sero-sanguinolent fluid oozed out, and a few small vessels might be seen traversing its structure; but beyond their presence it did not present any marks of vascularity. The cellular tissue beneath the superficial fascia was not at all affected. The muscles, though smaller than usual, preserved their natural appearance and situations. There was no enlargement of the bones or disease in the joints. The principal venous trunks were much larger than natural, distended like injected arteries, and, when divided transversely, were patulous. Their external coat was thickened, and, except in a few places, the middle and internal one could not be traced, both having apparently been converted into a thick, fibrous substance, disposed round the vessels in laminæ, not unlike what are observed in aneurismal tumours. All the smaller veins in the diseased stricture, when divided transversely, resembled arteries filled with coagula. Several of the principal veins were impervious. The saphena was converted into a thick fibrous cord, and a large organized coagulum was found at its connection with the femoral vein. The diseased state of the veins did not extend beyond the groin; those of the pelvic cavity were healthy. There was no particular disease elsewhere.

Fracture of the Humerus just below the Attachment of the Deltoid Muscle.—Mr. Vincent says, in the first days of this kind of fracture, owing to the disturbance which the absence of the integrity of the bone gives to all the muscles engaged in moving it, the deltoid will raise the upper portion and give great appearance of deformity to the limb, and apparently baffle the aim of the surgeon to get a straight union; and this will be the case if he brings the lower portion away from the side of the body to meet in apposition the upper projecting part. Instead of doing this, he has only to take measures that the lower end should hang easily by the side of the patient, and he will find the upper portion fall into the straightest position he could possibly desire. When the upper arm is hanging quietly by the side of the body, then the deltoid is in a state of least possible action. In this way the fracture will unite in a remarkably straight form. Upon the principle of relaxing muscles by approximating their attachments, the very reverse practice to this would be adopted, which is, the raising the arm to the level of the acromion; this has been done in such cases, but most fruitlessly.

ERRATUM.—In the Berkshire Hospital Reports, last week, p. 55, line 48, for "Paris, Barège, the Eaux Bonnes," read "Paux (in the Pyrenées), Berège, &c."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

EXTRAORDINARY CASE OF BILIARY CONCRETIONS.

By Edward Willson Duffin, M.R.C.S.

The patient, a man, sixty-five years of age, had, on several occasions during the last three years, consulted the author for symptoms that were presumed to proceed from deep-seated subacute inflammation of the liver. He was also subject to dyspepsia. On the night of the 25th of January last he was seized with vomiting and hiccough, which continued, with only trifling intermissions, for three days. On the third day he vomited about three pints of a fluid like coffee-grounds. Uneasiness in the abdomen, a little to the left of the umbilicus, had annoyed him occasionally for some time, and there was now tenderness in the same situation. There was no jaundice, but he gradually became much emaciated, and at length, without new symptoms, died on the 9th of March. On examination after death, two folds of intestine, to the left of the umbilicus, were found adherent to each other by recently effused lymph, and in an angular pouch-like dilatation of this portion of intestine (the jejunum) a large wedge-shaped concretion was found. The gall-bladder, in its entire length, on its under surface, was found to have been destroyed by ulceration, the edges of the remaining portion being continuous with the edges of a large perforating ulcer in the anterior walls of the duodenum. The duodenum presented two pouches, of one of which the anterior part of the gall-bladder formed the apex. Lodged in these pouches were three large biliary concretions. The length of the four concretions, all of which had bevelled surfaces, was, when they were fitted together, six inches and a half. Their weight was two ounces, five drachms, nineteen grains. The author referred to two similar cases, one related by Cruveilhier, the other by Mr. Blagden, of Petworth, in "The Medico-Chirurgical Transactions," vol. iv. In neither of these cases was the mass of concretions so large as in the present instance.

CONTRIBUTIONS TO THE STATISTICS OF VALVULAR DISEASE OF THE HEART, ESPECIALLY WITH REFERENCE TO AFFECTIONS OF THE SEVERAL ORIFICES, AND THE PARTICULAR EFFECTS OF CERTAIN RECOGNISED CAUSES.

By A. Whyte Barclay, M.D.

The facts which form the basis of this paper have been collected chiefly from the Museum Records of St. George's Hospital. The author has confined his attention to the cases which have occurred within the last two years. During that period there have been 535 deaths in the hospital, and in the records of the *post-mortem* examinations in 419 of these cases the condition of the circulating organs has been stated. In seventy-nine cases valvular lesion was found.

In an elaborate statistical table the author exhibits the following facts with regard to each of these seventy-nine cases:—The condition of the valves, aortic and mitral; the age and sex of the patient; the existence or absence of atheroma in the aorta; the previous existence or not of acute rheumatism; the state of the heart as to size, thickness of walls, &c.; the state of the pleura and pericardium, as to recent inflammation or old adhesions; the state of the kidneys; other disease found in the body; and the chief cause of death. The author institutes a minute comparison of the seventy-nine cases, and of the remainder of the 419 cases, with reference to these points; and remarks, in conclusion, that some of the deductions seem to him "worthy of attention, and demanding at least further investigation. The liability to double valvular disease (rather than disease of either the mitral or aortic valve separately) in consequence of rheumatic endocarditis, and the early incursion as well as the commonly early termination of that disease—the limit put by age in so marked a manner to fibrinous deposit on the valves of the heart—the very large proportion, amounting to almost one-half, of the fatal cases of granular kidney found coincident with valvular disease, and its comparative rarity in those cases in which the kidney is large and mottled—are all facts clearly established with regard to these cases. To others must be left to determine whether they hold good in their more general application.

"One commonly received opinion these cases contradict—viz., that atheromatous disease affects by preference the mitral valve; and another is at least doubtful—viz., that it is in the advanced stage of Bright's disease that endocarditis is liable to occur, unless we admit a form of endocardial inflammation without fibrinous deposit."

REVIEWS.

A System of Practical Surgery, including all the recent Discoveries and Operations, with Forty-nine Illustrative Plates, from Drawings made expressly for the Work. Second Edition. By JOHN LIZARS, late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary, of Glasgow.

The press teems with treatises on surgery. Each professor seems to make it a point of duty, of honour, or of profit, to furnish his class and the profession with a *résumé* of his lectures on this subject. There is no doubt much advantage to the student in being able to follow his lecturer, in a printed volume, through the various details of a demonstrative science, and to peruse quietly in his closet, with an undivided attention, what he has heard from the lecturer's chair. Such a process rivets oral teachings on the mind, and confers also a distinctness and certainty upon our own observations of fact. The student, therefore, should be much obliged to the lecturer who takes the trouble to communicate to him in permanent characters the lessons of experience, and thereby to facilitate his studies—always saving the fact that there be something to communicate.

The practice of publication is much more frequent among professors of surgery than those of medicine, simply because, we presume, surgery is of a more demonstrative character. The subjects of which it treats are visible, tangible, real; it is the science of perception, as medicine is, on the other hand, the science of comparison or calculation. The one is conversant with ocular facts, the other with conjectural probabilities; nevertheless surgery, as it improves, is gradually stretching more into the domain of comparison, and medicine is acquiring the certainty of physical demonstration. The line of demarcation is indistinct, oscillating, intangible; it is neither here nor there—in empyema nor in hernia—it cannot be defined by words, since it is not so in fact; medicine is a grand whole, one and indivisible. The heresy of the pures is a theoretical lie, as their practice is a daily refutation of their professions. There is but one true creed in medicine—unity; but there are many false doctrines.

The Edinburgh school is now becoming as celebrated for surgery as it was a century ago for physic. The days of Cullen, Gregory, and Brown are revived in Liston, Lizars, Ferguson, Syme, &c.; their name is Legion. As Manchester for cottons, Sheffield for hardware, Nottingham for lace, Edinburgh is celebrated for the manufacture of books. Intellect in this town takes the direction of literature. What a lucky thing is this for the reputation of the beautiful city! Two thirds of its inhabitants are thus—in fact or in wish—in leaf, blossom, or bud—authors; there a man thinks he has no title to fame in reversion, unless he has paid the premium by writing a book.

When there are many writers there will be many readers, and we should conclude that surgery at this moment is a favourite subject of study in the Edinburgh College. Surgery is in truth always popular among students; many men to whom it is a pain to think feel a satisfaction in observing facts. This is a habit that begins with infancy, grows with our growth, and

strengthens with our strength; it is an instinct; we practise it without knowing it, without effort; we open our eyes and we see; it is a necessity to all but the blind and deaf. It is the simplest development of mind, and in its various stages is a source of pleasure to every man. Not so medicine.

But we must not forget our author. The first chapter in the book treats of Inflammation, where the author says "the nerves are first thrown into action, which instantly excite the contiguous arteries," &c.: an opinion that has been disputed. The priority of nerves or vessels in the chain of causation of inflammation has yet to be settled. Further on the author says that the redness is caused "also by those vessels which previously conducted pale blood or lymph becoming enlarged and transmitting coloured blood." Here also the author is at variance with recent observers. Are there, in truth, any capillary vessels that do not carry red particles? This is a question that perhaps Mr. Lizars will investigate and answer for himself before he publishes another edition. It is not, however, a matter of much moment as it affects the practical merit of the book.

Mr. Lizars writes in a clear and easy style, and, though brief, yet treats almost every topic relative to surgery with as much fulness as is necessary to a practical acquaintance with the subject. Good sense and judgment characterize the volume, though we must confess that we think the author to be a little behind the present development of science: perhaps he would rather we should say of opinions. He is evidently no friend to the cold-water cure, as applicable to wounds, ulcers, &c.; but is a stickler for the good, old, comfortable system of warm fomentations and bread poultices, for which he renders sundry apt and cogent reasons. We do not intend to quarrel with Mr. Lizars for this ancient prepossession, perhaps founded in as much philosophy and sound practice as the modern fashion, because we desire to recommend his book as being, on the whole, one of the most valuable that has been recently published.

It abounds in illustrations, neat, faithful, and descriptive, of almost every surgical operation and appliance; these make the book one of great utility both to students and young practitioners. As a specimen of the author's mode of treating his subject, we select the chapter on Gunshot Wounds, which, having been so ably handled in the lectures of Mr. Guthrie, recently published in this journal, must have some interest for the reader.

"Gunshot wounds [p. 175], in my opinion, differ in no degree from those just described, except in the contusion which the rapid projectile causes. Thus, what difference is there between the contusion of a spent cannon-ball and that of a large round stone falling from a considerable height? What difference between a wound made by a musket-ball and a similarly shaped stone from a sling; or between the wound inflicted by a gun charged with air, or that with powder? Upon this subject, therefore, I would advise the student to dispel from his mind all mystery or exclusiveness.

"When, for example, a musket-bullet passes through the calf of the leg, or any part of the body, there are two wounds with a long sinuous tube—an entrance and an exit; that made by the entrance of the bullet is depressed or indurated, of a livid colour, much smaller and rounder, and sometimes scarcely perceptible; then, that by its exit, which is larger, more rugged, and lacerated, with everted edges. These differences, although occurring in the majority of cases, are not always found; thus, the exit is occasionally a mere slit. The appearances seem to depend upon the velocity of the projectile and the density of the resisting body. They direct us to decide whether one or two bullets have entered the body, and regulate our treatment regarding search and extraction. The position of the person when wounded is another guide. Bullets, from resistance, are commonly flattened and rugged. The other day, however, I extracted one indented in the fibula of a Christino, which was as round as when put into the muzzle of the musket. There is always some bleeding in gunshot wounds, but its extent depends upon the condition of the wounded vessels and bruised parts. The hemorrhage is most frequently primary. The treatment of this has been detailed in page 110. On such occasions it is necessary to put the ligature on a sound part of the artery, so as to avoid its contused tunics. The pain is inconsiderable; but in many cases there is a most acute pain, depending on the laceration of the nervous tissue.

"The sinuous tube for the most part inflames and suppurates, and so do the two wounds; it is a very rare occurrence for the wounds to heal by the adhesive inflammation. Hence, whatever may be our notion of the effect of heat in inflammation or wounds, fomentations and poultices ought to be applied; the limb placed on an elevated pillow, the individual confined to bed, his diet low, and bowels open.

"The wound then commonly heals by granulation, requiring warm-water dressing, zinc lotion, and very gentle bandaging. These wounds bear but slight bandaging; the least pressure excites inflammation.

"If any pieces of the clothes have been retained, they should be extracted; but no torturing search should be made for them in the recent wound, as they can be removed when suppuration takes place. Uncalled-for dilatation is now abandoned.

"If there is only one wound, we are to expect that the bullet has been arrested, and, if at all practicable, it should be immediately extracted, because it generally excites irritation immediately after the wound has closed, or at some distant period. We are not to wait for its forming a fibrous cyst, and remaining dormant.

"The attitude of the individual when wounded often guides us in our search after the bullet; and the finger, when it can be used, is our best probe. When the bullet is not extracted on receiving the wound, it either burrows from the motions of the body, or becomes encysted: in the former instance it frequently excites great irritation, and involves more important organs; in the latter, it still keeps up irritation, as in a bone exciting necrosis or caries; or in rare cases it remains dormant, as in the brain. In general the bullets are much flattened, rugged, and surrounded by a fibrous cyst, and in removing them a free crucial incision is required. Bullets occasionally take a very circuitous route in the body; for example, they have entered at one arm, run round the posterior aspect of the thorax, between the skin and ribs, and lodged in the opposite arm. A bullet has passed between the superficial femoral artery and vein, the carotid artery and internal jugular vein, without producing primary hemorrhage. When a bullet strikes one end of a bone, it often splits it the whole length.

"A bullet striking an important joint, as the knee, produces violent constitutional irritation, and occasionally immediate death, as in the case of the Duke of Montebello, related by Larrey."

This exposition of the subject, considering its brevity, is, on the whole, lucid and exact. The author has had much experience of the subject, but he does not enter with that minuteness into the after treatment of these injuries which characterizes the admirable lectures of Mr. Guthrie; nor would our friend Dr. Knox give unqualified approbation to the warm fomentations which Mr. Lizars recommends. We desire, however, earnestly to impress upon the reader one remark of our author relative to the dressing of these wounds, as it applies to them with eminent propriety; it is, that "these wounds bear but *slight bandaging*; the least pressure excites inflammation." We have seen a very sensible surgeon, unfortunately inexperienced in the treatment of these cases, cause, by imprudent bandaging, the loss of the right arm of his patient. Such *mala praxis* is the opprobrium of a lifetime.

With respect to hemorrhage, the author says that "it is most frequently primary," and merely adds, after a reference to another part of his book, that "on such occasions it is necessary to put the ligature on a sound part of the artery." It must be remembered, however, that the ligature should be applied to that part of the artery actually wounded. It is bad surgery to put a ligature on a main trunk, to arrest hemorrhage from an inferior vessel. A case has recently occurred, in the practice of a would-be young hospital surgeon, exemplifying the impropriety of such practice. The ligature should also be applied, especially in large vessels, both above and below the wound of the artery, as in secondary hemorrhage, according to Mr. Guthrie, the bleeding of a dark venous colour usually proceeds from the lower end of the artery. In the words of our author, in the chapter treating of Hemorrhage, it is stated:—"In such cases, therefore, if the vessel is large, as that of the thigh, it should be instantly secured by throwing a ligature around, above and below the seat of the wound, because the retrograde flow from the free inosculation is liable to reproduce the bleeding." We owe to Mr. Guthrie the establishment of this mode of practice—one of the highest importance in surgery. There is such an entire absence of self-glorification in this volume that the reader would not suspect that Mr. Lizars was the surgeon who first performed the bold operation for the removal of the upper jaw, and that he was the third to tie the arteria innominata—operations of great magnitude and daring. The details of these operations are succinctly given in this volume, and the modesty with which these operations are described testifies as much to the author's dignity of character as the operations themselves do to his surgical skill.

We have not space to extract more largely, nor to exhibit at any length the author's views on the various subjects of which he treats. His opinions are generally sound and may be relied on, and the treatment he recommends is usually safe and practical. It is a record of the experience of an able surgeon, and, saying that, we have passed upon the book its highest eulogium. We cordially recommend it as one of the most useful treatises on surgery that has lately issued from the press.

An Elementary Treatise on Crystallography. By Professor Regnault.

The name of the author is a sufficient guarantee for the excellence of the work. Professor Regnault is one of the most distinguished philosophers of France, therefore anything emanating from him ought to be attentively read by all those at all versed in science. Very little attention has until lately been paid to the science of crystallography, but the chemist daily finds what benefit is derived from a knowledge of it. All substances are limited in the number of their crystalline forms, *e. g.*, calcareous spar crystallizes in rhombohedrons, fluor spar in cubes, and quartz in six-sided pyramids. Those persons unacquainted with the above-named forms will find them fully explained in the treatise under review. Such forms are peculiar to the preceding substances, insomuch that calcareous spar will never be found in cubes, nor fluor spar in rhombohedrons. Crystalline form thus serves as a ground of distinction between different substances; consequently it is of the greatest service to the chemist, as it affords him a vast insight into the physical character of salts. Crystallography is, moreover, exceedingly useful to the analyst for the classification of any new salts that may be discovered during his researches. Phosphorus and sulphur *are very analogous bodies.* Professor Mitscherlich, of Berlin, found *that the phosphates and arseniates possessed the same form.* We will append two soda salts of arsenic acid, and a corresponding number of phosphoric acid, showing that their constitution and composition are identical, *i. e.*, arsenic is replaced by phosphorus.

Neutral arseniate of soda $\left.\begin{matrix}2NaO\\HO\end{matrix}\right\}AsO5$

Neutral phosphate of soda $\left.\begin{matrix}2NaO\\HO\end{matrix}\right\}PO5$

Biarseniate of soda ..	NaO 2HO	AsO5
Biphosphate of soda ..	NaO 2HO	PO5

This similarity in the form of substances is known under the head of isomorphism. Dr. Muspratt found the mephites and carbonates to possess the same forms; their compositions he also found to be analogous. "Isomosphism is of the greatest importance to chemical theory, and frequent use is made of the doctrine in determining the constitution of compound bodies." We advise our readers to peruse Professor Regnault's interesting work upon crystals, for we feel convinced that they will receive many useful suggestions from it.

THE MEDICAL TIMES.

SATURDAY, JUNE 3, 1848.

CAPTAIN BERKELEY AND THE ASSISTANT-SURGEONS OF THE ROYAL NAVY.

On Friday evening, the 26th of May, the Navy Estimates were brought forward in the House of Commons, when Mr. Hume drew the attention of honourable members to the condition of assistant-surgeons on board ships of war. In doing this he paid a well-merited compliment to the liberal education of those officers, while he condemned the conduct of the Admiralty in degrading gentlemen of mature years and great mental endowments to mess with boy-middies in the gunroom. He also informed the House that, a week ago, there was not a single assistant-surgeon a candidate for a naval appointment. This arose entirely from a neglect of the just claims of these officers, which, for the last five years, had been urged upon the attention of the Government. Since the first application was made for a redress of their grievances the Admiralty had put an assistant-engineer in the same position as the lieutenants—the very situation in which it was said there was no accommodation for a medical man.

These statements brought up Captain Berkeley, who declared that the illustrious board of which he was a member was ready to do everything it possibly could to provide good surgical assistance for the navy; but it would be totally impossible, according to his declaration, if assistant-surgeons were obliged to go into small brigs, to provide them with cabins; and the consequence of admitting them into the wardroom would be to make "these young men shirk an unpleasant duty, as well as require more pay." The *gallant* member further stated, on behalf of himself and those for whom he acted, that the greatest possible injury would result to the service to put "these young men over the heads of the MATES, WHO WERE IN ALL RESPECTS THEIR SUPERIOR OFFICERS."

The naval assistant-surgeons owe a debt of gratitude to Mr. Hume for having on this occasion pleaded their cause before the Commons of England—a duty for which he was peculiarly fitted by his talents and education; and, though the official organ of the Admiralty endeavoured in a very off-hand way to dispose of the subject, it is one which the whole medical profession is bound to agitate till full justice is awarded to a meritorious class of officers.

We should be lacking in our duty as medical journalists if we allowed to pass unrebuked the gratuitous insult offered to our brethren by Captain Berkeley. With a superciliousness very unbecoming he stigmatized them as "*young men*" who, from *inferiority* of birth, talents, and education, were entirely unfitted to be placed "over the heads of the mates." And, pray, who is Captain Berkeley, that he should speak contemptuously of the medical officers of the navy? Johnson informs us that the idea of big and little men occurring to Swift, the composition of the voyages to Brobdignag and Lilliput became a matter of easy accomplishment. The honourable and gallant member for Gloucester seems to have had similar notions to the Dean, and in the captain's gigantic vision the assistant-surgeons of the navy dwindled down into a kind of pigmy creation, like the Lilliputians in the eyes of Gulliver.

If we mistake not, the captain's claims are not quite so aristocratic as his name would lead us to suppose, and it is very probable that nine-tenths of the "young men" doomed to purgatory in that naval Hades called the gunroom are not inferior in blood to the Whig member for Gloucester. Simonides, an ancient Greek writer of elegy, was once requested to celebrate in a triumphal ode the victory of a pair of mules in the chariot races. He hesitated for some time, not considering the animals sufficiently noble to be dignified by the praises of his muse; a large sum, however, being offered, the bard reconsidered the subject, and, looking to the nobility of the mules on one side only, he celebrated their triumph in a beautiful ode commencing thus:—

Χαίρετ' ἀελλοπόδων ζυγατρες ἵππων.

Similarly, it will depend on what side we view the gallant captain's descent, whether he be denominated an aristocrat or a plebeian. Within the walls of that old baronial castle, under the shadow of whose towers the immortal Jenner prosecuted his researches, a peer of modern creation dwells, allied by the closest ties of consanguinity to the Admiralty orator; and the contemned naval surgeons may ask with propriety, how happens it that reproaches on the score of *caste* come from such a quarter?

But Captain Berkeley stated that the mates were in *all* respects superior to the young men—the assistant-surgeons; we will, therefore, examine a little into the truth of this assertion, not wishing at the same time to unjustly depreciate the talents and acquirements of the "mates." The non-medical aspirant for naval honours generally commences his career at sea very early in life, as he becomes eligible for advancement at the age of nineteen. He is compelled to serve at least six years before he can pass his examination for lieutenant, and hence he generally enters his profession at the early age of thirteen. His school education, therefore, is terminated at a period when it is generally considered a boy makes most progress; and on board ship, though there is a naval instructor with a university degree, little attention is paid to other studies than those which are closely connected with naval affairs. These are mathematics, French, and drawing, which he may study for *two years* without much interruption, if he be so disposed. At the expiration of this period the youth is generally rated midshipman, and thenceforth stationed in a watch, in a subdivision of the guns on one of the decks at quarters, and aloft at reefing or furling. At this time, though professedly under school instruction, he experiences in it many interruptions, and an end is put to disciplining the mind with any other knowledge than that which relates to navigation, so far at least as the majority of the youths are concerned.

The young midshipman is now supposed capable of keeping a ship's reckoning, and required to produce an account of the same—called his "day's work"—every day, as soon after noon as possible, setting forth the course and distance run during the last twenty-four hours; the latitude and longitude a ship is in; the bearing by compass, and distance of the nearest land. As the youth grows in years and strength, he becomes mate of the watch, and then he has to heave the log, mark the ship's course, her rate of sailing, and the direction of the wind, and he is required to keep a log. It sometimes happens that the midshipman is rated master's mate before he has served six years, this being at the option of the captain; but the regulations require that he shall serve six entire years at sea, two of which must be in the rating of master's mate or midshipman; and when he can produce certificates of this, and also that he has attained his nineteenth year, he may present himself for examination. This includes questions in seamanship, navigation, and astronomy; and, if the examiners are satisfied, the candidate receives a certificate that he has passed.

Contrast this with the assistant-surgeon's education. He must be a member of one of the royal colleges, and has to undergo a further examination before the director-general of the medical department of the navy. It is also required that he produce proofs of having *received a preliminary classical education*, and that he possess, in particular, a *competent* knowledge of Latin. "A favourable consideration will be given," say the navy regulations, "to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London, or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession—such as medical jurisprudence, natural history, natural philosophy, &c.—appear to be more particularly eligible for admission into the service."

Here, then, are gentlemen—many of whom possess university degrees, all with a liberal education—who are denominated by Captain Berkeley as in every respect inferior to the mates, numbers of whom must be men of inferior education to the surgeons. The Admiralty lord must have lived for nearly half a century with his eyes and ears closely shut, and must have been dreaming of times gone by, when, from the want of medical officers in the navy, the assistant had to learn his profession under the superintendence of the surgeon on board ship. Now, however, the assistant enters upon his duties fully qualified for every emergency, and is entitled to take his station with the first officers in the ship.

We have received a number of letters from gentlemen who feel the insult offered them in the British House of Commons, and we ask, in the language of one of our correspondents, "Will any medical gentleman enter the navy with this morbid hostility of the Government to the profession?" Already there is a lack of candidates, and, unless the Admiralty immediately remove the stigma which it has cast upon the members of the medical profession in its employ, it will have to accept the services of men of inferior education, and to lose many highly qualified practitioners who are at present serving in the medical department of the navy.

We hope that surgeons will be true to themselves, and we shall not then have further insults from Captain Berkeley or any other Government official, but there will be accorded a respect which is due to a highly educated and philanthropic profession.

THE DEPUTATION TO SIR GEORGE GREY.

This interview, which was held on Tuesday last, was most important, and in its results will, we trust, prove most satisfactory. The different colleges and associated bodies were represented at it, with the exception of the College of Physicians; and Sir George Grey showed very evidently by his manner that the case submitted to him was one of the strongest character.

The official report will be published in the different medical journals next week, when we purpose to revert to the present position of the question.

MEDICAL REFORM.

It is understood that the hopes of a parliamentary settlement existing last week have strengthened in the interval, and that it is all but certain that this session will not be allowed to pass without an attempt to carry what is hoped will be a final measure.

ON MEDICAL EDUCATION.

[FROM A CORRESPONDENT.]

"Honos alit artes, omnesque incenduntur ad studia gloriâ; jacentque ea semper quæ apud quosque improbantur."—CICERO *in Tusc. Disp.*

(Continued from page 62.)

To follow the advice of their teachers, and profit by their instructions—to waste not a moment of a time that is so precious—to read and to think—to observe and to reflect, are the grand rules for students to adopt in their studies. If they do so they shall surely reap the benefit of such a practice; and, with the preparatory education which has been laid down, we shall have men of ordinary intellectual capacity becoming sound medical practitioners—"an ornament to their profession and an honour to humanity."

Shall any student of the present day permit it to be said of him that, going forth armed with his broad-sealed diploma, he carries a weapon of whose use he knows nothing? It would be a sad thing to be reproached with having learned hard names only, from so many days' attendance upon lectures; with having acquired a knowledge of *words*, without any familiarity with the *things* they represent; with possessing a claim to the titles of surgeons and physicians after the *lucus a non lucendo* fashion. The celebrated Dean Swift likened literary fops to pretenders of fashion and high rank—"They treat books as the others do lords, learn their titles exactly, and then brag of their acquaintance." How humiliating should it not be to members of our glorious profession to hear it whispered about that their knowledge of diseases and remedies was merely of that extent that they had got by rote the names and treatment of diseases, without the least familiarity with a single characteristic symptom to distinguish one from the other, and they ventured forth into the world "practitioners who had never practised"!

Were it not that I feel a strong and ardent hope that these remarks will be taken in the same kind spirit which prompts their utterance, I should scarcely presume to advance them, without the sanction of a name sufficient to command for them respect and attention. I do not wish to send them forth as the solemn warning of an experienced monitor. The youngest students should know and feel the high importance of their future positions—the dread scenes they shall have to encounter—the awful responsibility with which they shall be invested. The neglect of proper practical education may be the cause of deplorable evils: loss of character and peace of mind to themselves—loss of health, perhaps of life, to those placed under their care. Does the student startle at this assertion? Alas! let us take even a cursory review of all that we have gleaned from our own brief acquaintance with the annals of medicine, and we shall find it sufficent to oblige us to confess the melancholy truth that a deficiency of education in young and old practitioners has more than once had the life of a fellow-creature offered up at its shrine.

It is right—it is but an act of justice—that the public and the Legislature should be forewarned of the possibility of such an occurrence; the responsibility be upon them if they do not exert themselves for its prevention. One year after another but adds to the countless victims of ignorant quackery—swelling the mighty throng that utters, in the echo of myriad voices, its sorrowful warning to all upon whose vitals charlatanism yet flourishes in hydra-headed power and glory.

Evils of this kind—the greatest with which any society could be afflicted—are only to be avoided by enforcing a proper system of early instruction, such as has been advocated. That ample time is indispensable for an accurate observation of disease, and a minute investigation into the practical results of medical science, must necessarily be admitted; for without the powers of reflection and observation, the best education may lie fallow. By the adoption of this system, its secure and acknowledged pre-eminence will dislodge quackery from its stronghold; and, striking at the root of all its evil influences on society, will strengthen in the growth of that wisdom and knowledge which are the pillars of all moral progress, all social happiness, and all human civilization.

A historical review of the progress of medical education might interest the curious, or the antiquarian; but practically, on the present occasion, it would be useless. The principal object of these remarks is to awaken attention to the existing system—to sustain its perfections; to remedy its deficiencies. In endeavouring to accomplish the latter, no sinister motive should influence our actions; we must keep in view the cultivation of mind, and the advancement of knowledge; else it would be wiser for us to abandon our vocations, and betake ourselves to be hewers of wood and drawers of water all our days. For the sake of ourselves—for the sake of the profession—for the sake of humanity,—this is a duty incumbent on us, were it for no wiser purpose than to avoid the evil of misdirected energies. The weeds which choke up medical education have grown rank in the richness of an unjust monopoly; and it is only a mighty and concentrated effort which can effect their complete eradication. Years have passed away in the ceaseless agitation for medical reform; and there seems to be as little prospect as ever of the attainment of its leading principles. This failure shows plainly the necessity of unanimity, and the want of a firm resolve in struggling for an object, so important in its effects on society, as a means towards the end of conferring a mighty benefit on mankind. The subject of medical reform has been, indeed, as much as any other, a *questio vexata*. To discuss its most important features would require a whole volume; but there is one which seems to me entitled to consideration here, intimately connected as it is with our educational system—I mean that of removing the privilege of teaching from such corporate bodies as also grant licences to practise. To any one who will for a moment reflect upon this, it must be needless to assign the reason; for it is only natural to imagine that pupils will, whilst such a junction exists—and for reasons best known to themselves—feel an inkling to attend the lectures of those who are, at the termination of their studies, to detetermine upon their qualifications to possess a diploma. Such a system destroys that spirit of rivalry in private schools which is the surest safeguard of regular and efficient teaching; and leaves to a few corporate bodies a power which renders them careless and inattentive in the confidence of their unjust and incontrovertible privileges.

Nothing but a unanimous and concentrated exertion of the profession can do away with this system. An eminent lecturer truly observes—"From our experience of corporations generally, I consider it hopeless to expect self-reformation; they are actuated by such a spirit of selfishness and monopoly, they will never consent to sacrifice antiquated prejudices and personal interests for the commonweal. The discordant elements which compose the various medical bodies can never, I fear, be made to agree upon any system that will meet the wants of the profession and the public." These words convey a truth which should be at once our warning and our hope.

And until such a system of reform be obtained as will give the student liberty to study where and under whose guidance he pleases,—until the halls of science be made something more than glittering temples for exhibiting the grasping vanity of a few professors; until medical education be raised to its proper position—until a searching practical examination for a diploma be substituted for the fanciful *crux*-es and ingenious theories of individual examiners; until such changes take place in the whole profession as will place it on the high ground whereon it is entitled to stand,—it is vain to look for zeal and industry amongst students—it is idle to find practical research or scientific knowledge in the ranks of the profession—it is utterly useless to hope for a growing improvement in the health and happiness of the community.

Yet it is with a feeling of proud gratification at the opportunity afforded to my humble efforts in these pages that I can say they are but the feeble reflection of the energies of those distinguished men who have heretofore fought the good fight and toiled in the same cause. Their liberal and enlightened minds induced them to shake off, and trample under foot, the antiquated prejudices of ages, and to change the spirit of their profession from that which offered temptations to a selfish, to that which presented opportunities for a generous, ambition. We see around us in our daily walks—we view their labours in these pages—many whose names should be treasured in the hearts of their medical brethren, whose best praise is given in the result of their generous labours to make practitioners by education, and not by purchase, and whose reward is found in their own consciousness of having discharged a sacred and a solemn duty.

Whilst others, basking in the pride of their high station, or muffled in the anodyne mantles of snug professorships, lay sleeping in bold consciousness of their security, *they* were out on the waters, battling against the strong currents of ignorance, prejudice, and quackery. And still they see it needs a continuation of these efforts to achieve a perfect accomplishment of the noble work, and to guard against a relapse into time-strengthened errors :—

> " omnia fatis
> In pejus ruere, ac retro sublapsa referri,
> Non aliter quam qui, adverso vix flumine lembum,
> Remigiis subigit, si brachia forte remisit,
> Atque illum in præceps prono rapit alveus amni."

Let them continue. Perchance there may be nothing of emolument to stimulate them to these additional labours—there may be nothing in its most glowing prospective of manifest advantage to their interests. But surely there is a larger world than WE comprise, the faintest echo of whose misery tells us, that not for ourselves alone were we endowed with life or stamped with the image of our Creator. Whilst we move onward, pursuing these great and glorious purposes, the voice of humanity urges us piteously and imploringly to the godlike work. The sorrows, diseases, and torturing pains of the millions of silent sufferers, whose hushed pangs of agony—" more eloquent for their silence "—speak to our hearts in mercy, are whispering of a power, the possession of which "not only a man, but even an angel might stoop down and enjoy." And in the same emphatic voice they still continue to proclaim, that all mortal hope, centred in this side of the grave, has its anchor fixed in the healing art; and only bows its head in mute resignation to Omnipotence when human skill can no longer ward off the final and inevitable summons.

For the present I have done. I do not set forth my sentiments as those of one worthy to inculcate them by precept or enforce them by example; I claim for them no weight, save for the truths which they contain, and the proofs with which they are combined. This is the utmost extent of my ambition.

GOSSIP OF THE WEEK.

WAR-OFFICE, May 26.—34th Foot: Assist.-Surg. William Smellie Johnstone, M.D., from the 46th Foot, to be Assist.-Surg., vice Fraser, promoted on the Staff. 86th Foot: Assist.-Surg. James Kellie, M.D., from the Staff, to be Assist.-Surg., vice Laing, who exchanges.—Hospital-Staff: Assist.-Surg. Patrick Sinclair Laing, from the 86th Foot, to be Assist.-Surg. to the Forces, vice Kellie, who exchanges.

ITALY.—Dr. Cotta, surgeon of the Hopital de Lodi, has been elected to the chair of clinical surgery in the University of Padua. Dr. Geromini has been named for the chair of clinical medicine vacant in the University of Parma.

CORONER'S INQUEST. — POOR-LAW MEDICAL RELIEF.—Friday the investigation into the cause of the death of Eliza Pollard, an inmate of the infirmary of St. Pancras workhouse, was resumed. It appeared that the deceased had been admitted into the infirmary about five o'clock in the afternoon of the 11th ult.; and had died the next day about the hour of five. She was laid upon a bed; the doctor did not see her until nearly ten o'clock; he did not then order any refreshment. She had some milk and water given her when she was put into bed. She could not speak, but was quite sensible. The husband of the deceased, an optical-glass maker, who has been out of employ for a long time, and has seven children to be maintained, had her removed to the workhouse infirmary for better treatment and nourishment than he could afford. —Mr. Robinson, the workhouse surgeon, said the medical officers had no power to order, but power to recommend, nourishment.—Mr. Thomas Terry, assistant to Mr. Robinson, saw the deceased about ten o'clock on the night of the 11th ult.; she was *in articulo mortis*. He ordered nothing. It was the duty of the nurse of the ward, in case of emergency, to inform the matron of the ward, and the matron to send for the medical man.—Maria Bligh, the head nurse, considered the deceased in a dying state when she was admitted. She did not offer her any beef-tea, eggs, or arrowroot, as she thought she could not swallow.—Mr. Joseph White Johnson, one of the district surgeons of St. Pancras, gave the order for the admission of the deceased; he had no power to give an order for nourishment. The deceased required a good deal of nourishment; he considered that she was labouring under effusion on the brain.—Dr. Quain had made a *post-mortem* examination of the deceased, and found there were congestion of the brain and effusion in the ventricles; they might have been created by debility, anxiety, insufficiency of food, and a variety of other causes.—The coroner having summed up the evidence at considerable length, the jury retired for about twenty minutes, and then returned the following verdict:—"The jury find that the deceased, Eliza Pollard, died a natural death; but they cannot separate without expressing their opinion that the system at the workhouse, in regard to the reception of patients, is generally exceedingly lax, and that in this particular instance there was gross neglect. They recommend that on the order of admission for every patient a statement should be written of the condition of the patient, the disease under which he is labouring, and the treatment he has received. They think it may be desirable that there should be paid competent nurses in the infirmary of the workhouse, and they also strongly recommend that there should be a resident medical man."

TRIAL FOR INFANTICIDE AND CONCEALMENT OF PREGNANCY; IDENTIFICATION OF THE INFANT'S BODY FROM MONSTROSITY.—Elizabeth Laird or Stewart, a widow, the mother of two illegitimate children, and of one younger legitimate child, was charged at the Ayr Circuit Court, April 25, alternatively with child-murder or concealment of pregnancy. It was proved by several witnesses that, prior to the 3rd of February, she had all the appearance of being with child; that a few days after she was seen walking in the village with her size much reduced, and was met on her way to Beith, which is a short distance from Gateside, the village in which her father resides, having on a large cloak, and under it a bundle. Soon after the time when she must have reached Beith, the body of a new-born infant was found within a burying-ground, near the open gate of which she must have passed in her way to a shop where she purchased some necessaries. The whole difficulty in the trial lay in the identificatian of the infant found in the burying-ground in Beith, with that of which Elizabeth Laird plainly had been delivered. She herself, indeed, affirmed in her declaration that she had had a false conception, which came away with much hemorrhage at the time of her supposed delivery. The medical report made by Drs. Paxton and Miller, on the contrary, declares that she had recently given birth to a child. The medical report by the same gentlemen, on the state of the infant found dead in the burying-ground in Beith, declares their belief that the infant had reached maturity; that it had been borne alive, and that it had breathed. The normal appearances indicated are numerous livid marks and abrasions on the surface of the body. On each foot there were six toes, the great toe projecting somewhat like a thumb. In the report no mention is made of the cause of death; but in their examination the two gentlemen who signed it ascribe the child's death to suffocation produced by compression of the windpipe with the fingers, the marks of which on the fore part of the neck they considered to be distinct. The identification rested mainly—1. On the coincidence between the time of the prisoner's visit to Beith with a bundle under her cloak, and that at which the infant found in the burying-ground must have been laid down; 2. On the close resemblance which the coverings of the infant found in the churchyard bore to articles known to have belonged to the house in which the prisoner resided; 3. On the presence in the infant found of a monstrosity in the digital extremities, not exactly coincident with, but parallel to, one prevailing in the prisoner's family. In explanation of this last point, it should be stated that the prisoner's mother has two thumbs on one hand, and a double thumb on the other; and that a brother of the prisoner, now deceased, had a double thumb on both hands: these facts being spoken to by one of the medical witnesses as having fallen within his own knowledge. The infant found in the churchyard had, as noticed above, six toes on each foot. The court held the questions put for the Crown on this point competent questions, whatever might be the value of the answers in evidence. The advocate-depute passed from the capital charge, and the jury accordingly found a verdict of concealment of pregnancy—punishment fifteen months' imprisonment.

We have received the first number of a new work, under the title of "The Ethnological Journal." The want of a periodical specially devoted to that science has been particularly felt since the developments it has received by the labours of Dr. Prichard, Colonel Smith, Dr. Hodgkin, and others. That the duty has fallen on able shoulders Mr. Luke Burke's well-known distinctions in the field of literature sufficiently guarantee, and we heartily wish him the success which on so many accounts both he and his onerous undertaking merit.

THE FRENCH IN ALGERIA.—In a report just published by Dr. Boudin, and presented by him to the Académie de Médecine, he states, that in examining the returns of the mortality, in Algeria the return is—for the city, 36.4 per 1000 inhabitants. This is the most favourable return of all. In the other chief towns the mortality ranges progressively up to 66.2 per 1000 at Blidah; and, finally, the mortality at El Arouch reaches the enormous amount of 141.4 upon 1000 inhabitants. Facts may be stated in the following manner:—The expenses since occupation of the country by the French amount to £46,000,000 sterling, more than 100,000 men killed, and an annual expense of £4,000,000 sterling; no colonization; the Arabs refractory to friendly intercourse; the productions of the soil insufficient for the maintenance of the European population; the year's work reduced to eleven months' through disease; the mortality of the military eight times the amount of civilians of the same age in France; the mortality of the civil European population double that of the same class in France, and everywhere exceeding the number of births; and, finally, an increase of the mortality among Europeans in proportion as they make a longer stay in Algeria.

NOTTINGHAM DISPENSARY.—Mr. Henry Taylor, Wheeler-gate, has been elected honorary surgeon to this institution, in the room of the late Mr. Robert Davison.

ROYAL ASIATIC SOCIETY.—The Royal Asiatic Society held their anniversary meeting on Saturday last, in their new house in Burlington-street, under the presidency of Professor Wilson, in the absence of the Earl of Auckland, who was understood to be prevented from presiding by his official duties. The annual report of the council gave congratulations on their having obtained a larger and more eligible house, and on the prospects of increased efficiency in carrying out the objects of the institution. It was understood that the facilities afforded by the new locality would induce qualified members to give occasional evening lectures on interesting subjects, which had occupied their attention during their residence in the East.

OBITUARY.—On the 23rd ult., at Sandyford, Dr. Marshall, aged 86 years.—On the 21st ult., at Killeshandra, aged 43, James Alexander Finlay, Esq., A.B., F.R.C.S.I., medical attendant of

the Killeshandra Dispensary.—On the 24th ult., aged 71, M. Guersant (père), physician to the Hôpital des Enfans, member of the Académie de Médecine, &c.—Recently, aged 73, Dr. D. Salvador Massy Ribé, of the University of Huesca, author of several treatises on yellow fever and on intermittent fever.—On the 24th ult., at Tunbridge, Kent, where he had discharged the duties of his profession for a period of nearly twenty-five years, William James West, Esq., surgeon, aged 53.—On the 21st ult., at Letham, Cupar-Fife, Dr. Alexander Steven.—On the 16th ult., at Aberdeen, William Mortimer, M.D., late Hon. East India Company's service, Madras Establishment.

MORTALITY TABLE.

For the Week ending Saturday, May 27, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	979	943
SPECIFIED CAUSES...	975	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	286	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	43	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	124	122
Diseases of the Lungs, and of the other Organs of Respiration	85	129
Diseases of the Heart and Blood-vessels.....	28	33
Diseases of the Stomach, Liver, and other organs of Digestion	49	62
Diseases of the Kidneys, &c.	7	10
Childbirth, Diseases of the Uterus, &c	5	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	9	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	32	55
Violence, Privation, Cold, and Intemperance.....	51	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"Querist."—Patients of the Margate Seabathing Infirmary pay weekly from 4s. to 6s.

"John Doe."—The sum cannot be recovered for the medicine, as our correspondent's certificate does not authorize him to practise within ten miles of the city of London.

"A Stanch Friend."—We cannot promise to attend to our correspondent's requests: they involve a troublesome expenditure of time and labour.

"M. D." should have forwarded the manuscript. We cannot promise more at present than to give it a careful examination.

"Mr. Hine."—Yes.

"Delta."—Iodine is soft, opaque, solid, of a bluish-black metallic lustre, making flat crystals. If genuine, it will give an intense blue colour with a solution of starch.

"An Army Surgeon's" request has been attended to.

"An Old Correspondent, Bristol," should write to the Secretary of State for the Home Department.

"Med. Jur."—From our correspondent's statement we can discover no proof that the infant was born alive. The appearances render it possible, but not legally certain.

"P. P."—John Hunter. His researches show that the testes are situated in the abdomen at the seventh, and in the scrotum at the ninth, month.

"Students."—The certificates will not do for the Army Medical Board. The regulations are given in the Students' Number.

"A Constant Reader, Manchester."—Not much value can be attached to the situation of the umbilical opening as a sign of maturity or immaturity.

"Q."—1. We cannot say, different opinions being entertained respecting the manner in which carbonic acid acts on the body. 2. Carbonic acid and oxygen in the proportions stated would prove rapidly fatal.

"Argus."—We cannot believe the statement.

"Henry."—1. The expenses would be at least £100. 2. The laws which regulate the medical profession in the colony are in general those in force in England.

"Emigrant."—British diplomas do not give a right to practise in the United States, but the medical colleges will admit to examination, on the candidate presenting his diploma, or giving satisfactory evidence that he has received a regular medical education.

"Senex."—1. There is no danger of a prosecution. 2. Our correspondent will be received into the new College of General Practitioners, if it should be founded in accordance with the principles already published.

"Spes."—The preparation is inert.

"A.M., M.D."—The communication will be acceptable.

"A Provincial Physician."—A microscope can be obtained at almost any price from £3 to £50.

"Lector."—1. Hippuric acid is found in human urine. 2. Declined.

"Carolus."—We must decline recommending a particular school.

"A Poor-law Surgeon."—The statement should be forwarded without delay to the Poor-law president.

"Mr. Ealing."—The work is out of print; but a copy is in the library of the College of Surgeons.

"A Naval Assistant-Surgeon and M.D."—Our correspondent's resolution of resigning his connexion with the navy is praiseworthy. Five years' penance in the gunroom is enough to dishearten any gentleman of liberal education. If the example be extensively followed, the Admiralty would soon be compelled to do justice to the assistant-surgeons under their authority.

"Chirurgus."—The instrument came safely to hand; but we cannot, at present, give an opinion on its merits.

"Omega."—The offer is declined.

"A Bachelor of Medicine, Oxford."—We cannot answer the question.

"A Laudsman."—The gunroom is situated under the wardroom, and the wardroom under the captain's cabin, which is under the poop. There are tiers of rooms lighted from the stern windows and side ports.

"F. R. C. S."—Spontaneous aneurism of the brachial artery is very rare.

"A Member of the College."—A solution of the nitrate in the proportion mentioned, we should think, would be a suitable application. Our correspondent is not singular in supposing that gonorrhœa in the female is rarely perfectly cured.

"An Edinburgh M.D."—The work is published by Mr. Churchill, Princes-street, Soho.

"A Recent Traveller in Egypt."—We should feel obliged by our correspondent forwarding us his address.

"Ignoramus."—The division of the symphisis pubis, with a view to increase the capacity of the pelvis in cases of impracticable labour, is called the "Sigaultian operation," from a French surgeon named Sigault, who first performed it. It is now never performed.

"Apothecary."—The article is not genuine.

"A Candidate."—The examinations are conducted in Latin or English at the pleasure of the censors.

"A College Member, 1838."—1. A candidate for the fellowship, who has taken the degree of B.A., is not required to produce a certificate of his having acquired a competent knowledge of the Greek, Latin, and French languages, &c. 2. We cannot speak positively of the classical attainments of the examiners. We think, however, that Greek is an "unknown tongue" to most of them.

"T. C. D."—Communication received.

"Taffy"—Our Welsh friend has our best thanks for his communication.

"Anglican."—The Edinburgh College of Surgeons is an ancient and respectable institution. 2. The course of instruction required of candidates for the diploma is stated in our Students' Number.

"Mr. Tilley."—A private communication shall be sent.

"Iota."—Not at present.

"B."—A centigramme is rather more than a grain and a half avoirdupois.

"Cato."—We have received no account of the inquest.

"N. B."—The prescription is not the production of an educated medical practitioner.

"Amicus."—The paper is under consideration.

"Mr. Fred. Danford, Wisbeach."—The chart was confined to subscribers on the roll of our office. The numbers will be forwarded from the office if our correspondent wishes they should.

"Justitia" writes as follows in reference to the oppressed naval surgeons and Captain Berkeley:—"I will, if you will allow me, point out the extreme weakness of Capt. Berkeley's defence. In the first place, he stated it would be impossible to admit assistant-surgeons into the wardroom to mess with lieutenants, as it would interfere with the funds and discipline of the ship. This reason is too fallacious to comment upon. Secondly, he stated their pay as being unequal to meet the expenses of a wardroom mess. Why, certainly Capt. Berkeley ought to be aware, as one of the Lords of the Admiralty, that the assistant-surgeon's pay is only £1. 8s. a month less than the lieutenant, and actually £2. 2s. more than the first lieutenant of marines, who is a wardroom officer. Thirdly, Capt. Berkeley asserted that another objection existed to prevent assistant-surgeons becoming wardroom officers, namely, that mates were their superiors. This is also an error. They are equal in rank, excepting upon the quarter-deck, where, supposing the mate to be in command, the captain of marines must even be obedient to his orders; therefore why, by the same style of argument, should the captain of marines be a ward-room officer?"

"D. D."—We hope shortly to gratify our correspondent.

"An Assistant-Surgeon" says—"In reference to the humiliating treatment which assistant-surgeons receive in her Majesty's naval service, I trust that the answer made by a member of the Board of Admiralty to the demand of Mr. Hume, for privileges for them befitting members of an educated profession, will be gravely considered by all medical men who contemplate the fatal step of entering the naval service. Without any disrespect to the executive branches of the service, I simply contend that the society of youngsters, averaging from twelve to twenty years of age, is not such as a liberal Board of Admiralty would select for a qualified medical man, whose career as an assistant-surgeon probably extends from his 21st to his 30th year. When Captain Berkeley made the statement that we messed with mates, he ingenuously forgot to state that these officers, in the present day, rarely serve a year in that capacity before they obtain their lieutenantship. A reference to the 'Navy List' will inform any person that at this present moment there are not four mates of a year's standing in the whole naval service. His insinuation, that admitting us to the lieutenants' mess would cause us to demand more pay, is without foundation; for our brother assistant-surgeons in the army find the same pay sufficient for more expensive messes than are ever kept in the navy. For the information of those about entering the service, I subjoin a few trials an assistant-surgeon endures in a brig. He messes in a small compartment, averaging six feet by ten feet, in common with from six to eight others. He sleeps in a hammock on the same deck with the men, without any screen between them, the only distinction being that he is further aft, or towards the stern. He is compelled to wash and dress here, exposed to the gaze of all hands. Why not place us on a par with the assistant-surgeons of the Indian navy, and of all other naval services in het world? Let us hope that the present agitation of the English press in our behalf will be listened to by the Government."

"Celsus" asks the following questions:—"1. What is the editor's opinion as to the scientific qualifications of *illustrissimi baroni*, Dr. Justus Liebig? 2. Whether the editor thinks there may be as good a chemist in Great Britain, who might hold his head as high, if he were a foreigner with a hard name, wore a plantation of hair beneath his chin, kept his face dirty, and dealt in that mild form of intellectual insanity inoculated into this country by certain literary humbugs, and called Germanism? 3. What the editor thinks of two of Liebig's most remarkable discoveries, namely, his discovery of the source whence animal caloric is derived; and his discovery of the dreadful malady which swept away the very numerous family of the Murphies in Ireland? 4. Whether, in case the editor agrees with the inquisitor, that the said baron is a very consummate hake, the editor would insert in the *Times* a gentle moxa, in the shape of an anatomical demonstration of a few of the baron's scientific vagaries? 5. Whether the editor will think it worth his while to notice this on next Saturday; or, if not, not? That is all."

"A Subscriber."—1. Yes, for a case of midwifery. 2. No. 3. No.

"Studens, London Hospital."—Latin is not included in the examination at the College of Surgeons for the member's diploma.

"Medicus, Birkenhead, Cheshire."—Communication received.

"A Medallist."—Received.

"Mr. R. B. Newhouse, Herne Bay," says—"I can most cordially agree in every word your truthful correspondent advances in your last week's number, signed 'Mr. Alfred Ebsworth, Bulwell, Notts;' and from experience can fully bear him out in every word he has therein uttered, both as regards the odious 'advice-gratis' system, and perhaps the still more injurious and despicable one of medical men's acceptance of contracts of poor-law unions and clubs at prices which do not even pay the amount of genuine drugs where consumed!!! Would that we had a few more such right-minded and honourable men in the profession as your correspondent has shown himself to be! We should not then have our feelings so constantly jarred, and our pockets as frequently filched, by these pseudo-medical men."

"Caustic."—A small portion of copper in the argenti nitras does not affect its virtues as an escharotic. When copper is present, the salt has generally a greenish appearance from the presence of subnitrate, or is blackish, on account of the oxide of copper.

Letters and communications have also been received from Querist; John Doe; A Stanch Friend; M. D.; Mr. Hine; Delta; An Army Surgeon; An Old Correspondent, Bristol; Med. Jur.; P. P.; Studens; A Constant Reader, Manchester; Q.; Argus; Henry; Emigrant; Senex; Spes; A. M., M. D.; A Provincial Physician; Lector; Carolus; A Poor-law Surgeon; Mr. Ealing; A Naval Assistant-Surgeon and M.D.; Chirurgus; Omega; A Bachelor of Medicine, Oxford; A Landsman; F. R. C. S.; A Member of the College; An Edinburgh M.D.; A Recent Traveller in Eypt; Ignoramus; Apothecary; A Candidate; A College Member, 1838; T. C. D.; Taffy; Anglican; Mr. Tilley; Iota; B.; Cato; N. B.; Amicus; Mr. Fred. Danford, Wisbeach; Justitia; D. D.; An Assistant-Surgeon; Celsus; A Subscriber; Studens, London Hospital; Medicus, Birkenhead, Cheshire; A Medallist; Mr. R. B. Newbouse, Herne Bay; Dr. Leslie; Mr. Ware, Southampton; Dr. Davis, Manorhamilton; Mr. Whitehead, Manchester; Mr. Ross, Cambusmore, &c. &c.

No. 454. **SUMMARY.** June 10.

ORIGINAL LECTURES—
Clinical Observations on some of the more frequent Diseases of Children, by W. HUGHES WILLSHIRE, Esq. 81

ORIGINAL CONTRIBUTIONS—
Some Remarks on the Treatment of Gunshot and other Wounds of the Thorax and Extremities, by Dr. KNOX 82
A Report of the Causes, Character, and Treatment of Spasmodic Cholera as it appeared in her Majesty's 86th Regiment, at Kurrachee, in June, 1846; by ALEXANDER THOM, Esq., Surgeon of the Regiment; communicated to the Medical Times by the Army Medical Board 84
Cumberland Infirmary, Carlisle, communicated by E. THOMAS, Esq. 86
Dislocations reduced under the Influence of Chloroform, communicated by W. PRITCHARD, Esq. 87
Case in which a large Dose of Camphor was taken by Mistake, communicated by ALEXANDER STOKES, Esq. 88
Case of Compound Fracture of the Leg complicated with other Injuries, communicated by THOMAS HUNT, Esq. 88
Singular Case of Gunshot Wound, with Autopsy, by J. DEANE, Esq. 88

PROGRESS OF MEDICAL SCIENCE—
Academy of Sciences; Meeting of May 29 89
Apparent Death; Premature Interments—Competition for a Prize 89
Treatment of Eczema 89

MISCELLANEA 89
Royal Medical and Chirurgical Society 90

LEADERS—
The City Opposition to Sanitary Reform 91
Poor-law Medical Convention—Deputation to Sir G. Grey 92
Remarks on the Deodorizing Fluids of Sir William Burnett, Mr. Ledoyen, and Mr. Ellerman—Discussion in the House of Commons respecting such Fluids 93
Nulli Secundus Club 94
State of the Medical Profession 95
Loss and Gain of Medical Practice 95
The National Vaccine Institution 95
GOSSIP OF THE WEEK 95
MORTALITY TABLE 96
TO CORRESPONDENTS 96

ORIGINAL LECTURES.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S., Physician to the Royal Infirmary for Children, &c.

(Continued from page 38.)

Gentlemen,—In my last lecture I thought proper to expose to you the position in which certain portions of the pathology of fever at the present moment stand. In doing so we found that, as yet, there exists so much difficulty and doubt about the matter that any direct application of the therioes there involved to the explanation of the form of fever we have yet to consider as occurring in early life would for the present be better left alone. In this consideration, however, I must employ the terms of *typhoid fever;* but I think that, if I attach no hypothetical meaning to them, I shall not be in much danger of leading you astray. By these terms, then, I mean nothing more than fever of a continuous type, characterized by symptoms of great vital depression, by signs of considerable prostration of the bodily energies of the child.

You are now well aware that in young children fever is of a remittent type, but that, as age advances, the tendency to lose this remittency, and for the febrile phenomena to become continuous, is observed, and this just in a ratio with the progression of the age. When the child has attained about nine years of age, the disposition for fever to break out at once in a continued form is considerable; and from twelve to fifteen the existence of such a continued fever of a typhoid type is very frequently seen. At the ages I have mentioned it is not necessary, however, that a continuous fever should necessarily be of a typhoid form—far from it. Fever of a continuous character is, then, frequent, but which more nearly approaches the so-called "mild inflammatory," mucous and gastric fevers of adult life. But such phases of the continuous fevers of elder children only represent the remittent ones of earlier age, combined, as the case may be, with complications common to either. In the former, as age has advanced, the disposition for simple ordinary idiopathic fever to take on the remittent character has gradually disappeared, and has become endowed with a tendency to a continuousness of action. In younger children, too, we know that, although the fever at first assumes the former character, it may in its progress lose much of its remittency, and assume a more continuous and, at the same time, adynamic or typhoid form. In these cases it is true that it is easy to trace the mutation of the one type into the other, although it will occasionally happen, with respect to children of from eight to ten years old, whom you first see only in the typhoid condition, that you may be in some doubt as to what has been the original character of the febrile disorder. From this has arisen the circumstance that cases of typhus and typhoid fever have been described as occurring at an earlier age than usual, which, in reality, were not so, but examples of remittent fever merging into one of the shades of the typhoid fever I am about to speak of.

I must impress upon you that between many of these different forms of fever there is not seen always and everywhere a perfect line of demarcation. There is no great gap placed between them by Nature herself, as if to give an air of perfect truth to the artificial arrangements of medicine, or an aspect of reality to the nosological classifications of disease. "In life," says Neumann, "everything is in relation and connection; in theory we view all as independent and free." (a)

It is this which makes it so incumbent upon you to study the character of disease at the bedside of the sick, and not to rest too well satisfied with the descriptions and definitions you read of in books or hear in the lecture theatre. The principles of our art, of course, are not so sure as they may sometimes appear to you from the systematic and dogmatic methods we are forced to bestow upon our instructions; but we cannot help giving them this phase, as it is absolutely necessary for the synthetical development of the subject. Hence the great value of clinical investigation, even at a very early period of your educational career.

But still there is a phase of the continued fever of elder children which is at its onset marked by such broad and determinate characters as to entitle it to seperate consideration. This is what I shall describe as typhoid fever—a fever not common below eight or nine years of age, but common from twelve to fourteen.

I shall suppose you called to see a patient about thirteen years old; you find him in bed; you are told by the mother that for some days he has been complaining of great lassitude, pain of the head, loss of appetite, and increased thirst. On the morning before, his mother attempting to get him up, he refused to rise; that he lay in bed complaining greatly of headache, often coughing and asking only for drink. You now find him on his side, half dozing, not inclined to move or attend much to your inquiries. He especially avoids the light on raising himself up in bed, or if he moves and looks up at you he quickly falls back again, buries his head in the pillow, and lies as before, careless of all around. You observe that the tongue is coated with a thick yellowish-brown mucoid fur, clammy rather, but you will think inclined soon to become dry. The skin is hot; the lips dry, rather red, and there is some cough. He complains of his head, and of his belly when you press upon it. The bowels are described to be rather loose, and there is tendency to vomit. If you inquire as to the existence of remissions or paroxysmal exacerbations, the mother may, perhaps, tell you he is rather worse towards night, but she will generally reply, "He lays like this all day, Sir."

The next day or the day after you will find most of these symptoms in a more exaggerated form. The fur upon the tongue is less mucoid; the tongue is getting darker and drier; the lips less moist, and more cracked. The bowels are very frequently acted upon; there is vomiting; the cough is much more troublesome, and the patient is said to have moaned much, or wandered or talked nonsense in the night. There is great prostration of strength; he lies in bed regardless of everything; the legs are placed straight down now, instead of the knees being drawn upwards towards the chin.

Thus he may remain for a day or so longer. In this interval, however, important complications may sometimes be seen; epistaxis may come on, hemoptysis, even pneumonia, greatly increased diarrhœa, or enteritic inflammation; or no such occurrences may happen, but gradually the other symptoms will decline, the disorder diminish in intensity, the child by degrees getting well.

But frequently another stage is passed through. You find the headache disappear, but the patient all at once seems to have become remarkably emaciated, and lays more heavy and notices less than before, and now nearly flat upon his back. There is some amount of stupor; you must push him or pull him to arouse him when he just opens his eyes, and perhaps, if urged to do so, puts out his tongue and then falls to sleep again. You find the tongue hard, dry, and very dark towards its base; the lips are thin, dry, and scabbed; the teeth have dark sordes at their gingival extremities; the skin is dry and harsh; the patient is deaf; and the dejections frequent, watery, and, perhaps passed, as is the urine, without consciousness.

The patient may thus continue for a day or two, now and then showing a slight improvement; or, on the other hand, pneumonia of a very insidious form may carry him off, or he may pass into a state of coma, sores form upon the sacrum or hips, and die in a short time.

But this, fortunately, is not, so far as my experience goes, usually the case; on the contrary, before these latter and like untoward events make their appearance, the disposition for the fever to abate is manifested by a gradual but certain amendment of the signs. The stupor disappears, the countenance assumes more expression, the patient becomes observing, and the sense of audition returns. The bowels are less relaxed, the tongue moister, the skin becomes less dry and harsh, and the patient is able to turn over whilst in bed. Soon is observed very great amelioration of the cough, and the tongue now presents a far more natural appearance; the patient speaks, will ask for some ale, perhaps, and his face has its natural aspect. Return now to health is often rapid in the extreme; muscular strength is renewed remarkably; the appetite becomes great, and, in fine, the patient recovers so quickly that his rapid convalescence

(a) "Im leben ist alles zusammenhang und verbindung, in der theorie wird alles selbständig und isolirt angesehen." ("Krankheiten des Gehirns.")

forms not by any means the least interesting feature in the case.

In other instances, although recovery ensues, the progress towards it is by no means so quick or free from unpleasant contingencies as I have just represented. The change from the severe symptoms of the third stage is but very gradual and slow indeed, and the patient seems to *hover* between the two events, which gives rise to much apprehension. At this time, however, just when we think the fever has really "turned" and favourably, the patient, in the extreme of emaciation, has a series of abscesses break out in different parts of the body, and in a few days more time is thrown back with suppurations and discharging sores, accompanied with much irritative and symptomatic fever. I have been often vexed with this disagreeable interlude to a case of typhoid fever. Sometimes a large abscess will occur under the scalp, or the glands in the groin, or neck, or armpit will inflame and suppurate, or there will be collections of pus in other parts of the body. I remember a little girl, of between thirteen and fourteen years of age, whose recovery was thus retarded for four or five months; and often during this period I thought she would not have survived under the discharge and the irritative fever. She got better, however, but arose from her bed a mere wreck. Sometimes, in the course of rather a mild form of the fever, collections of matter will form, and the patient soon get well from that time. But here they are but few and slight, and they seem to be *critical*. After these abscesses are entirely recovered from, the patient may be left with otorrhœa, and after that with permanent deafness.

Before concluding what I have to say on the symptomatology of the fever we are discussing, there are one or two points I must just touch upon. The first is with respect to the *eruption*, which is described by some of the French pathologists as being "almost constant in the child, especially frequent on the back or on the limbs; whilst, if searched for on the chest or on the abdomen, we may often fail to recognise its existence" (Fabre). This does not answer to my experience, as I generally fail to observe it anywhere. Now and then my attention is directed to small punctations, apparently an eruption, on the arms; but whether these answer to the "*tâches roses lenticulaires*" of the French pathologists I have considerable misgivings. But you must recollect I have had no experience whatever amongst children in regard to the maculated fever of Ireland, Scotland, and occasionally of this country. I refer simply to the common typhoid fever, as I see it frequently amongst children here.

The next symptom I may notice, and which I should say, from my own experience, is *frequently* present, is what the French call *gargouillement*—a sort of gurgling sound heard when the ear is applied over the right iliac fossa. This sound is caused by the movements of gases and fluid within the intestinal canal. Now, there are many who place great stress upon this sign, and consider it as diagnostic of typhoid fever. They maintain that it is unfrequent in disorders of the intestinal canal, unless the accompanying fever is of a typhoid character. Rilliet says, "One of the most unfrequent symptoms of entero-colitis is gargouillement—a phenomenon so common in typhoid fever that, in the child at least, it will put us on the road to correct diagnosis when we are in doubts as to the latter." Barthez and Rilliet have observed it in one-half of the cases of fever which have come before them. I doubt not this, but I much doubt its value as a differential or essential characteristic of the malady, and believe that it may be much oftener heard in other affections than the continental observers admit it to be.

Other observers have considered the catarrh and the bronchitis—undoubtedly very frequent complications of the fever—as almost necessary to its existence. Fabre asserts that a respiratory affection is wanting only in the most simple cases; M. Taupin, that out of 121 cases, it was absent but four times; and M. Barrier, that in three cases only out of twenty-four did he fail to observe it.

More or less importance has been attached to *parotidea* by different observers, but the more eminent of the continental authorities agree in believing that, whilst it is uncommon in adults, it is still more so in children. In more than 100 cases observed by Rilliet and Barthez it was seen but once—in a boy nine years old, and who died on the twentieth day. M. Guersant remarks, "It has been asserted erroneously, in my opinion, that *parotidæa*, when it occurs, is the *cause* of the gravity of the disease, it being far more rational to conclude that it is the *result* of the gravity of the affection." I have not seen *parotitis* as an intercurrent affection of the typhoid fever I am now speaking of.

With respect to the usual duration of the malady, I may remark that it varies much according to the severity of the affection, and also as to whether we include in it any portion of the earlier stages of recovery. Of course recovery from a disease cannot be the disease; but yet it is very difficult at first to mark the slight and gradual variations from the one into the other. In a mild case the fever may be said to last about fifteen days; in a bad one, with complications, thirty. After the former, too, restitution to health and vigour may be most rapid, whilst in the latter sometimes two or three months are necessary before such events can take place. With respect to liability of the sexes I may remark that—

M. Taupin states that out of 121 cases, 86 were boys, and 35 girls; Rilliet and Barthez, out of 111 cases, note 80 boys, and 31 girls. M. Taupin attributes the difference, to the girls of the lower classes being better taken care of than the boys are by their parents. The consequence is that their diseases are less severe, and they are not so often brought to hospitals as the boys are. But this is scarcely sufficient to account for the great difference we find to exist, at any rate in the proportion of the sexes attacked by the *fièvre typhoide* of the Continent. In the Fifth Report of the Registrar-General I find that 821 males are said to have died of *typhus*, under fifteen years of age, in twenty-four town districts; and that 853 females did so. Here the females have the higher ratio; but, inasmuch as no less than 39 females and 46 males are said to have died in the first year of life from *typhus*, no dependence I fear can be placed as to the real nature of the malady of which many of the so-called typhus cases actually were constituted. Even the French writers, who admit of the occurrence of their *fièvre typhoide* at an early age, do so in such reserved language as the following:—"All periods of childhood are not equally liable to typhoid fever: it is extremely rare in the first year; still rare, but gradually becoming less so, up to the eighth or ninth year; but frequent enough above that age." (Fabre, "Biblioth. Méd. Prac.") "Do there exist in the history of our science, cases of typhoid occurring in children below two years of age?" (Rilliet and Barthez.) Rilliet afterwards notes a satisfactory case of his own, in a child of seven months old; and a few others are recorded by M. Charcelay, as observed *chez des nouveaux nés*.

Of course we cannot come to anything truly satisfactory upon many of these points, because of the confusion in which the pathology of *typhus* and *typhoid* fever as yet remain. I cannot better illustrate this fact than by quoting to you the reply of the Dublin writer I before mentioned to M. Rouchoux's arguments:—"The reason why typhoid fever is said never to occur in children is, that the French pathologist is apt to deny the existence of the disease, unless he has an opportunity of seeing the diseased bowels, which—as children, comparatively speaking, seldom die of fever—he has but little opportunity of doing. The objection is completely reversed by the fact, that cases are on record in which the rose-coloured spots of fever were visible, even at birth. On the other hand, the true typhus of Ireland is equally rare among children with the typhoid fever of France, and equally uncommon among aged persons; since, of 11,209 cases admitted into the Belfast Hospital, 301 only were under six years of age, and 171 only were over sixty."—(*Resumé* of Dublin writer, in Second Report of Dr. Ranking.)

ORIGINAL CONTRIBUTIONS.

SOME REMARKS ON THE TREATMENT OF GUNSHOT AND OTHER WOUNDS OF THE THORAX AND EXTREMITIES.

By Dr. KNOX.

(Concluded from p. 505, vol. xvii.)

At the close of my last communication I was describing the variety of treatment of gunshot and other wounds, according to the temper and the knowledge of the surgeon. I had commenced describing a case of gunshot of the hand and forearm in a young healthy soldier. The surgeon who first saw him ordered a bottle of wine, and sent for his amputating instruments. The next who arrived bled him, to the best of my recollection to a great extent, and proceeded to amputation without any delay. This man recovered, *minus* his hand and forearm; that he did so will, no doubt, surprise many of my readers. To have proposed applying cold water with a view to the saving the limb altogether would have appeared to both these gentlemen as an insane proposal; and yet I have no doubt that the arm might thus have been saved. Many civil surgeons, I have been told, such as the late Mr. Liston, employed cold water as an evaporating lotion, with or without any admixture, extensively. Still I have my doubts, inasmuch as I have not observed them to be used in any instance within my own knowledge. What I have seen used appeared to me merely partial fomentations of a liquid which was at first, no doubt, cold, but soon became tepid, and then of a temperature *agreeable* to the *feelings* of the patient. Now, this is not what I understand by the evaporating cold water, or cold water and spirit, treatment of gunshot and other wounds. Such fomentations merely hasten suppuration, and a separation of the sloughs when such exist. They retard no inflammatory process, they extinguish none; they bear no resemblance whatever to the treatment by cold evaporating lotions, maintained at a degree of temperature not exceeding 50° F. (but lower if possible), and uninterruptedly continued until all inflammatory appearances have disappeared, or their advent suspected.

Case.—An aged and poor man, who lived by driving coals to market, fell, in very severe weather, and bruised seriously the middle finger of his right hand. As he continued to work, the inflammation daily gained ground, until it at last involved the whole hand, spreading up the forearm to about the middle. A surgeon was then sent for, who sent a student-assistant to see what was the matter, and he took with him other students, who happened at the time to be my assistants.

On examining the hand and arm they all agreed that an amputation must be performed to save life. The finger was black nearly to the highest joint; the hand swollen, and partially filled with deep-seated matter; the forearm inflamed on the surface to within three inches of the elbow-joint, and vesicles had appeared on the wrist—a sure indication, as my young friends thought, that mortification had come on, and that nothing but immediate amputation could save the life of their patient. These gentlemen then waited on me immediately, observing to me, whilst narrating the case and dwelling on its dangerous symptoms, that they had frequently consulted me before in respect of the propriety of performing or delaying amputations; but this was not the question here: of the necessity for amputation, according to their view, there could not be a doubt. My opinion was to be taken merely as to the selection of the proper point—

above or below the elbow was, in fact, the question.

As I had often been the means of saving limbs before, I had my doubts also here, even before seeing the case. These doubts were confirmed on my first visit, made of course without delay. I had the good fortune to point out to my young friends that this was not a case for amputation above or below the elbow, but merely of the middle finger, which ultimately would be partly or wholly lost; that the inflammation extending up the arm was of a healthy character, and the vesicle a result of that inflammation, but quite unlike those vesicles indicative of the approach and progress of mortification; and that, by the steady application of evaporating lotions—the cold-water system, in fact, which they had often seen me use—the case would do well; all depending, however, on the care and intelligence of his attendant. This attendant was the poor man's wife, an intelligent, active, and steady woman. As deep snow covered the ground, it was easy to command iced water night and day. The arm was wrapped up in a wet towel, and directed to be kept constantly wet night and day—until, in fact, we returned. Our next visit was that evening; again on the morning following. A small opening allowed some matter to escape from the back of the hand. In about forty-eight hours the inflammation had all but subsided. The middle finger was then removed at the metacarpal joint, and he soon completely recovered his former health and strength. Many years afterwards did I occasionally see the old man following his usual occupation; and in his pleasant look of recognition and gratitude for saving his arm—and life, no doubt—I have imagined I could find a kind of set-off against the deep regrets of ever having followed the medical profession.

Case.—An infant about one year and a half old, a clergyman's daughter, put its little hand under an open window; it fell and all but amputated the last joint of the middle finger: the joint hung, in fact, to the rest of the finger merely by the integuments of the palmar side. An apothecary was called in, who proposed cutting it off. The mother, on hearing this, sent for me. Taking into account the child's age, it occurred to me that reunion of the divided parts might at least be attempted; and so, with a little adhesive plaster and splint, the all but detached joint was secured to the other. The parent was directed to keep the finger constantly wet with a lotion of spirits and water. About six months afterwards I could not make out the injured finger from the others, so perfect had been the recovery. It were well, I think, for the public generally, if we had more surgeons and fewer apothecaries.

Case.—The driver of a four-horse coach, a stout, active man, but of a somewhat unsound constitution, injured the nail-joint of the middle finger of the left hand severely; it had been jammed in between two heavy boxes, and when seen by me and an apothecary, who was first called in, was extensively inflamed. Matter was evidently collecting in deep situations in the finger and in the palm of the hand; the distal joint was black and insensible quite to the joint. My friend, the apothecary, proposed cutting off the finger; to this I objected, as being the finger supporting an important rein. If we took it off he must cease his employment for the future, at least in all probability. Cold lotions were used night and day; the abscesses as they appeared in succession were laid open, and the case terminated successfully. What I removed was the nail-joint, which was dead, and a portion of the middle joint, leaving the greater part of that joint to carry the rein. He continued his usual occupation for some years afterwards.

The treatment of wounds, bruises, and injuries, and of inflammations consequent to, or dependent on, disease, by cold evaporating lotions has never, in my opinion, been fully understood by a large body of the profession. It is for this reason that I mention the two following cases, to show the variety of circumstances under which cold evaporating lotions may be used advantageously.

Case.—A Dutch farmer had long been afflicted with an extensive necrosis of the tibia, accompanied with frequent attacks of inflammation, and the discharge of small sequestra. At one of these times, when the whole limb was violently inflamed and swollen, he applied to me for some relief. I recommended the steady use of cold evaporating lotions (dilute goulard) for at least twenty-four hours; the attack passed off in a very short time, without any suffering and with scarcely any discharge of pus.

Case.—A French soldier received a gunshot wound of the right thigh, at the battle of Waterloo, fracturing and splintering the bone extensively. Successive abscesses formed, preceded by intense inflammation. At various times along with the matter there came from the wounds portions of his clothes, and two musket-balls. Still the formation of abscesses proceeded; secondary sequestra were forming, and ultimately would require being removed. In December (six months after the receipt of the wound), whilst making my evening visit, I found this poor soldier again suffering from intense inflammation of the thigh; the heat was burning and extreme. I directed iced water to be constantly applied to the limb as an evaporating lotion. In the morning the inflammation was greatly reduced, and he informed me that the acid water had acted like a charm, removing all pain, heat, and fever. The discharge of pus which followed this accession was not a twentieth part of what it used to be after similar attacks.

Scarcely any inflammation will resist the constant application of iced water. I tested this in a very troublesome case which occurred at Dunbar, along with an esteemed friend, the late Mr. Turnbull. The limb was saved easily under circumstances in which I have seen limbs and lives lost in greater numbers than I should like to speak of. I remember a period in surgery when limbs were not thought much of; an improved and more cautious surgery has, no doubt, diminished the desire to amputate.

In erysipelous attacks about the face and head I have found spirituous evaporating lotions extremely useful; but they are not, in so far as my experience goes, so efficacious as in other forms of inflammatory attacks.

The continued application for any great length of time of cold lotions to the chest I have always thought to be a doubtful practice—hazardous, or even dangerous. The deep organs seem to sympathize rapidly with the skin. An officer informed me that, sleeping one night in a camp-bed having brass posts supporting the cushions, he sought relief to the heat of his hand by grasping the cold brass bedpost, and, after doing so for some time, he thoughtlessly placed the cold hand over the region of the heart of his wife, who was fast asleep. In a few minutes she awoke in frightful hysterics, terminating in convulsions, which greatly alarmed him. She ultimately recovered, but it was a considerable time before her mind could be tranquillized.

Those wounded by gunshot, sabre thrusts, or other dangerous sharp instruments, are not always alarmed, but most generally; if it be a wound of the chest or abdomen, the expression of alarm is considerable. Much will depend on the constitution of the individual; much also on the nature of the wound. A penetrating wound of the chest generally produces alarm and anxiety.

Case.—The troops protecting the eastern frontier of the colony of the Cape from the inroads of the warlike Caffre tribes were stationed, as I have already explained, at posts or near farmhouses, along the banks of the Great Fish River, often at considerable distances from each other. A company of the 38th Regiment of Foot occupied the post of Roodewall, near the Bosch Bergen. One of the company, a healthy young soldier, was employed as butcher to the detachment. Whilst engaged one morning in skinning a sheep, just slaughtered for the rations of the detachment, he was imprudent enough to attempt this with the knife in his right hand, the point being turned towards his own breast. As he proceeded with the operation of removing the skin from the sheep, the fingers of that hand lost their hold, and he plunged the knife with considerable violence into the right side of the chest, between the third and fourth ribs, and at a short distance from the sternum. The men near brought him immediately to my quarters, which were close at hand. He was pale, ghastly, and gasped for breath; but he became easier on my speaking to him, and assuring him that there was really no great danger. Nevertheless, I doubted this myself, but it is always good to quiet alarm, particularly when the respiratory organs are concerned.

On examining into what had happened, I found a triangular-shaped opening into the chest on the right side, into which I could easily pass a finger. It remained open under all circumstances, and presented simply an opening into a deep and dark cavity, for nothing of the lungs or of any other part could be seen. The knife then had penetrated, and the lungs had altogether escaped. This at least was my first view of the case. No movements could be perceived on that side of the chest. In the meantime his difficulty of breathing continued, or rather increased, with a purplish colouring of the face, slightly expanded nostrils, and an expression of alarm. No time, therefore, was lost in determining on the treatment. Of the propriety of stitching the wound at that moment I had my doubts; simple adhesive plaster was therefore employed to close the wound as effectually as possible; to shut out all access of air to the cavity of the chest by the wound, and to place the parts as much as possible in contact. Still the breathing was not so much improved as I expected. He walked to his barrack-room, where I visited him at half-past eight; again at nine, when, finding the breathing still difficult, I applied a roller firmly round the chest, precisely as in a case of fractured ribs. After this his breathing became quite easy; the darkness in the features gradually disappeared; the action of the nostrils became less anxious, and I perceived by his voice that for the time all danger had ceased. Of the progress of the case I need only mention that next day and towards the afternoon the orderly in attendance brought me word that the difficulty of breathing had somewhat returned. On visiting my patient I found matters as reported, but I also observed that the bandage had become loose, and, in fact, was not acting as a bandage, properly speaking. Desirous of testing the accuracy of the view I had taken of such cases, or at least of some of them, I pointed out to my patient that the bandage did not seem to be of benefit to him, and had better be removed for a short time. Now, just in proportion as this was done, did the breathing become more and more difficult, when, aware that I was not justified in delaying its readjustment, I reapplied it very carefully, and as at first. The results were most beneficial to the patient, restoring his freedom of breathing, his comfort, and feeling of security. I next day repeated the same experiment, and with the same result. From this period nothing remarkable occurred; the wound closed perfectly, and he returned to his duty apparently uninjured by the accident.

The conclusion I venture to draw from the case, compared with others related to me, and with experiments on living animals which I have occasionally, though rarely, witnessed, is, that in certain cases of penetrating wounds of the thorax, the difficulty of breathing does not arise so much from the circumstances of the lung being collapsed, and the thorax opened on one side; but from the injury done the intercostal muscles, the laceration of their fibres, and the instinctive dread of pain the patient has in employing the injured organs—similar, in fact, to what happens in pleurodyne and in fractured ribs. It is the fear of using the injured intercostal muscles; the instinctive dread of pain; the patient *dare* not breathe; hence the anxiety, and the filling of the vessels of the face with venous blood, the expansion of the nostrils, &c. But so soon as, by the application of a bandage,

the patient requires no longer to use the intercostal muscles, all difficulty in the breathing ceases; and, should the case be a simple penetrating wound, a recovery may be calculated on.

Though not immediately connected with cases of wound, I shall take the liberty of calling the attention of my professional brethren to a circumstance sufficiently curious, in respect of the movements of the nostrils.

Case.—It not unfrequently happens to pathologists to observe, in anatomical rooms, a closure, sometimes complete, of the *posterior nostrils;* this closure I have twice seen complete, thus shutting out all communication between the cavities of the nostrils and the pharynx. But of the history of the persons, the inconveniences arising out of such a mal-arrangement of structures, nothing was known to me. A case, however, at last presented itself; it occurred in a gentleman about thirty years of age, who had suffered from constitutional disease, and I believe from an injudicious use of mercury. He consulted me for a continual discharge from both nostrils of a thin watery fluid like tears, extremely unpleasant, and requiring an almost constant attention; also slightly excoriating the upper lip, immediately below the nostrils. On examining the mouth and throat I perceived that the palate adhered throughout to the posterior wall of the pharynx, nor could any opening be detected in it. I afterwards lost sight of the case, business removing me from the locality; but it occurred to me that it was one admitting of relief and a surgical operation. One circumstance particularly attracted my attention: *the movements of the nostrils in connection with the respiratory organs had ceased.*

To return. Some persons show little alarm even when wounded with gunshot. I remarked this particularly amongst a tribe of Caffre women and children, who were fired on accidentally by the Dutch boors, in the woods of the Buffalo River, in Caffraria. A considerable number were severely wounded, but they showed little or no alarm. Captain Githin had a horse killed under him within a foot of me; he was not in the slightest degree moved, but merely remarked, on getting clear of the falling horse, that the shot just fired had caused him a loss of ten pounds. There are persons constitutionally without all fear in the midst of the hottest fire and greatest dangers. My friend Captain Githin was one of these persons; but he had seen much, having been the first to place the British colours on the walls of St. Sebastian: he led the forlorn hope. I never observed him in the least moved, though just escaped from appalling dangers. The late Major Fraser, of the Cape, had the same firm temperament.

Case.—The last case of gunshot wound of the chest to which I shall allude shows how puzzling such wounds sometimes are to the surgeon during the life of the patient, and that occasionally the whole nature of the case is not revealed even by an examination after death.

A French soldier of infantry, if I rightly remember, was wounded in the chest in the affair at Waterloo, and brought with the wounded into Brussels, where I first saw him in the Gensdarmerie Hospital. As I take a different view of the case from the distinguished surgeon who has lately favoured the public with the result of his great experience in gunshot and other wounds, through the pages of the *Medical Times*, I shall first give the case as he has stated it, adding thereto my own observations.

"Case.—A French soldier was admitted into the Gensdarmerie Hospital, at Brussels, in consequence of a wound from a musket-ball, at the battle of Waterloo, which entered behind between the eighth and ninth ribs, near the spine, and lodged internally. After many severe symptoms and much suffering, he died on the 1st of December, worn out by the discharge, which often amounted to a pint a day, and for the free exit of which the external wound had been early enlarged. On examination, the lung was slightly ulcerated on its surface, opposite to where the ball had entered, and a little matter contained in a sac formed between it and the wall of the chest. That the ball had gone on was proved by the fact of there being an opening in the tendinous part of the diaphragm, through which a portion of the stomach had passed into the chest, and from which it was easily withdrawn. The ball could not be found in the abdomen; in all probability, it had passed into the intestine, and had been discharged per anum, as has happened in other instances."

Of this case I feel obligated to take an entirely different view: the case was, so far as I can remember, attended to for at least a part of the time by my most esteemed friend Dr. Hall, whose view of the case I shall also endeavour to state from memory.

This French soldier, as he himself narrated to me, was wounded in a *melée* near the gate of Hougomont, looking towards our line, but whether by a musket-ball or bayonet he could not say. As he described the scene to me it was a complete *melée*, the French attempting to take the gate at the point of the bayonet whilst opposed to the fire of our line, besides being hotly engaged with those within the garden of Hougomont. The nature of the wound is accurately described in the above case, but the *post-mortem* appearances showed not the slightest indication of the musket ball having found its way into the abdomen; my friend Dr. Hall offered, at the time, the ingenious conjecture that the ball had, after passing through the diaphragm, entered the cardiac end of the stomach, and so been discharged by stool. But dissection showed not the slightest appearance favourable to this most ingenious conjecture. There remains no doubt on my mind that it was simply a case of bayonet wound; the fistula which resulted might possibly have been cured by making a depending opening at its lower extremity.

A REPORT ON THE CAUSES, CHARACTER, AND TREATMENT OF SPASMODIC CHOLERA AS IT OCCURRED IN HER MAJESTY'S 86th REGIMENT, AT KURRACHEE, IN JUNE, 1846.

By ALEXANDER THOM, Esq.,
Surgeon of the Regiment.

Communicated to the *Medical Times* from the Army Medical Board.

(Continued from p. 69.)

"Cold perspiration" was a constant concomitant, and very often so copiously as even to exceed the quantities of fluid poured out by the mucous membrane of the intestines. In many cases the patients' clothes and beds were wringing wet, as if the whole had been lifted out of a river. The feeble action of the heart and arteries propelled the blood to the extreme vessels, from whence the venous system seemed to be incapable of withdrawing it, while the capillaries, the exhalents, and sudoriferous glands allowed the thinner parts to escape, from mere laxity or paralysis of their contractile structure. In this state of the skin the patient felt it hot, while the bystander knew that it was cold. The smell from the perspired matter had something very peculiar, and unpleasantly oppressive to the olfactory nerves: the moment one entered the cholera wards this was most remarkable, but what to compare it to I scarcely know; to me it seemed to resemble that very disagreeable odour proceeding from blood that has stood for some time in a vessel.

The vomiting and purging of serous fluid, or "rice-water"-looking secretion, was most likely directly dependent on a similar state of the vessels opening on the mucous membrane of the intestines, and the obstruction of blood in the vena porta prevented bile being secreted in any quantity. The burning heat at the pit of the stomach, unquenchable thirst, and præcordial distress were immediately connected with the congestion of the mesenteric system, and were the most difficult symptoms to be overcome: The tongue always moist, pale, and whitish, or of a purplish grey, from its congestive state.

The spasmodic action was present in almost every case; I believe in one or two only it was not observed. The abdominal muscles and calves of the legs were more commonly affected than the arms and thighs, and in not a few the whole muscles of the back and neck; but it seemed that those most remote from the centre of circulation were the first and most severely affected. I always remarked that during a spasmodic fit the pulse at the wrist either stopped altogether or was faint and struggling.

The state of the mind was not, generally speaking, greatly disturbed, but was evidently apathetic and distressed, and attended with defect of vision, deafness, and general insensibility, unless under the excitement of the spasmodic fits. In many, however, there was an unaccountable calmness and clearness of the intellect, even when the muscular power was so far gone that the voice could not be formed, except in a low and whispering tone. In a few there were congestion of the brain, coma, and incoherency soon after the attack; but these were rather exceptions than otherwise.

Nothing, however, was more remarkable than the expression of countenance, so characteristic of cholera in all climates and countries. The squalid, sallow, cadaverous hue, blue marks beneath the orbits, livid or colourless lip, sharp features, and sunken eyes, altogether indicated mischief accomplished of a fearful kind, even before the initiative symptoms were developed. In a minor degree, this peculiar appearance was often detected in the ranks before the man had any other evident sign of the disease, and for weeks and months after its cessation; we could thereby at once point out those who had recovered. While this guides to an early detection of the malady, it also shows that a peculiar diathesis is in existence prior to and often posterior to the climax constituting the danger.

The pulse was usually feeble, oppressed, and unsteady on admission; yet in a few cases, where the premonitory signs had not appeared, it was often tolerably good, but generally soft, even if small. After it has ceased at the wrist, I have often felt it return for a quarter of an hour before moribund symptoms set in. Stimulating enemas brought back the circulation to the wrist, when all other remedies failed. An asthenic state of the heart is obviously one of the first and most grave effects of the disease.

The adynamic condition of all the muscular structure and functions thereon dependent is at once a sufficient explanation of the lowness of the respiratory process, and its utter inadequacy to the wants of the system. The inability to dilate the thorax was such, that scarcely a fourth of the ordinary volume of air could be inhaled into the lungs. The direct consequences of this are evident, and add to that concatenation of functional disturbance so fatally developed in an attack of cholera.

The biliary secretion, like most others in the system, was interrupted, and we seldom met with anything in the hepatic ducts or the gall-bladder; but I have seen several cases in which the *post-mortem* appearances showed that yellow bile had been secreted, and tinged the duodenum.

The kidneys apparently ceased to secrete from the moment the disease set in, and, when this function was resumed during recovery, it often happened either that the secretion had lost its acrid quality, or the bladder became insensible or paralyzed, as it was very common to require the use of the catheter to draw off urine.

But it is scarcely necessary to follow in detail all the minor train of symptoms which have been so often dilated on, and are common to all diseases of a sudden and lethiferous nature.

The tendency to relapse was exceedingly common, many men having two, and some three, attacks before they left the hospital, and the last was usually more severe than the first. Some men were actually well and discharged, when the disease returned, showing that the diathesis still existed. Of fifty men who recovered from cholera in 1842 at Bombay, and now serving with the regiment, twenty-one were attacked on

the present occasion, and nine died. This would tend to show that, after a lapse of four years, men who have formerly had the disease are neither more nor less liable to it than others, and have it in the same degree of severity.

I am sorry to say that circumstances over which I had no control prevented us from being able to offer a tabular return of the number of relapses, or of the average period which such cases lasted; those who were first attacked, generally speaking, died in from three to twelve hours (see Tables (I) and (J), p. 22); but as the disease ran its course this period became longer—from twelve hours to two or three days.

While the cholera was raging, very few other maladies were prevalent, except dysentery, diarrhœa, colica, and dyspepsia, all allied to it, or, perhaps, modifications of it. I have said that before it broke out, every one was suffering in an intense degree from the effects of "prickly heat" (the lichen tropicus), much beyond anything that has been remembered by the "old Indians." Now, although this eruptive affection is common in hot weather, it, generally speaking, becomes most prevalent, severe, and unmanageable when the air is humid as well as hot, and it set in with the sea-wind. It is evidently a disease connected with the cutaneous secretion, and increased by everything that induces congestion of the vessels which form the papillary and sudoriferous structure of the skin. However, this is all we have to do with it now, as it shows the state of the weather.

I have also said that cholera closed its career by gradually changing its type to that of fever, or febrile reaction after the vomiting and purging, and a succession of cases might have been placed beside one another, in which a definite boundary could not have been drawn, scientifically, between the two diseases; but I have little doubt that the æstival diathesis of soldiers in India, which by an extraordinary intensity of the remote, or the intervention of certain exciting and predisposing, causes, terminates in cholera, is equally capable of being roused into a febrile form of disease by cold and dry winds, producing reaction, and with a degree of severity proportionate to the suddenness of the change, the extent of the depression of the temperature and force of the winds applied to the body. Causes of this kind exist in Scinde to a much greater extent than most other parts of India; but the subject is foreign to this report.

I cannot, however, omit to call attention to the scorbutic diathesis, which displayed itself in the regiment just as cholera subsided, both in the men who had not been ill, as well as those convalescent from the disease, both in and out of hospital. Spongy or bleeding gums, pallid faces, livid spots on the body, tendency to diarrhœa, with loss of strength, were the more remarkable signs of this. Several men who died during their convalescence from cholera, even exhibited unequivocal symptoms of scurvy. It is also remarkable that scurvy is a common complaint among regiments quartered at Kurrachee. The 22nd Regiment, after losing about 150 men with cholera, had this diathesis in a very general degree, and, till lately, lime-juice was issued to all the troops in Lower Scinde. On the late visitation the 3rd Native Infantry Regiment suffered less from cholera than the others at Kurrachee; but, as it ended, scurvy broke out with some severity in the corps, even before the more fatal disease had wholly ceased. I believe every corps felt this in a more or less degree. There is nothing surprising in this, when it is recollected how very similar the diseased state of the blood is in both cases. Damp air, bad ventilation, and want of exercise are the remote causes of scurvy, even in cold climates, and, although salt provisions aggravate the diathesis, they are not always the cause. I went home in a vessel from Mauritius with invalids, most of whom had been confined long in hospital, and, after being on board the ship for two months, every one of them had more or less signs of scurvy, and one or two could not move from the horizontal position without alarming syncope being induced; yet these men had fresh provisions and plenty of vegetables, while the crew, living on salt provisions, and five months at sea, had not a single trace of the disease. The latter were in the open air a great part of their time, and employed in active duties; the former idle and staying below in a close and damp 'tween decks, owing to bad weather.

Post-mortem Appearances in Cholera.—The want of medical attendants, through sickness, prevented very extensive inquiry in this way, and only about twenty bodies were opened. The appearances, however, were so precisely similar, that I fancy a wide range of observation would have added little to this unsatisfactory mode of tracing the diseased action in cholera.

Very many presented few appearances beyond congestion, and an altered character of the blood in the large vessels. The external appearance of the body was really very little changed from that preceding death, except, perhaps, that the lividity was greater, and the gravitation of the fluid parts to the lower surface seemed to predispose to early and rapid decomposition.

The brain was, generally speaking, firm, but in most instances engorged with dark blood; in no case, however, was there any effusion into the ventricles beyond what is sometimes met with in other diseases of prostration of the vascular system.

Thorax.—The lungs were generally more or less congested. The pericardium now and then contained a very slight increase of the usual liquor, but not enough to have added to the obstructed action of the heart. The heart soft and flabby, but distended by dark, mucous-looking blood; the ventricle without traces of fibrine; the venæ cavæ very much engorged with pitchy-looking blood, and the aorta, if less so, contained blood darker even than the venous blood of persons in health, and of a thick tarry colour and consistence.

Abdomen.—The mesentery surface of the stomach and intestines all exhibited signs of great congestion; the vena porta and veins in general were exceedingly prominent, and filled with dark blood, giving a mottled purplish hue to the usual grey appearance of the intestines. The lining of the stomach was in some instances pale; in others there were more or less numerous patches of dark ecchymosis; and in only one or two were there a few specks of a florid aspect, or such as indicate inflammatory action. The mucous membrane from the stomach to the anus was much congested and corrugated, so that the walls of the intestines felt thickened and spongy, as if they had been swelled by lying in water, and the papillary eminences and follicles were unusually prominent. I am inclined to believe that this state exists previous to the disease, as it exactly corresponds with the corrugated state of the skin, such as follows long immersion in water, exhibited by every person at the time, whether in health or disease. The intestines were generally almost empty, or their contents resembled "conjee water." The liver presented no signs of active disease unless of old standing, but its vessels were congested, and their contents like fluid pitch. The gall-bladder was generally empty, but in some it contained dark, and in one case colourless, bile, retained by spasms or paralysis, as the ductus choledochus was almost always empty. In two cases only were there traces of yellow bile in and about the termination of the gall-ducts in the duodenum. The kidneys were soft, tumid, and flaccid; the spleen variable, but always empty, but in a few cases contained a good deal of urine, which induces me to think that, perhaps, this secretion is not always arrested; but that spasmodic action, followed by paralysis, hinders the bladder from voiding its contents, and the absence of acridity and lessened irritability of the nerves prevents the patients sustaining inconvenience from it.

The whole of the *post-mortem* appearances are indicative of congestion, deteriorated blood, and an almost colliquative withdrawal of the fluid parts by certain extensive surfaces, as the skin and mucous lining of the intestines. I have never seen any trace of inflammatory action about the stomach, even when the sensation of burning heat, pain, thirst, &c., had been most intense before death; on the contrary, the lining was often pale. Even the violent action of vomiting seems to be incapable of producing the effect on the stomach which is traceable to it in other diseases.

The concatenation of symptoms, and morbid derangements of functions, reacting sympathetically on one another, almost baffle any attempt to trace the first aberration from health. Indeed, I believe that very important changes are insidiously effected by the influence of atmospheric agency, before any suspicion is created of their existence. When men were falling by hundreds around us, there were few in health who did not mark their sensations, and all acknowledged that their feelings were strange, and indicative of general derangement, while the uniformity of these sensations showed that mere fancy did not produce them. Although I deny that any local contagious or atmospheric miasm of a specific nature is the cause of the disease, I admit that it is just possible that the morbid changes incidental to the causes which I have assigned may lead to such a depraved secretion from the stomach, intestines, or other viscera, as to produce all the effects of a specific poison; but it seems to me that an excess of carbon in the blood and, of course, loss of vitality must engender, in a more or less rapid and insidious manner, loss of tone in the nervous system, particularly of the ganglionic centres. By suddenly adding to this plethora and congestion of the depraved fluid in the vessels, a shock will be given to the heart's action and respiratory process which revibrates to every subordinate function. The skin and mucous membrane are put into activity to relieve the system of the superfluous burden; but the universal, although almost masked, mischief previously induced renders the vital power unequal to support this salutary proceeding, without the danger of sinking under it, and leading to the train of symptoms before death, and appearances after it, which fully bear out this view. To prevent the incipient changes leading to a choleric diathesis, and, when this unhappily bursts forth into open disease, to control, assist, or mitigate the efforts of nature, are the grand objects sought for in all our inquiry, and to these we now proceed.

Medical Treatment.—As I intend to close this paper by a few remarks on the probable means by which the disease may be prevented or modified, I must here confine myself to the purely medical treatment. It may be candidly confessed that there is no pretension to successful practice, either in our own or any other hospital in Kurrachee; for of the whole admissions of white and coloured men, women, and children, exactly one half died. From my previous experience of spasmodic cholera in England, I fancied that I was quite prepared with an array of remedies to oppose it on its native ground, but all attempts to control the more severe cases have proved utterly hopeless.

From the want of medical officers, and their duties continuing night and day, it was impossible to give minute attention to individual cases, or to keep tabular forms of the treatment; but from the similarity of the cases, and the numbers which were admitted, we were enabled to administer the same treatment to a given number within a brief space of time, and the fearful rapidity of the disease exhibited the result in a few hours; so that, if this proved doubtful or unsatisfactory, another set of remedies were tried in succession with the next series of cases. As failures followed we adopted new modes of cure, till, feeling fairly at a loss what to do, we again reverted to those which had first been tried and condemned as not being sufficiently successful. It was thus ascertained that the very same treatment which so signally failed when pursued in the early cases was apparently successful in those of later admission. The former result makes us hesitate to estimate the latter as highly as we should, perhaps, have otherwise done, or to assume a

merit in the proportion of recoveries in the last to the first one hundred sets of cases which were treated. In the course of five or six hours we generally received from twenty to thirty new cases, who all had nearly the same treatment, unless some marked circumstance interfered; and in the same space of time the effects were but too clearly shown. Hence in twenty-four hours we had practical proof, by the numerical results, of the comparative value of the several remedies about to be mentioned that could not be mistaken, actually presented to the eyes of the medical officer, almost before he left the wards of the hospital.

Having already dilated on what seems to be the true nature of the diseased action called cholera, it remains briefly to report the leading indications of cure in its fully developed form, as follows:—

1. An altered state of the blood, which is imperfectly oxygenized, contains more carbon and less fibrine than in health, to be corrected.

2. A congestion of all the vascular system, over-distending the vessels by mechanical bulk, and aggravating the first evil, to be relieved.

3. Collapse, loss of tone of the muscular fibre, and all contractile textures, with diminished nervous energy, to be removed.

4. To control the evacuations which take place in a passive manner from the skin and mucous membrane of the intestines, and, when these have been over profuse, to replenish the empty and flaccid vessels by simple fluid.

5. To counteract the general effects of these, as developed by symptoms.

The most dangerous and uncontrollable feature was collapse, whether prior to or consequent on the discharges. We know that over-distention, or congestion of the contents of the stomach, intestines, urinary or gall-bladders, and, in fact, all organs with walls of a contractile or muscular tissue, become subject to loss of tone or even paralysis, and lose the ordinary power of voiding their ingesta; and if this distention is long-continued, even when relieved of it by artificial means, the tone of the parts is not restored for a considerable time afterwards. Such seems to be the case with the vascular system in cholera, especially in the veins and lymphatics, and, as these pervade every tissue and organ of the body, we see how universal such an evil must be.

Hence we can conceive that an excess of this congestion, especially where the blood is also diseased, a sudden loss of the motatory powers, or tone of the heart and vessels, and, of course, of the functions of every other organ, may take place without any natural effort to discharge their contents; obstruction and collapse rapidly ensue, and the vital powers sink without the chance of any reactive effort of nature. Again, in such a state, a sudden removal of the distending fluid may, and most likely will, always be followed by more or less collapse; but if the previous causes have not been long-continued, or the system is vigorous and sound, a healthy reaction will, in all probability, follow, when aided by medical treatment.

We have thus a most contradictory state of things to deal with; for, while it is obvious that the system ought to undergo depletion, yet this is in itself a proceeding attended by great danger, and in bad cases will neither admit of delay nor of hasty or extensive use. In general, nature carries out this salutary process in such a manner as to produce the most prominent evil, and the one most imperiously demanding instant attention and counteraction. This brings us to the adoption of early and precautionary measures, in cases not supposed to be cholera, but which exist during its prevalence, or in seasons and states of the weather when it is known to exist, or expected to break out; a measure highly important in all diseases, but vitally so in a choleric diathesis. It is too general an idea that the disease occurs from sudden causes. Those of an exciting nature are so, I admit; but, without an existing disposition to it, these would be wholly inadequate to its production. The suddenness of the attack is only a characteristic feature of the disease. In debilitated persons, convalescents who are in no apparent danger of dying, and in those labouring under a scorbutic diathesis, and at their ordinary duties, a single large watery motion from the bowels will instantaneously be followed by collapse, or even death, even in climates with less relaxing and enfeebling effects than India or Scinde.

In the very bad cases, when collapse was unaccompanied by vomiting or purging, and life was ebbing away, if a vein was opened blood flowed in small quantity till the vessel and its immediate branches were emptied; and often, at the same moment, stimuli were introduced into the stomach to rouse the cardiac and vascular action, but to no purpose. In others the profuse discharges were checked by medicine, and spasmodic action arrested; yet this availed nothing: the collapsed vessels lost their irritability, a deteriorated blood filled the cerebral vessels, and the absorbents of the stomach lost the power of introducing a supply of pure fluid into the system; the result was dissolution.

(To be continued.)

CUMBERLAND INFIRMARY, CARLISLE.

CASE.—ASCITES SUPERVENING ON THE THIRD DAY AFTER CHILDBIRTH; PERIODICAL HÆMATEMESIS; CIRRHOSIS.

Communicated by EVAN THOMAS, Esq., House-Surgeon.

Charlotte J., forty years of age, a soldier's wife, habits unknown, the mother of eight children, admitted July 14, under the care of Dr. Lonsdale. She had enjoyed very good health until about two years ago, when she left Carlisle, where she had lived for many years, maintaining herself and some of her children by washing: her husband at that time was with the the regiment in Ceylon. About this time he returned and was stationed in Cork, whither she went to reside, and, not improbably, took to drinking spirits. She remained there until about the end of June, when she left to come to Carlisle by sea, having been confined only the week before; the labour was easy, the child was born alive, but died shortly afterwards. On the second day after her confinement she vomited a washhand-basin-full of black blood, and on the third or fourth day she perceived that her belly was getting large, and has rapidly increased to its present dimensions. She could not attribute this ailment to any cause, but says that she was unusually large in the belly during her last pregnancy.

On admission she was thin, countenance haggard. The belly was large, measuring over the navel four feet. Every part of the abdomen, on percussion, elicited a dull sound; fluctuation everywhere very distinct. The os uteri was found patulous, but healthy, and could only with difficulty be reached, on account of the œdematous condition of the vulva; there is slight œdema of the lower extremities. Her appetite was good; bowels regular; urine healthy, but scanty. The thoracic viscera examined and considered healthy. She was ordered milk diet and dieuretics.

Nothing worthy of notice occurred for a month after her admission, when she vomited for two or three days a considerable quantity of clotted blood. She recovered from this, and to relieve the distress to the breathing she was tapped, and nine gallons of clear fluid withdrawn.

She improved considerably afterwards, gained flesh, and relished her food well; but this was only of short duration: in another month the fluid had reaccumulated to its former degree, when the hæmatemesis returned and lasted two or three days, when she died. She had no vaginal discharge of any kind after her admission here.

At the autopsy, the abdominal and pelvical viscera were found healthy, except the liver, which had shrunk considerably—it weighed two pounds ten ounces. Very little of the lobular structure of the liver could be seen with the naked eye: its surfaces were roughened with nodules raised above the surface; it had no false adhesions to the neighbouring organs; its structure was stained yellow—in fact, presenting all the appearances described in recent works on cirrhosis. The stomach and intestines were full of venous blood; the mucous membrane much congested.

From the unconnected account of the patient's illness we were only allowed to surmise what the dropsy might be owing to. The occurrence of the abdominal enlargement with pregnancy, coupled with the statement made by herself that she got bigger immediately after her confinement—in the absence of proof that she was a spirit-drinker, and free from heart and renal disease—it would appear that the primary disease was ovarian; that the cyst, by its great weight and bulk, had impeded the venous circulation through the abdomen, and consequent effusion. No careful examination, with regard to the limits of the liver or of the other abdominal viscera, could be made, on account of the distention, which was so great that the distinction drawn between ascites and ovarian dropsy, from the shape of the swelling, could afford us no assistance. Jaundice, another early concomitant of cirrhosis, was absent. The gastric and intestinal hemorrhage must be attributed to the impediment offered to the passage of the portal blood through the liver. The ultimate branches of the portal vein may become partly obliterated, during the acute stage of the disease, by the effused lymph becoming organized.

LARGE CANCEROUS ULCER IN THE DUODENUM AND LIVER.

John W., fifty years of age, a farm servant, a single man, of temperate habits, admitted July 24 into the infirmary.

He said that he had always enjoyed very good health till about a year ago, when his present illness commenced with a burning sensation at the pit of the stomach; this was frequently so intolerable immediately after a meal as to induce him to irritate the fauces with a feather, to procure a little temporary relief. When vomiting did not supervene spontaneously, his bowels were sluggish, his appetite capricious, and tormented with flatulency and water-brash. He had tried change of air and scenery, besides taking a great deal of physic, without deriving any permanent benefit from them. On his admission into the infirmary he was thin; his complexion was sallow, but not jaundiced; he experienced almost constant pain in the pit of the stomach; this was always confined to one spot, beneath the cartilages of the eighth and ninth ribs, where it was so tender as to prevent a careful examination of the part being made; now and then he experienced so much pain in this situation, followed by cold sweats and very considerable depression, as to threaten instant death. Towards the last he suffered an attack of this description every day, besides constant hiccough. Soothing measures were adopted from the very first, and continued until he died, a month after his admission, fairly exhausted.

Examination of the Body twenty-four hours after Death.—It was much emaciated; an enlargement of some kind could be felt, where there was so much tenderness during life, before opening the abdomen, and was supposed to be the pylorus, which afterwards proved to be the liver in a scirrhous condition. The whole of the anterior surface of the stomach was glued by very old adhesions to the sub-surface of the left lobe of the liver, to within half an inch of its free margin. On cutting into the liver numerous scirrhous growths of various sizes were seen. The gall-bladder was full of healthy-looking bile; the ducts were quite healthy and pervious throughout. The body of the stomach was quite healthy, but the pylorus and the first portion of the duodenum were involved in a large ulcer; this penetrated the substance of the left lobe of the liver for the space of three inches, and so capacious as to admit three fingers into it. The lungs were in a healthy state, with the exception of a few quiescent tubercles; the heart was

healthy; spleen, kidneys, and mesenteric glands free from contamination. The pylorus and the stomach were the parts suspected to be in a diseased condition, and in all probability in a cancerous state. It is not improbable that the cancerous tumours in the liver were not sufficiently numerous to cause sufficient impediment to the secretion of bile as to produce jaundice, or to interfere with the circulation through the vena porta and cava, as to produce ascites and anasarca—symptoms so seldom wanting in patients with cancer of the liver occurring in persons (such as our patient) not accustomed to spirit-drinking. The real nature of the disease was pretty evident from the beginning, considering the constant pain referred by the patient to one and the same spot; the rapid wasting, the hiccough, the pain in the pit of the stomach, described as being so dreadful, defying every curative measure that had been adopted; all these weighed, left little room for doubting the inference drawn, that the stomach or the pylorus was the seat of organic disease.

It would seem that recent researches respecting the pathology of cancer, and the laws of its dissemination, would lead us to believe that the disease in this instance was primarily limited to the pylorus and duodonum, and that the liver only became secondarily affected.

The cancer germs find an entrance into the feeders of the portal vein by ulceration, and, being larger in size than blood-globules, the liver performs the part of a strainer, in filtering the blood from the deleterious element.—*Budd on Diseases of the Liver.*

ASCITES; JAUNDICE; DEATH.

Henry D., thirty-two years of age, a single man, of very temperate habits, by occupation a miller, admitted July 24 into the infirmary. He said that he always had very good health till about two months ago, though he admits, on close examination, that his friends for some time previously had often remarked to him that he did not look as well as usual; but of this he thought nothing. He was able to follow his avocations until two months ago, when his present illness came on, as he supposes, from spraining his back in carrying a couple of cast-iron cog-wheels, slung over his shoulders, one on the chest and the other on his back, for a distance of about six miles, in consequence of having missed the train. Each wheel was about a stone in weight. No contusion of the chest or of the spine ensued. He was quite exhausted at the end of the journey, and as soon as he got home he immediately went to bed, and has never since been able to go about the house without experiencing much pain in the back. On his admission he was much emaciated, his complexion was sallow, and there was slight œdema of the feet; he complained of no pain, except in the back over the false ribs, and a little way down along the spines of the lumbar vertebræ. There was considerable fulness of the belly, and, on pressing hard about the region of the liver and stomach, he said that pressure in that situation increased the pain in the back. He could hardly walk up stairs into his ward; and in walking he was obliged to stoop much, in order to ease the pain. He was ordered a dose of castor oil, to keep in bed, a narcotic if necessary, and milk diet.

In the course of a few days jaundice came on, and the œdema, at first confined to the feet, now reached the thighs; the belly was filling, and the hepatic tenderness was almost intolerable; the urine, previously clear, was charged with lithates and the colouring matter of the bile. He lived nearly five weeks after his admission, and died exhausted. Before death there was a little hemorrhage from the stomach.

The body was examined twenty-four hours afterwards. There were three quarts of yellowish-coloured fluid in the abdomen, but no traces of recent peritonitis. The liver throughout was studded with scirrhous growths of various sizes; those raised above the surface of the organ were attached by old adhesions to the diaphragm. The gall-bladder was full of bile, and the ducts healthy. Surrounding the pyloric end of the stomach there was a large scirrhous mass, of a crescentic shape, and stretching a short distance along the lesser curvature; it was opened along the great curve, and a large ulcer exposed, whose base was formed by this scirrhous growth. The ulcer was of an oval shape, and hollowed towards its centre, not unlike a middle-sized lemon cut into equal halves. The whole mucous tract was otherwise in a healthy state. The stomach and small intestines were pretty full of blood, and the source of the hemorrhage was traced to a small arterial branch in the ulcer. The heart, lungs, kidneys, spleen, and mesenteric glands were free from contamination.

A careful dissection of the parts to which the patient referred the pain was made, but afforded no clue to the cause of it; it was probably, like the pain in the shoulder from disease of the liver, purely sympathetic. We fully anticipated finding cancer of the liver, but we had no symptom during the lifetime of the patient denoting cancer of the stomach. The ulcer, though very large, afforded no obstruction to the passage of food through the pylorus; and the fact of the patient being towards the end continually more or less under the influence of morphia would account for his suffering no great amount of pain, when the ulcer might be irritated by the ingesta.

The exhaustion—an inevitable consequence of a long journey upon a constitution already suffering from the effects of organic disease—had, doubtless, no more immediate connection with the malady, as a cause, than of lowering the system, expediting the progress of the disease, and hastening death.

CHRONIC ULCER OF THE STOMACH, WITH ULCERATION OF THE MUCOUS MEMBRANE OF THE SMALL AND LARGE INTESTINES.

David B., thirty-two years of age, a single man, a husbandman, but formerly a private in the Coldstream Guards, admitted Aug. 14, under the care of Dr. Lonsdale. He is of temperate habits, but has not enjoyed very good health for the last ten years. At that time, and some time afterwards, he had two or three attacks of what used to be called "stomach complaint;" latterly these attacks are more frequent, sometimes every month, or at most every two. They generally set in with vomiting of his food, and purging; this usually continues two or three weeks. During these attacks the sum of his physic is carbonate of magnesia, of which he takes a teaspoonful two or three times a day. He has never vomited blood, nor, as far as he is aware of, passed any from the bowels, until three weeks ago, when the present bout came on, as he was returning from Carlisle, where he drank two glasses of spirits. He had walked about two miles, when he vomited about half a pint of red blood without any previous warning. He was conveyed home in a cart. He has been getting worse ever since; has vomited much sour fluid, but no blood. Five years ago he entered into the Guards, where he remained two years and a half, and for nearly the whole of that time he was a patient in the regimental hospital. He was then discharged incurable. Since, he has worked unusually hard, except during the sick bouts, when he would lay up for a few days. During his illness he would waste considerably, but would very quickly recover it again. He attributes his present illness to having worked unusually hard, taking his meals out of doors, cold and irregularly; this alone would, he fancied, often bring on an attack.

When he came into the infirmary he had a sallow, cachectic look; very much emaciated; his skin generally covered with a thick scurf; his tongue was dry and furred; his bowels were much relaxed; the evacuations thin, but not bloody; there was no tenderness about the stomach; complained of griping pains in the belly; firm pressure on the belly tended to relieve rather than aggravate the griping. His chief ailment for many years past has been distressing heartburn.

For a few days after his admission he appeared to be a little better; magnesia was allowed him at his own urgent request; the sickness abated, but the purging increased; the evacuations at first were yellow, and extremely fetid; towards the last almost pure blood was discharged for several days.

The body, extremely emaciated, was examined eighteen hours after death. The peritoneum had assumed a blueish tint throughout, as well as the muscles and integuments of the abdomen; the fetor from the abdomen was almost intolerable; the whole of the anterior surface of the stomach was adherent above to the sub-surface of the left lobe of the liver, and below its lower border was attached to the head of the pancreas; the stomach itself was contracted to a very small size, occupying the space between the free margin of the liver and the spleen; the stomach was so covered in by the liver as to prevent the possibility of external pressure from producing pain during life, or of ascertaining its outline; the stomach was slit along the great curve; it was filled with blood, mixed with tenacious mucus. On the posterior surface, near the pylorus, was seen an elliptical-shaped ulcer, two inches and a half long and three-quarters of an inch deep, in the upper segment, where it exposed the substance of the liver, and half an inch at its lower segment, where it nearly perforated the walls of the stomach, having in close connection with it the head of the pancreas. The hemorrhage was traced to a small arterial branch involved in a firm clot; the ulcer had the same characters as an indolent ulcer of the skin; the mucous membrane in the former was undermined in the same manner as the skin in the latter; the walls of the organ were enormously thickened; its inner coat arranged in thick folds; it beautifully injected round the margins of the ulcer; the duodenum was quite healthy; the small intestines were healthy, except about two feet of the mucous membrane of the lower end of the ileum was studded with very minute ulcers; Peyer's patches were healthy; the mucous membrane of the cœcum and ascending colon were raised into patches of about the size of split peas; these were black on the top, as if cauterized; the mucous membrane of the rest of the intestine was ulcerated, and its walls extremely thick.

The disease of the stomach was no doubt simple ulcer. This, and the symptoms which it produces, are ably discussed by Dr. Budd in one of his Croonian lectures of last year. The ulcers in the intestines were doubtless independent of the disease in the stomach, and the result either of typhoid infection or dysentery.

DISLOCATIONS REDUCED UNDER THE INFLUENCE OF CHLOROFORM.

Communicated by W. PRITCHARD, Esq.

William Wilson, a powerful "navvy," aged forty, on Jan. 8, in a drunken brawl, dislocated his right thigh into the ischiatic notch. It would be needless to enumerate the signs, as they were exactly those described by Sir A. Cooper in his work on dislocations. About one hour after the accident he was given ten grains of tartarized antimony, in divided doses, and an attempt made by Messrs. Davies, Flower, and Marshal, to reduce it. Extension was kept up for about twenty minutes, when, the pulleys breaking, we were obliged to desist. The following morning, having got the pulleys repaired, and being joined by Mr. Alison, he proposed the use of chloroform, should the usual means not succeed. The patient was now bled to upwards of ℥xxx. in a full stream, ℈j. of tartarized antimony given in divided doses, and extension kept up for about twenty minutes, without success. Chloroform was then administered; the man, becoming slightly convulsed, talked incoherently, but did not appear to suffer any pain. The upper part of the thigh being at this time raised by means of a towel passed under it, the head of the bone returned into its socket. On the second day, contrary to our orders, he got up and sat by the fire, and on the third day was walking in the streets.

DISLOCATION OF THE LEFT HUMERUS BACKWARDS.

Mrs. Ward, of Barnby Moor, a muscular old lady, aged 71, during an epileptic fit fell forwards and dislocated the left humerus backwards. The diagnostic marks were—the arm lying close to the side and slightly advanced, the elbow being supported by the opposite hand; the axis of the arm being very evidently directed behind the glenoid cavity. By pressure under the anterior part of the acromion, the glenoid cavity was found to be empty, and posteriorly, on the dorsum scapulæ, just below its spine, was a globular swelling, moveable when the arm was moved, and indicating the situation of the head of the humerus. The friends not wishing to have any attempts at reduction made until the case was seen by some other surgeons, I accordingly procured the attendance of Messrs. Flower and Davies, of Retford. An attempt was first made to reduce it by raising the arm and carrying the hand behind the head. This not succeeding, extension was made in a direction outwards, the scapula being fixed by means of a towel. This having met with no better success, chloroform was administered, producing in a short time complete insensibility. Extension was then renewed, and, after being kept up for a few minutes, suddenly relinquished, the arm being at the same time raised and the hand pressed behind the head, when the bone returned into its socket with a slight snap.

CASE IN WHICH A LARGE DOSE OF CAMPHOR WAS TAKEN BY MISTAKE.

Communicated by ALEX. STOOKES, Esq., Liverpool.

On April 8, Harriet ———, a wet-nurse in the family of Mr. M———, Liverpool, took, about half-past eight in the morning, and when fasting, by mistake for castor oil, two tablespoonfuls of camphorated oil (camphoræ, ℥ss.; ol. olivæ, ℥j.). Taking the oil in spirit, she did not discover her error, and it was only by another servant smelling her breath that attention was called to the accident. I saw her at eleven o'clock. She had become delirious, and had been calling out loudly, but when spoken to gave rational answers; she complained of no pain, but her head "turned round;" her face was pale, the pupils dilated, and the countenance anxious; the hands and feet cold; the pulse 120, but feeble. I gave her immediately forty grains of ipec. powder, and, this not producing vomiting, repeated doses of mustard and warm water until vomiting was produced. I kept the vomiting up, by plying her largely with tepid water so long as the matters vomited had colour or strong smell. At half-past twelve the pulse was 108, and feeble; no pain, but felt weak. I ordered her a few drops of chloric ether and spirit of ammonia. In the evening she had quite recovered; the bowels had been open, and she had passed urine three times; the pupil was natural, as also the pulse. During no part of the time was the respiration disturbed. This case will help to prove that camphor is not an active poison.

CASE OF COMPOUND COMMINUTED FRACTURE OF THE LEG COMPLICATED WITH OTHER INJURIES.

Communicated by THOMAS HUNT, Esq., St. Day, Cornwall.

James Clymma, aged thirty-seven years, a tall, healthy miner, received the following injuries, while working under ground in the 270-fathom level, on June 23, 1847, from the sudden and unexpected explosion of the powder of the blasting-hole scattering copper ore, granite, and spar in every direction with great violence:—Many small wounds about the head and face; the cornea of the right eye cut across; large lacerated wound over the right pectoral muscle; numerous superficial wounds of both arms and hands; deep lacerated wound of the outer edge of the palm of the right hand, with fracture of the middle phalanx of the ring finger; wound of the inner side of the left knee. But the most serious injury he sustained—indeed, the chiefly interesting feature in the case, as showing the vigorous repairing powers of nature in a healthy constitution—was a compound comminuted fracture of the left tibia, with fracture of the fibula, about the middle third of the leg. I saw him about three hours after the accident, immediately on his being brought to "grass," or the surface. His leg had been put up by his "comrades" underground in a very secure manner with side splints, bandages, &c.—no uncommon occurrence, they being so accustomed to witness the most frightfully severe accidents, and the treatment adopted for their cure. The various wounds were cleansed from powder, grit, &c., and dressed; a fragment of the tibia, in all four inches and six-eighths long, was found to be broken off, at its lower end transversely, at its upper obliquely, and removed; a second loose fragment was then removed, which, fitted to the former one, showed two inches of the entire thickness of the tibia to have been separated. The wound was covered with lint, side splints applied, and he was sent home, a distance of two miles.

24. A consultation held on the case as to the propriety of amputation determined, if possible, to save the limb. In order to bring the broken ends of the tibia more nearly into contact, one inch and a half of the almost protruding fibula was removed with the saw; the limb put up with the many-tailed bandage and Clive's splints. To take an anodyne draught to-night.

July 4. Has been progressing favourably; suffered very little pain; appetite good; a slough has separated from the wound of the leg, leaving a tolerably healthy granulating sore, with the lower portion of the tibia exposed for about three-quarters of an inch.

Aug. 13. An exfoliated portion of the tibia removed; wound nearly healed.

20. All the other wounds healed; that of the cornea healed; the eye shrunk; vision gone.

Oct. 15. No bony union; the leg put up with pasteboard and starched bandages; and on the 17th allowed to get out of bed.

Dec. 7. Leg examined; no bony union; put up as before; moving about on crutches.

Feb. 7, 1848. Has been gaining strength in the leg since last report, and on examination firm bony union is found established at a period of nearly eight months from the receipt of the injury.

March 15. Splints permanently removed.

April 10. Thinks he shall soon be able to throw aside his crutches; leg about an inch and a half shorter than the other.

A good nutritious diet, with beer, was allowed early in the treatment; no medicine, save the one anodyne draught, was administered; and an extensive abscess that formed in the fleshy part of the leg soon healed after the matter was evacuated.

SINGULAR CASE OF GUNSHOT WOUND; WITH AUTOPSY.

By J. DEANE, Esq., Chatteris, Cambridgeshire.

An old peninsular pensioner called on me on the 18th of December, 1847, to show me the scar of an old wound, and to assign to me the privilege of a *post-mortem* in the event of his death, which his infirmities too plainly told would soon arrive. Knowing the value to the autopsy of an exact history of the case, I obtained from him at the time the following statement:—

William Poole, aged seventy-two, was wounded at the battle of Barossa on the 15th of March, 1811. The scar was over the cartilage of the sixth rib, in a line directly under the left nipple; he fell, and was carried to the rear very faint, but quite sensible, and in great pain at the pit of the stomach, increased by inspiration and expiration. The wound was dressed and probed, but the surgeon could not find the ball. He was then taken to the hospital at Leisla, near Cadiz. On the sixth day he passed the ball by stool; a few days afterwards he vomited three large clots of blood; the epigastric pain continued for two months, and the wound kept open for eleven months. The pain in the epigastrium was very acute for nearly four weeks. The constitutional treatment adopted by his medical attendants was decidedly antiphlogistic: he was bled very freely, and kept very low for some time. The surgeons pronounced him unfit for service. He was ordered to eat only in small quantities, and for some years he was obliged carefully to adopt that regulation—its infraction invariably bringing on a dragging at the epigastrium, and at the cicatrix. He has since his discharge worked as a butcher, and has often brought on severe pain about the seat of injury by a sudden strain. Had taken a full meal about an hour before the injury.

The man died on the 16th of April last, and on the 19th I performed the autopsy and made the following notes:—

I was permitted to examine only the seat of the wound; any anatomical description, therefore, bearing on the cause of death would be as impossible as it would be misplaced.

The internal scar was carefully ascertained to be over the cartilage of the sixth rib, in a line directly below the nipple. On removing the skin and cellular membrane from the surface of the aponeurosis, and from the aperture in the aponeurosis, the spot of entrance could be clearly seen very slightly wandering from the semicircular form. The wound in the cartilage was directly beneath it. I could not distinguish a scar either in the pleura or in the lungs. The diaphragm had been wounded, for the scar was distinct in its anterior margin, just behind its attachments to the internal surface of the cartilage of the seventh rib. To this spot the stomach adhered by a cicatrix in size and form corresponding to the external scar. There were also adhesions formed between the stomach and the diaphragm, for some inches around the scar, which were evidently the result of what is called adhesive inflammation. From the irregular manner in which the diaphragm and the upper part of the splenic extremity of the stomach were united to each other, the stomach presented internally a remarkably puckered appearance, and was divided imperfectly into two irregular subdivisions—appearances which will account for its inability during the first years succeeding the wound to bear with an ordinary amount of repletion.

It is evident from the autopsy that the ball took its course through the skin, cellular membrane, aponeurosis, fibres of the pectoralis major, and the cartilage of the sixth rib; it must have penetrated the pleura, although no scar was visible; it may have wounded the edge of the lung, or this organ may have merely yielded before it, partly from collapse and partly from pressure; it penetrated the diaphragm and entered the stomach: a dismal course, and one which it would puzzle a Knox or a Sharpey to imitate. Most probably the ball was fired from an eminence.

I record the case as an illustration of the great amount of injury from which the system will sometimes recover. It is certainly one of the strangest cases on record. One of the anatomical conditions that saved the man's life was the distention of the stomach at the time of the injury.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on the 26th ult.:—Messrs. E. Whittaker, W. R. Hilton, T. B. Holland, J. Wyatt, A. P. Rayner, J. Harvey, G. Taunton, J. L. Parke, R. Hicks, and H. M'Cann.—On the 2nd inst.:—Messrs. J. W. Dew, W. A. Gillow, J. Adams, W. Gillber, H. T. Parke, and J. Gunson.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, May 25:—George Francis Cooper, army; George Manning, Canada; Peter Hinckes Bird, Birmingham; Robert Abercrombie, Manchester.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of May 29; M. Pouillet in the Chair.

APPARENT DEATH.—PREMATURE INTERMENTS.

This question was made the subject of a competition for a prize, to be awarded in 1848. M. Rayer reported on the comparative value of the essays presented to the academy.

The two following questions had been proposed by the academy:—1. What are the characters of apparent death? 2. By what means can premature interments be prevented? Amongst the numerous memoirs presented on this subject, one only, that of Dr. Bouchut, had appeared to the commission to deserve a recompense. According to Dr. Bouchut, the certain signs of death were immediate, or occurred only after a certain time. The former were three in number, viz., the prolonged cessation of the pulsations of the heart; the simultaneous relaxation of all the sphincters, due to the paralysis of these muscles; and the collapse of the eyeball, together with the dimness of the cornea. In the opinion of the commission these signs had not all an equal value: from observations made on the human subject, and experiments on animals performed by the commission and by Dr. Bouchut, the reporter thought himself justified in asserting that the absence of pulsation of the heart, ascertained by auscultation during a period of five minutes, could leave no doubt on the cessation of life. This sign of death appeared to the commission to derive an additional degree of certainty from the fact that the definitive arrest of the movements of the heart caused immediate cessation of respiration and of the accomplishment of the functions of the nervous system, when it was not preceded by them. The simultaneous relaxation of the sphincters and the collapse of the eyeball did not, said the reporter, present the same degree of certainty with regard to the reality of death.

As to the subsequent and certain signs of death, M. Bouchut also admitted three, viz., rigidity, absence of muscular contraction under the influence of galvanic stimulus, and putrefaction; the certainty of these signs was admitted by all professors of forensic medicine, and was incontrovertible.

In conclusion, the reporter observed that four positive signs of death existed: prolonged cessation of the sounds of the heart, rigidity, absence of contractility under galvanic stimulants, and general putrefaction. The three former occurring long before the last-mentioned sign, it was not necessary to await the latter in order to proceed to the operations of embalming and inhumation, but that the recognition of the three former signs should be left to the experience of a physician; and finally, that as it was possible to ascertain positively the reality of death without waiting for the putrefaction of the subject, the establishment of dead-houses on the German plan was unnecessary. Dr. Bouchut's memoir was the best which had been presented on these questions for ten years, and the commission proposed that the prize be awarded to him.

M. Tavignot forwarded a case of cyst of the orbit treated with success by the iodine injection.

Treatment of Eczema.—Professor Trousseau considers solution of bichloride of mercury as very useful in diseases of the skin generally, and especially in eczema. The dose is three grains in every pint of water; the seat of the eruption should be washed five or six times a day with this fluid, and an improvement is very speedily obtained. But the professor states that even a more powerful treatment in these cases consists in the application of water as warm as it can be borne. At first the local irritation seems increased, but a reaction soon takes place, and the relief is proportioned to the degree of inconvenience at first experienced.

D. M'Carthy, D.M.P.

Catheterism in Children.—Mr. Vincent remarks that, in young children, the bladder lies very high in the pelvis, and that there is a long track of the membranous part of the urethra where the textures are very thin, and, the pelvis being very narrow, in any state of the parts the instrument may readily pass into the rectum. This has been very often done by those who do not attend to the points laid down. Therefore, in young subjects, the operator ought always to pass his finger into the rectum to guide the instrument through the sharp turn, which the narrow pelvis causes, when it has arrived under the pubis. Now, this happens commonly without the surgeon being aware of it, because it is really an accident followed by no inconvenience; the puncture into the rectum closes very quickly. This is another instance of the power of conservancy for preserving functions.

Tumour in the Groin, where the Testicle had not descended, and Operation for its Removal.—Mr. J. Moncrieff Arnott, surgeon to the Middlesex Hospital, relates, in "The Medico-Chirurgical Transactions," the case of a man, forty-three years of age, who had a tumour in the right groin. The history and symptoms of the case showed pretty clearly that it was a disease of an undescended testicle; but its precise nature, whether hydrocele or hæmatocele with a thickened tunica vaginalis, cystic sarcoma, or malignant disease, was not determined. The tumour was punctured with a lancet at its lower part, but only blood escaped. The integuments were then divided, the inguinal canal and tunica vaginalis laid open, and an enlarged testicle exposed. This was removed, the spermatic cord being cut across close to the internal ring. A section of the mass presented the ordinary appearance of medullary sarcoma, without any trace of the natural structure of the testicle. On the twelfth day after the operation, the patient was attacked with erysipelas of the face and head, of which he died in three days. On examination, a small deposit of encephaloid substance was found on the right spermatic cord, just within the inner ring; and a large mass in the root of the mesentery, which, owing to his being fat, had not been detected during life. There were no deposits in the liver or lungs.

Intermittent Ophthalmia.—Dr. Lohman, during the intermittent which prevailed last year, observed, in a man thirty-five years of age, that he was attacked for five consecutive days, at the same hour, by a violent pain in the left eye, accompanied with increased flow of tears, redness of the conjunctiva, and some intolerance of light. An hour afterwards the pain extended to the orbital region, and towards evening, about seven o'clock, the symptoms gradually diminished, perspiration ensuing. In the morning no sign of disease appeared. The right eye was not affected. Before the occurrence of the attack each day the patient experienced some uneasiness, but no rigor. All applications proved useless till twelve grains of quinine were administered on the sixth day, which cut short the disease.

Collyrium in Ulcerated Cornea.—M. Laundrau recommends a lotion composed of twelve drops of tincture of iodine in seventy grains of distilled water, in cases of suppurating and ulcerated cornea, with pus both in the anterior chamber and the laminæ of the cornea; and records a case in which the purulent matter filled one quarter of the anterior chamber, in which this application proved efficacious in causing absorption, after other treatment of an antiphogistic kind had failed.

Sloughing of the Vagina.—Dr. Purefoy, of Cloghjordan, relates in "The Dublin Quarterly," the case of a woman, forty years of age, who was confined about nine years ago, after a tedious and difficult labour, when the child was taken away piecemeal. Violent inflammation of the vagina and soft parts followed, terminating in sloughing and the establishment of a fistulous opening into the bladder, causing incontinence of urine. On making an examination, when taken in her last labour, the vagina was found to be very short and unyielding, and surrounded at its upper portion by a thin, sharp ridge, and nearly circular cicatrix, forming a sort of ring stricture, which prevents the os uteri from being detected. There could be found, however, when the finger was passed through this rigid structure, a soft, pulpy mass, found subsequently to be the cord, but first supposed to be the placenta. A large quantity of liquor amnii, mixed with clots of blood, had come away, but no unfavourable symptoms then existed. An opiate draught was given to quiet the trifling ineffective pains. The next day strong labour pains occurred at long intervals; the bowels were opened with castor oil. Tartar emetic was afterwards exhibited every second hour in half-grain doses, with a view to promote dilatation of the os and soft parts. The next day two fingers could be passed through the stricture, and the narrowing of the vagina was found to be produced by strong adhesion between its upper portion and the uterus, while no trace of the os or its neck could be discovered. The fingers, once passed beyond this circular contraction of the vagina, immediately entered the uterine cavity, when the membranous structure by which the vagina was obstructed was found to consist of a strong unyielding tissue, very thin at the edge, and much thicker and more unyielding at its attachment with the soft parts. The side of the chest with the forearm of the child was found to present. An effort to dilate the strictured part was unsuccessful, and it was resolved to leave the patient to the natural efforts for some hours longer. The pains continued through the day strong and forcing, and in the evening the rigid parts were found softer and more yielding. By long-continued dilatation the hand was passed through the stricture, and one foot grasped and brought down. After an hour's efforts the delivery was effected, and the child was found to be one of seven months and a half old, in the first stage of putrefaction. Two days afterwards inflammation of the uterus and vagina occurred, which were treated with one general bleeding, blistering the abdomen on the advanced stage of the disease, and mercury to affect the gums, together with a suitable diet and soothing fomentations to the soft parts. The treatment only afforded temporary relief; and, although the gums were decidedly affected by the mercury, the patient died at the end of a month, worn out by repeated rigors, hectic fever, sloughing and suppuration of the vagina, with obstinate diarrhœa and attacks of bilious vomiting.—A second case is mentioned of a farmer's wife who had given birth to two children; but in her last confinement, five years ago, a tedious and painful labour was completed by instruments; and, being again pregnant, during the seventh month she endured much fatigue, which brought on labour. The breech of the child presented, and the patient recovered after delivery without a single bad symptom occurring.

Gonorrhœa in the Female.—Dr. Egan, in "The Dublin Quarterly," has given a statistical summary of the particulars of 112 cases observed in the Westmorland Lock Hospital, from which it will at once be seen that gonorrhœa in the female is not confined to the vagina, but extends itself to the uterus, involving the neck and very frequently penetrating the cavity of this organ; and thus, by a vitiated secretion of muco-purulent matter from the cervix uteri, or from the internal lining membrane of the uterus, the disease may be kept up for an indefinite period, while the vagina may be perfectly healthy. Such was the case in 14 instances detailed, in which no disease of the vulva or nymphæ was apparent, while a copious discharge was the result of a diseased state of the uterus. In 98 cases the vagina presented a more or less inflamed appearance. In 38, granular erosions were apparent on the cervix uteri, with attendant induration in six. In 57 the os and cervix exhibited an erythematous condition, generally accompanied with engorgement and slight induration. In 6 there was hypertrophy of the anterior lip of the os uteri. In 6 there was enlargement of the posterior lip. In 13, both lips were equally engorged. In 97 the uterus

participated in the disease, which was evinced by a muco-purulent discharge from the os. The duration of the disease previously to examination was as follows:—

Cases.	Weeks.	Cases.	Months.	Cases.	Years.
1	1	11	1	11	1
11	2	18	2	8	2
8	3	7	3	1	3
3	5	4	4	1	4
1	6	4	5	1	7
1	10	8	6	1	8
1	11	2	8		
		3	9		
		4	18		

On the Anatomy of the Liver.—Dr. Leidy says, in "The American Journal of Medical Sciences," In the lowest orders of the animal kingdom no biliary structure can be detected. In the *polypi*, the *polygastrica*, the *annelida*, and in some of the intermediate orders, its existence appears probable; but the form is rudimentary, consisting of cells, forming part of the parietes of the digestive cavity, or of cœca appended to the sides of the alimentary canal. A distinct hepatic structure is first observed in the *myriapoda*, and is found to be the same as that existing in the *insecta*. In these classes of animals the liver consists of a number of distinct tortuous tubes, sometimes terminating in blind extremities, at others uniting so as to form loops. These tubes are found to be formed of a delicate basement membrane, lined by secreting cells. The cells are of a round or oval form, contain a nucleus with its nucleolus, and are filled with a finely granular matter, and numerous minute oil-globules. The cavity of the tube is generally found filled with granules and oil-globules. In the *crustacea* the liver consists of an aggregation of long conical cœca, each of which is composed of a sac of basement membrane, its inner surface being lined with secreting cells. From each cœcum a narrow duct passes off to join a common trunk, which opens into the intestinal canal near the pylorus. The same structure is found in the *mollusca*, with this difference, that the cœca, instead of being elongated, are of a bulbous form. A large quantity of oil is found in the secreting cells of the liver in both of these classes. In *vertebrata* the liver is made up of a number of lobules, which are composed of the ramifications of biliary tubes. In the interspaces of this network the bloodvessels ramify and form an intimate anastomosis; the whole being closely connected by white fibrous and yellow elastic tissue. The biliary tubes consist of cylinders of basement membrane, lined by numerous secreting cells; they are generally from two to two and a half times the diameter of the cells. These cells are filled with a finely granular matter and minute oil-globules. The quantity of oil contained in the liver varies greatly, being much increased in fatty degeneration of the organ. Blood is conveyed to the liver by two sets of vessels, the hepatic artery and the portal vein. The blood contained in the former appears appropriated to the nutrition of the organ; while the latter probably conveys to the secreting structure the fluid out of which the bile is elaborated. Branches from both of these vessels enter the lobules, and converge towards their interior, where they terminate in trunks, which are the commencement of the hepatic veins.

On the Changes which the Blood-globules undergo in the Spleen.—Professor Ecker, of Basle, says—Besides the granules and ordinary splenic cells, there are found in the spleen of the rabbit, sheep, dog, and calf, and more especially in that of the frog and salamander, pale cells of the diameter of 0·007 m.m., containing a blood-globule and a finely granular matter; on adding water to them the cell-wall is sometimes ruptured, and the continued globule discharged, becoming pale and disappearing. Other cells are found varying from the diameter above mentioned up to 0.015 or even 0·030 m.m. They are sometimes round, sometimes irregular; they frequently contain one or more granulated nuclei, and a number of blood-globules, varying from one to ten, or even more; and when the nucleus is absent they are filled with a finely granulated mass. The membrane of the cells is of varying distinctness, sometimes amounting to a mere film. The contained granules are often yellow, brown, or blackish; the blood-globules are mostly shrivelled, and of very various sizes; they are little affected by water; the spleen is the organ in which the blood-corpuscles undergo their last metamorphosis, being in fact broken up into the granular masses above mentioned, which are carried by the vena portæ into the liver, and thence expelled from the system. These cells are present in all vertebrated animals.

Method of Recognising the Presence of Blood on Clothes.—Fibrine has the property of attaching itself to the texture of clothes. Sulphuric acid has the property of dissolving textures made of hemp or linen without altering the fibrine. If, then, a texture of this sort is suspected of being stained with blood, it is to be plunged in concentrated sulphuric acid, which dissolves the texture and leaves the fibrinous part of the blood presenting a network, where may be distinguished the impressions made by the texture on which the blood was fixed.

A New Method of determining the whole Quantity of Blood contained in the Body of an Animal.—M. Weisz, of Vienna, dissatisfied with the older and faulty methods employed to effect this object, proposes a plan which appears likely to lead to much more accurate results. His method is, in the first place, to draw from the vein of an animal a quantity of blood. Having ascertained the per centage of iron contained in this, he destroys the animal, and calcines its body; he next determines the amount of iron contained in the ashes, and then, by a simple calculation, arrives at the entire quantity of the blood. It has been objected to this method, that other constituent parts of the body besides blood contain iron, particularly hair, bile, urine, milk, sweat, and the black pigment of the eye. These parts may, however, be easily removed before commencing the process of calcination. Iron also enters into the composition of chyle and lymph, but only in very minute quantity; any possible fallacy may, however, so far as the chyle is concerned, be to a great extent avoided, by killing the animal some hours after a meal, when the quantity of that fluid is about its minimum. No difficulty is anticipated in the practical working of his scheme, from the slight and scarcely appreciable difference in the proportion of iron contained in arterial and venous blood. By the above method, the normal proportion of iron in human blood being already known, the whole amount of blood in the healthy human body may be readily ascertained in cases of sudden death. It possesses another advantage in the facility of its application towards the determination of the quantity of blood contained in individual organs.

Congenital Blindness in Nine Children of the same Family.—M. Pauli relates the case of a man and his wife, both rather more than fifty years of age, and always enjoying good health, who had nine children born blind. Their ancestors had all good sight, except the maternal grandfather, who became blind at an advanced age; it was impossible to learn anything positively as to the nature and cause of his blindness. The father has black hair; the mother is fair; five children, who have the hair dark and the irides brown, are affected with amaurosis. The other four, who have fair hair and blue irides, and also amaurotic to a slight degree, have a milky cataract. Three of these blind children are daughters, two of whom are fair and one dark; of the six boys, two are fair, the others have the hair almost black. All the nine are healthy, and of a good constitution.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON THE MOVEMENTS OF RESPIRATION IN DISEASE, AND ON THE USE OF A CHEST-MEASURER.

By Francis Sibson, Resident Surgeon to the Nottingham General Hospital.

The aim of the inquiry was to ascertain how different diseases disturb the respiratory movements, and how far the observation of these morbid movements assist in detecting the diseases disturbing them. The inquiry was throughout aided by the chest-measurer—an instrument measuring the diameter of any part of the chest, and showing by the motion of a rack acting on a pinion, turning an index on a graduated dial, movements from the $\frac{1}{100}$ of an inch upwards: it is, in fact, a micrometer of motion. It shows the ordinary involuntary respiratory movements; the extreme range of the movements during the deepest voluntary inspiration (being in this respect an imperfect pocket-spirometer), and the rhythm of respiration, showing whether expiration be equal to, longer or shorter than inspiraion. In the first section, on the healthy, respiratory movements, the author states, that during the tranquil inspiration of a recumbent man, the costal advance is from .02 to .07 of an inch, and the abdominal .30 of an inch; and that during a deep inspiration the costal advance is from three-quarters of an inch to two inches, and the abdominal or diaphragmatic, from three-quarters of an inch to one inch and a half. The increased motion of the deep abdominal inspiration any one may readily observe on the healthy man when recumbent. The second section relates to the causes that disturb the respiratory movements, the chest being healthy. These comprise spinal distortion, injury or disease of the ribs, intercostal muscles or contiguous parts, which may restrain the costal motion of one side, if that motion be painful or injurious; peritonitis, abdominal distention, which may arrest or restrain diaphragmatic respiration. The third section relates to the effects of diseases of the respiratory organs on the movements of respiration. If there be extreme obstruction to inspiration in the larynx, the diaphragm descends with energy, lengthening the lungs, and, as air cannot enter these organs readily, they collapse, and the costal walls fall back during inspiration, owing to atmospheric pressure. In emphysema and bronchitis there is obstruction to respiration in the smaller bronchi; hence, in inspiration, while the diaphragm, descending, draws down and elongates the lungs, and the upper part of the chest draws them upwards, air not being able to enter freely, the lower part of the chest collapses. In pleuritic effusion, pleuritis, condensation of the lung, phthisis and pneumonia in certain stages—diseases which prevent the expansion of the whole or part of one lung—the movements of respiration are lessened, annihilated, or reversed over the affected part, and exaggerated everywhere else. If the upper lobe be affected, the five superior ribs, the thoracic set, are restrained; if the lower lobe, the sixth, seventh, and eighth ribs—the intermediate set, and sometimes the four lower ribs—the diaphragmatic also are restrained. This division of the ribs, proposed by the author on physiological grounds, in a paper on "The Mechanism of Respiration," in "The Philosophical Transactions," he retains throughout the present paper, on pathological grounds. The last section relates to the influence of affections of the head on the respiratory movements. The rhythm of respiration is an important diagnostic sign. Inspiration and expiration are equal in health, though expiration is often prolonged. In laryngitis, emphysema, and sometimes in phthisis, the expiration is prolonged, owing to obstruction. In laryngitis, the expiration is equally slow throughout; in emphysema, it is quick at first, when the bronchi are largest, then slow, and gradually slower towards the end, where the tubes are smallest, and the obstruction greatest. The expiration is lengthened in proportion to the obstruction in the bronchi. The author concludes by referring to

the diagnostic value of the signs in question, endeavouring neither to over nor to under estimate them.

Mr. Sibson, having been called on by the president, showed the application of the chest-measurer—an instrument which measures the diameter and the respiratory movements of any part of the body. In carrying out the inquiry into the morbid respiratory movements, Mr. Sibson retained the division of the ribs into three sets—the thoracic, diaphragmatic, and intermediate, proposed by him in a previous paper on "The Mechanism of Respiration," on physiological, and confirmed on pathological, grounds. The five superior ribs—the thoracic set—embrace and expand the upper lobes; if the expansion of either upper lobe be imperfect or impossible, owing to disease, as phthisical cavities or consolidation, the motion of the thoracic ribs over the seat of disease is restrained, annihilated, or reversed. But it is not only in disease of the lung that they are restrained in motion—lateral curvature, injuries to the ribs, local pleurodynia, disease in the axilla, shoulder, or surrounding tissues, anything that induces the movements of the ribs to cause pain or mischief, may diminish or arrest their motion. As the right middle lobe is behind the third, fourth, and fifth costal cartilages on the right side, and the heart behind those on the left, affections of the middle lobe will restrain the motion of the right cartilages and ribs—pericarditis. Pericardial adhesions and heart disease will restrain the left. The ninth, tenth, eleventh, and twelfth ribs form the diaphragmatic set, which protect the liver, spleen, and stomach, and which expand when the diaphragm descends, then dilating and embracing the inferior part of the lower lobes. In health, the motion of these ribs, during tranquil, involuntary inspiration, is greater than that of the thoracic ribs. This is owing to the great descent of the diaphragm. The abdomen, in man, moves forward during a tranquil inspiration nearly the third of an inch. The diaphragmatic ribs move outwards the tenth of an inch, while the thoracic ribs advance only from two to seven hundredths of an inch. This might be expected, from their action being supplementary to that of the diaphragm. The motion of these ribs is arrested as in peritonitis, when that of the diaphragm is so also; it is proportionally restrained when that of the diaphragm is so, in abdominal distention, and other such cases, at the same time that the motion of the thoracic ribs is proportionally exaggerated. The diaphragmatic ribs and diaphragm, on the affected side, may be likewise restrained by pleuritis or pneumonia of the inferior part of the lower lobe. The sixth, seventh, and eighth ribs, which have a conjoint cartilage from the intermediate set, partially diaphragmatic, protecting the liver and stomach, and partially thoracic, embracing and expanding the lower lobes. Their inspiratory movement may be restrained by pneumonia, pleuritis, and condensation of the lower lobe, and by pleuritic effusion; that of the sixth rib, by disease either of the lower portion of the upper lobe or the upper portion of the lower lobe. The different sets of ribs are each restrained by the affection of a different part of the chest or abdomen: the thoracic set, by affections of the upper lobe; the intermediate set, by those of the lower lobe; and the diaphragmatic set and the diaphragm, by those of the lower part of the lower lobe and the abdomen. In condensation of the whole of one lung, or extensive effusion into either pleura, the expansion of the whole of the ribs, and the descent of the diaphragm on the affected side, are restrained, while on the opposite side they are exaggerated. This division of the ribs into sets is practical, and based upon their respective functions, and does not differ materially from the anatomical divisions in use. When inspiration is obstructed, either in the outer passages or smaller bronchi, the respiratory movements present an important and readily recognised class of signs. If the larynx be almost closed, the lungs can scarcely expand during inspiration; the diaphragm, descending with power, draws down and elongates the lung; as the air cannot rush in sufficiently, the lung collapses, and the walls of the chest are flattened and narrowed during inspiration, being forced inwards by the pressure of the atmosphere.(a) This is well illustrated by an observation made by Professor Sharpey, which any one may repeat. Pass a tape round the chest, close the glottis, and make the diaphragm descend as in inspiration. The abdomen will protrude considerably, and the chest be narrowed from half an inch to an inch. I have observed the same thing in hiccough. Whenever there is great obstruction in the outer passages, the chest, especially at the lower end of the sternum, collapses during inspiration. When there is obstruction to inspiration in the smaller bronchi, either from narrowing of them, as in emphysema, or from their being plugged with fluid, as in bronchitis, the superior thoracic ribs expand with force, and the diaphragm descends rapidly, and, as sufficient air cannot enter, the lower end of the sternum and the adjoining cartilages recede during inspiration. But it is not only in such cases that the lower end of the sternum falls back during inspiration. When much fluid is effused into either pleura, if the diaphragm descend during inspiration, the sac containing the fluid is elongated, and the lower end of the sternum and the adjoining cartilages over the affected side may fall in. The sternum may also fall in when there is extensive pericardial effusion, if the diaphragm descends, elongating the sac. If the heart be large and universally adherent, the descent of the diaphragm draws down the heart; and, as the expanding lung cannot pass between the heart and the ribs, the sternum often recedes during inspiration. If the heart be simply enlarged, the lungs intervene between the heart and the ribs, and, though the movement of the lower end of the sternum and the adjoining left cartilages are restrained, yet they seldom recede. We are thus sometimes furnished with a sign to distinguish enlargement of the heart, when with or without adhesions. It is well to remember that the normal movements of the left ribs, all but the superior thoracic and the diaphragm, are somewhat less than those of the right side. He (Mr. Sibson) then rapidly explained various diagrams suspended in the room, and some daguerreotypes from persons with phthisis in emphysema. These were chiefly in pairs, one of inspiration, another of expiration, and they illustrated the points brought forward in the paper. He then remarked on the recognised value of the altered rhythm of respiration, as a sign of chest disease. In laryngitis, bronchitis, and emphysema, the expiration is longer than the inspiration, in proportion to the obstruction to respiration. In laryngitis, the expiration is prolonged, owing to their being then in contact; while in inspiration they are drawn asunder, and it is equally slow throughout, owing to the obstruction being equally great throughout. In emphysema and bronchitis, the obstruction being in the smaller bronchi is greatest at the beginning of inspiration and the end of expiration. When the chest expands, the bronchi, as well as the air-cells, necessarily dilate; the tubes are, therefore, larger at the end of inspiration and beginning of expiration. If the obstruction be from fluid, the fluid fills up the tubes most completely towards the end of expiration; it is then that the rhonchi are most frequently present, and most sharp, that expiration is most difficult. In inspiration the obstruction diminishes, in expiration it increases, during the acts. In emphysema and bronchitis the expiration is quick at first, then slow, and becomes gradually slower towards the end. In phthisis the expiration is prolonged in like manner, when there is similar obstruction in the air-tubes or cavities. Only in peritonitis had he observed the expiration to be shorter than the inspiration, owing, he conceives, to the resistance offered to inspiration by the constant rigidity of the abdominal muscles. The existence of the signs indicated in this sketch cannot, of course, be conclusive as to the diagnosis of any disease; but their observation draws one's attention to the seat, and often informs one as to the nature of the disease. The disturbed rhythm and the reversed respiratory movements are particularly of value as indications of the presence of chest disease.

(a) If we lengthen a closed india-rubber bottle, its sides fall in; if we compress and shorten it, they swell out: so with the lungs, if they be lengthened or shortened, when the air cannot enter and escape.

DESCRIPTION OF THE DISSECTION OF A BRAIN IN WHICH THE CORPUS CALLOSUM, FORNIX, AND SEPTUM LUCIDUM, WERE IMPERFECTLY DEVELOPED.

By Mitchell Henry, House-Surgeon to St. Bartholomew's Hospital.

The subject of the cerebral peculiarity noticed in this paper was a boy, fifteen years of age, who died in the hospital, of pleurisy. He was a foundling, and characterized by his slowness in acquiring knowledge, extreme caution, and want of vivacity. About three years before his death he had received a severe blow on the head, which confined him for twelve months, but did not permanently affect his character or intellect. He was very prone to fall asleep when required to read or write. After being for some time subjected to the action of alcohol, the brain was carefully dissected, and the central part of the cerebrum presented the following anomalous development:—On separating the hemispheres from each other, the cavities of the lateral ventricles were exposed anteriorly, the corpus callosum being here absent; but a band of medullary matter, representing the posterior half of this great transverse commissure, is present, the antero-posterior measurement of which is one inch and a half. On each side this body is continued forwards in the form of a thin, rounded margin, which bends first outwards, and then inwards, becoming continuous with the medullary matter representing the inferior reflected portion of the corpus callosum; a nearly quadrilateral fissure is thus enclosed and bounded, in which are seen the inner parts of the corpora striata, the anterior commissure, parts of the descending pillars of the fornix, and the anterior part of the optic thalami. Thus, the septum lucidum and fifth ventricle, together with the greater part of the middle and anterior portions of the fornix, are wanting. That part of the corpus callosum which is perfect presents the usual transverse commissural arrangement of its component fibres; those of its posterior free margin, after passing outwards, bend backwards, so as to enclose the posterior horn of the lateral ventricle. Fibres anterior to these sweep downwards by the outer borders of the corpora striata and optic thalami.

THE MEDICAL TIMES.

SATURDAY, JUNE 10, 1848.

THE CITY OPPOSITION TO SANITARY REFORM.

If it is right to form a favourable judgment of the character of a people from the number of public charitable institutions which exist amongst them, we should be disposed to draw the conclusion that the English are surpassed by none in their care of human life. We have schools, hospitals, poorhouses, and penitentaries, almost without number; and it appears no difficult matter, when the charitable are under the influence of a good dinner and an eloquent orator, to make them contribute large sums for the benefit of the poor.

London especially abounds with edifices for the reception of "the halt, the maimed, the blind, and the lame." Scarcely can we name a disease of any importance to which poor human

nature is exposed than we find some special institution for its treatment. We have hospitals for consumption, scrofula, asthma, fever, and skin diseases—places rendered "valuable" by the stupidity and prejudice of many who contribute largely towards their support.

If we may believe the testimony of persons who have paid especial attention to the subject, half those places would not be required were good sanitary regulations enforced. It is a well-ascertained fact, that the poor become victims to disease by being compelled to live in houses where there is but a partial supply of air and light, and where the means of cleanliness is but scantily afforded them. We have the published testimony of members of the medical and clerical professions, and the returns of the Registrar-General, which declare, *unâ voce*, that the excess of deaths above the average mortality is to be attributed to a cause over which human control can be exercised; and that this cause entails upon the children of the poor the worst kind of hereditary maladies. Facts upon this subject have been so multiplied, and so well arranged, that no one attempts to refute them; and yet, now there has been introduced into the British Legislature a bill to improve the sanitary condition of large towns, it experiences an opposition which has already effected many serious alterations in some of its clauses, and threatens its safety, at least for the present session.

Foremost in the ranks of the obstructives is the city of London, which, of all other places, needs sanitary control, but which for the present is to be exempted from it, because, as the Government states, a special enactment is to be made in its favour. The worthy aldermen, however—roused from that proverbial indolence produced by turtle and capon—have girded on their armour, resolving to give battle to the champions of sanitary reform. The common-councilmen have been fired with the same martial ardour as their civic lords, and on the banner which they have unfurled the spirit-stirring motto is inscribed, "NO CENTRALIZATION." The gentlemen, with a glowing patriotism worthy the honourable City Lumber Troop, eschew all French practices, and warn their fellow-countrymen of the danger to the throne and institutions of Great Britain by imitating the policy of our Gallic neighbours. These foolish people, we are told, have suffered from repeated revolutions brought about by the centralizing policy of their Government, and therefore it behoves *us* to keep a sharp look out, lest a Sanitary Reform Bill should simultaneously destroy typhus fever and royalty. Vestrymen, common-councilmen, and aldermen are not to be domineered over by any other men, even where the health of the people is at stake, and patriotism is big with indignation at the prospect of a sewerage-board despotism. The fear of "centralization" is, however, groundless; for the bill will leave intact the glorious privilege of electing local boards, whose members may exhibit their skill in oratory and parochial legislation. But, while the City authorities condemn the health bill for its centralizing tendency, they warn the Government not to attempt, at any future time, sanitary legislation for "Great Babylon." "The city of London," say they, "for health, cleanliness, effective drainage, lighting, and for supply of water to its inhabitants, cannot be surpassed." Mr. Butler informs us—in canto 3, part 2, of his illustrious poem—that

> "Some with a noise, and greasie light,
> Are snapt, as men catch larks by night;
> Ensnar'd and hamper'd by the scul,
> As nooses by the legs catch fowl."

We should think that few would be ensnared by the London Corporation in the manner described by our poet, as the real sanitary condition of the City has been published in the broad light of day by men whose motives and veracity are alike entitled to respect. In 1841 a presentiment was made from the inquest of the ward of Farringdon Within to the Court of Aldermen. The district examined includes the parishes of St. Martin, Ludgate, and St. Ann, Blackfriars, including Holiday-yard, Ireland-yard, Glasshouse-yard, Currier-row, and places adjoining. The presentiment stated, "That all the houses, with few exceptions, were in a state of decay; that many of these houses are densely crowded, some of the rooms containing families of six, seven, and eight persons, old and young; and even this manner of living is rendered doubly unhealthy by the buildings being destitute of drainage and sewers, and by the consequent accumulation of filth in the vicinity, and also by a very scanty supply of water, as that very necessary article is only to be obtained for two hours in the day, on three days out of seven, and then it has to be fetched a considerable distance from some of the houses, under circumstances of difficulty and annoyance." No attempt was made at the time to deny these statements, and scarcely any efforts have been since made to remedy the evils. In Black Bear-alley there are only two open privies for the use of the whole inhabitants; they have no water laid on, but are supplied from a pump, the water of which is so hard that they cannot wash with it.

The drainage of the City is also most defective, private drains being in many instances so low as not to admit of free communication with the sewers. In the numerous *cul de sacs*, called courts, open gutters abound which receive the house-slops, and then scatter them over the entire surface. In some of these courts there are dust-heaps, cesspools, and gullyholes. In Thomas's-rents three privies *accommodate* two hundred and fifty people; and, the cloacæ standing in many places close to the doors of the houses, no person can visit those places without being subjected to the public gaze. Mr. Anderton, three months after the report of the commissioners of sewers had been made, stated at the London Coffee-house, that he had visited, with Dr. Lynch, localities in the vicinity of Farringdon-street and Holborn-hill. He found single rooms with only one window, crowded with men, women, and children. In some houses the privies were in the cellars, whilst others had dunghills and open privies close to their doors, which emitted the most disgusting odours. Most of the inhabitants were deprived of the means of cleanliness from the want of water, with which they were scantily supplied three days in the week for a few hours. Such is the condition of many parts of the "City," although it is spoken of as a model of perfection. In 1831-32, when the cholera visited us, the parishes of St. Martin, Ludgate, and St. Ann, Blackfriars, felt especially its virulence. In the latter there is a place called Church-entry, leading out of Shoemaker-row: on one side of this entry is the parish burying-vault; in the other, the ground where the poor are interred—the soil of the latter is, from the accumulation of bodies, on a level with the kitchen windows of the houses of an adjoining court, belonging to the Apothecaries' Company. Into this vault or burying-ground most of the victims of the cholera in the parish were placed, there to become sources of disease to the living beings around.

The real cause of the opposition of the City authorities to sanitary reform is,—not because the bill at present before Parliament is centralizing in its tendency—not because the sewerage and drainage of the City is "perfect,"—but because some of the officials are either owners of property inhabited by the poor, or are elected by persons who are owners. But let not the adversaries of the people's health suppose that their opposition will triumph. The English public has been roused, principally, through the efforts of the medical profession, and the excitement we believe will not subside till the Legislature has sanctioned a law which will abate present nuisances, and prevent similar ones from being ever again perpetrated.

POOR-LAW MEDICAL CONVENTION.—DEPUTATION TO SIR G. GREY.

On Tuesday, the 30th ult., Sir George Grey received, by appointment, at the Home-office a deputation of poor-law union medical officers, accompanied by representatives from the Royal College of Surgeons of England, the Society of Apothecaries; the National Institute of Medicine, Surgery, and Midwifery; and the Provincial Medical and Surgical Association. The deputation was extremely numerous, several gentlemen having come from the country at great distances to be present; but, to meet the convenience of Sir George Grey, the statements of the deputation were addressed to him personally by the following gentlemen:—Benjamin Travers, Esq., Edward Stanley, Esq., Edward Bean, Esq., John Ridout, Esq.; Dr. Cowan, of Reading; Dr. Hodgkin; Dr. Burton, of Walsall; J. Pearson, Esq., of Woolton, near Liverpool; William Cantrell, Esq., of Wirksworth, Derby; Edward Daniell, Esq., Newport Pagnell; Peter Martin, Esq., Reigate; James Stedman, Esq., Guildford; James Vallance, Esq., Stratford; George Ross, Esq., T. Piers Healey, Esq. (hon. sec.) The other gentlemen present were Thomas Parker, Esq., Woburn; B. Eddison, Esq., Nottingham; George Bottomley, Esq., Croydon; T. H. Smith, Esq., St. Mary's Cray; Edward Boulger, Esq., Bletchingley; A. Barnett, Esq., C. F. Lord, Esq., William Lobb, Esq., James Mitchell, Esq.

Dr. Hodgkin having introduced the deputation to Sir George Grey, Mr. Travers, the president of the Royal College of Surgeons, stated that he appeared there, with his colleague Mr. Stanley, by appointment of the council of the college, to give the weight and sanction of that body, *tale quale*, to the representations to be addressed to him by the Convention of Medical Poor-law Officers. The council were most happy to bear testimony to the high respectability of the gentlemen composing the committee of that body, most of whom were members of that college he represented; and they desired further to say that, without pledging themselves to the minor details contained in the suggestions of the committee, they were strongly of opinion that the prayer contained in the memorial was based on facts which unfortunately could not be denied, and which, for the comfort and content of the poor, as well as for the respectability of the profession, ought no longer to be allowed to exist.

Mr. Bean, the master of the Society of Apothecaries, and Mr. Ridout, one of the wardens, having, in warm terms, urged similar recommendations on Sir George Grey, on behalf of their corporation, were followed by Dr. Cowan, of Reading, deputed to represent the Provincial Medical and Surgical Association, &c.

Dr. Burton, of Walsall, then entered upon a general statement of the grievances complained of, urging first the necessity of a stricter inspection of the local operation of those portions of

the poor-law regulating medical relief. In many cases, but more especially those strictly medical, he contended there was a necessity that the inspector should be a man of medical education, in order to decide whether the intentions of the Legislature were fulfilled. The great defect of the poor-law, especially in regard to medical men, was, that its enactments, even when favourable to them, could not be enforced in local districts, in consequence of the pertinacity of poor-law guardians in some cases, and the ignorance of non-medical commissioners as to the various ways in which their orders may be evaded or successfully obstructed in others; he, therefore, thought it a most important and cardinal point that there should be medical inspectors, understanding the nature of medical officers' rights and duties, and seeing both of them enforced.

Sir George Grey here interposed, stating that this point was already under consideration; and that in Ireland, where a medical man had been appointed assistant commissioner, without any particular district being assigned to him, being, therefore, at the service of the commission in medical inquiries generally, the result had been most satisfactory.

Upon this admission, Dr. Burton proceeded to point out the mischiefs arising from having appointments frequently held by an annual tenure. With the fear before him of dismissal without cause assigned, the medical man could not do his duty to the poor either comfortably or independently. A further point urged was the extremely low rate of remuneration received for medical services under the poor-law. Owing to the degradation of that rate, the medical officers received a sum which barely covered the cost of drugs and medical appliances, nothing being left to remunerate the union surgeon for his loss of time, and for the exercise of his skill, &c. There was also this anomaly in the mode of payment, that while in a few cases as much as sixteen shillings were paid, in the vast majority the payment was of a very insignificant character indeed, reaching below sixpence each case—a most conclusive proof that there was an utter want of system and of efficient supervision in the adjustment, if so it could be called, of medical remuneration; and that in these matters the poor-law guardians acted pretty much as they pleased, according to their own caprices, notwithstanding the existence of a central authority.

Sir George Grey remarked that it was the peculiarity of the poor-law to unite the two principles of local management and central superintendence, and the evils complained of were the consequence. It certainly was a matter of very great difficulty to conciliate the arrangements on a uniform plan, with that liberty of local action which formed a characteristic of English government.

Mr. Healey submitted that the central authority was entitled to take a more prominent part in this matter than in the subject of poor-law administration generally, as Government had guaranteed to pay half the poor-law medical expenses from the Consolidated Fund.

Sir George Grey observed that the Government could not lose sight of that view of the case. The same principle had regulated their proceedings in reference to the educational grant, in the cases of schools benefited by it, and there was no doubt that the Government were bound not to neglect an advantage of the kind referred to.

Mr. Peter Martin, of Reigate, then called the attention of Sir George Grey to the fact, that the utter inadequacy of medical remuneration under the poor-law was now universally confessed by every intelligent person identified with its administration; that it never could have descended to such a disgraceful rate if a system of advertisements and tenders had not been generally adopted, by which, in many cases, the poor were transferred to the care of young men and strangers, and in others, old practitioners, compelled in self-defence to submit to receive salaries entirely inadequate to their labours, duties, and expenses. The evils of this tender-system had, in fact, proved so frightful and unjust that, by the general voice of public opinion, the commissioners were obliged to put an end to it; but, though this was the fact, the great evil originating from the abuse, viz., low remuneration, had still been perpetuated. As a proof of the change in public feeling on the subject, Mr. Martin mentioned that a case had recently occurred in the Guildford union, in which it had been considered necessary to summon a jury, who, without attributing any blame to the medical officer, had found, as a part of their verdict, "that the medical officer ought to have a sufficient salary to enable him to keep a horse."

Mr. Stedman, of Guildford, confirmed this statement, and said that the surgeon so ill remunerated was a stranger to the neighbourhood, and had accepted the appointment after it had been resigned or declined by all the surgeons residing in that locality, because of the pecuniary losses it entailed on its possessor.

Mr. Vallance, of Stratford, pressed for an early attention to this subject, which was not of less importance to the content and well-being of the working classes than of the medical profession, and said that it was not pleasant nor useful for the public to know that the average payments of attendance on prison patients was 13s. 6d., while that of union patients did not exceed one-tenth of that sum.

Some conversation also occurred as to the system of supplying drugs by the unions; but it was shown that the practice was rare, far rarer than Sir George Grey imagined; that where it had been tried it was found to double the expense of poor-law medical attendance, and that there was little hope of accomplishing so great a change.

Mr. Daniell, of Newport Pagnell, adduced in particular his own case, where the ordinary drug price, as charged by a chemist for drugs as supplied by him, had been proved nearly to double the whole salary, and in consequence of which low remuneration, or rather no remuneration, he had felt compelled to resign.

Sir George Grey stated that the question of expense was one subordinate to what was necessary to secure efficient medical relief; the deputation might be assured of the interest he felt in the matter, although the subject more immediately belonged to the department of Mr. Buller, the president of the poor-law commission, with whom he would confer upon it.

The deputation then withdrew acknowledging the courtesy with which they had been received.

REMARKS ON THE DEODORIZING FLUIDS OF SIR WILLIAM BURNETT, MR. LEDOYEN, AND MR. ELLERMAN;

Discussion in the House of Commons respecting the Use of such Fluids; Health of Towns Bill now before the Commons' House of Parliament.

[To the Editor of the Medical Times.]

Mr. Editor,—Permit me through the valuable medium of your journal to offer a few remarks on the matters mentioned in the heading of this note. They will be found, I trust, to give some useful hints to persons more deeply interested than I possibly can be as to the mode of procedure best calculated to disabuse the public mind (apt to be led away by vague and unfounded rumours, the product of prejudice and ignorance) on some points of much interest to the community at large.

1. Some silly rumours have been spread about and even stated in a formal way in the House of Commons, that a malignant fever, or at least a fever of a dangerous character, had appeared in Westminster and in the neighbourhood of the House itself; a consequence, as reported, of experiments made by order of that ingenious philosopher and gifted geologist, the Dean of Westminster, who, not contented with those anxious cares which, of necessity, devolve on him in conducting the cure of so many souls entrusted to his charge, has manfully put himself at the head of the great sanitary movement for the "cure of bodies" also. The experiments alluded to were said to have been made with a newly-invented machine, and with the deodorizing fluid of Sir William Burnet. It would be presumptuous in me to offer any defence of the dean's new machine, or of Sir William Burnet's deodorizing fluid; these gentlemen are well able to answer for themselves; but one remark I may be permitted to make before proceeding further, and it is this. The disposition to talk about matters but little understood seems to prevail in Westminster as well as elsewhere; hence has arisen the laughable error of mistaking a common forcing-pump, with its apparatus of hose, &c., for a new and extraordinary machine; hence, also, the statements that *fever* had arisen from opening certain cesspools in Westminster—a report, no doubt, devoid of all truth; and lastly, this other statement, that the experiments, as they are pleased to call these very common processes, had been instituted by the dean, whereas they were instituted by orders of the Board of Health, of which the dean is merely a member, though an efficient and extremely active one, no doubt.

In the meantime the actual truths seem as usual purposely withheld or mystified by both parties; the Horatian phrase was never more completely verified than in the present instance, "Quicquid delirant reges plectuntur Achivi;" which, translated freely, may be thus rendered: "For the faults of commissioners of all soils (metropolitan or corporate) the Londoners must suffer."

As it was out of my power to be present at these so-called Westminster experiments—an absence I much regret—I shall speak here only of what I know, and what I have seen; leaving to the parties interested, namely, the Board of Health, the celebrated Dean of Westminster, Sir William Burnet (through his agent, Mr. Jackson), Mr. Roe, the surveyor, and Mr. Ellerman, to make out on whom the blame, if blame really attaches somewhere, ought to fall; but one thing I am sure of, and it surprises me that members of the House of Commons do not seem to be aware of it, that the annual dinner festival held by gentlemen who had been educated at the school of Westminster has been delayed and put off to a more fitting time in consequence, as I have been assured *on the very best authority*, of an illness now prevailing amongst the Westminster scholars. Of this Sir Robert Inglis could not, I think, have been aware when he spoke on this matter a few nights ago in the House.

But, after all, Mr. Editor, this is not the real question which the public has to consider; it is this: Is the present Government to be permitted to carry through the wild theories of the late Dr. M'Cullough, adopted to the letter by Lord Morpeth, Mr. Chadwick, and other members of the Board of Health—theories wholly unsupported by facts; theories backed up by evidence at best of the most suspicious character; by evidence (I allude to the evidence in the various sanitary reports laid before the public) based on the grossest exaggerations, false reasonings, and perversion of facts, *sometimes wholly destitute of truth?* Now this is "the theory," and this the character of the evidence on which it is based.

Typhus fever appears unexpectedly in a particular district; it is immediately traced by the commissioners to a ditch, which, though it had been there for an unknown period, without ever having caused fever before, yet effects it now. Birmingham and Bilston are similar as to sanitary regulations—that is, they have none at all; but Bilston is decimated with the cholera, Birmingham escapes unhurt. What has caused this? The ditches, to be sure, says the Board of Health; let us but send our surveyors and staff into the place, and all will be well. The cholera locates from Hamburg to Sunderland; went to Fisherow; then to Edinburgh, and on Dumfries it falls like a thunderbolt. The sewers are in fault, shout out the Board of Health; let our surveyors come in; our geologists; our paleontologists: they follow the inspirations of Dr. M'Cullough, who discovered that all diseases, and especially fever and plague and influenza, arise from foul drains and sewers. In the meantime hundreds and hundreds of towns whose sanitary condition is in a much worse state than any of the places just mentioned, receive no visit from the dreadful epidemic.

It is the same with fever and with influenza; and when I read in the reports of the board that such epidemics are caused or in any way influenced by such circumstances, I feel lost in wonder, and ascribe it to this, *that no practical medical man has a place on that board.* But the mischief does not rest even here. There was lately read to a public board in my presence some evidence respecting a whole district said to be in the most deplorable state of health from the proximity to an undrained sewer; this document was produced at a public board in order to confute an argument I adduced; now it happened to confirm, in an extraordinary manner, my opinions, and I was desirous

to find it strictly correct; but, on inquiry, I regret to say this was not so; it was, indeed, the opposite. It is my intention shortly to lay this document before the public as a specimen of the kind of evidence on which Mr. Chadwick and his colleagues have founded the present sanitary bill.

I trust, Mr. Editor, that neither you nor your readers will suppose that I am opposed, in any way, to sanitary reform; to the remedying a defective ventilation, imperfect drainage, improper sewerage, absence of suulight, an inadequate supply of pure water, nor suppose that I am indifferent to the presence of open cesspools, dead wells, putrid ditches, and laystalls; these are evils, and monstrous ones too; let them be remedied and put down by all means; they are productive of enormous evil, besides acting as *an efficient cause of ill health, and are productive of some diseases;* but what I contend for is, that they do not, and never did, nor ever can, give rise to those alarming epidemics which appear from time to time devastating the country; as fever, cholera, influenza, acute eruptive fevers, plague. This must be well known to certain of the commissioners, but they do not choose to admit it.

If, acting on these wild theories—for they are truly so, and hence, perhaps, the favour or *furor* with which they have been taken up by Mr. Chadwick and "the dean"—the public permit the measure to pass as it is, incalculable mischief must, I conscientiously and solemnly believe, follow. The brooks, rivulets, streams, and rivers of the kingdom will be effectually poisoned; their banks rendered uninhabitable; the drains everywhere converted into *drain-sewers*, and these, in many low and level situations, must, from their position and from a deficiency of fresh water to flood and flush them, become merely a series of cesspools of an odious and dangerous description to health. Other evils could easily be pointed out as probable sequences of this bill, but these I shall not advert to at present; let us hope that the Upper House of Legislature will institute an inquiry into the theory of M'Cullough, on which the present bill is founded, *and into the nature of the evidence in support of the bill;* above all, that they will direct and order that all sanitary measures have a reference to—1. Due ventilation; 2. The cleansing of crowded alleys, lanes, courts, and streets; 3. The suppression of laystalls of every description; 4. An ample supply of pure water for all purposes; 5. A most scrupulous and careful inspection, and utter removal, by proper drainage, of those reservoirs of impure water, usually called dead wells, into which the refuse and soiled water from kitchens and outhouses is suffered to run and there to collect for a time, and only for a time, the surplus water soon filtrating through the soil, poisoning all the neighbouring wells which happen to be placed on a lower level: let these be built up without delay, and utterly abolished, seeing that they are the worst of nuisances; and in their place let a proper *drainage* be insisted on, the pipes for which ought to be of as small a calibre as may be found consistent with their efficiency. Lastly, let the *sewerage question remain an open question*, to be determined by future observation and experiment. In running the sewers into the drains, and adopting one system for both, as is proposed by the bill, we depart from the practice of our Saxon forefathers, endanger the health of the country, and throw into the ocean some twenty-eight or thirty millions sterling annually. This is the lowest calculation (that of Mr. Smith, of Deanston) of the value of the manure about to be thrown into the sea by the framers and promoters of the Health of Towns Bill; not to mention the utter impracticability of the measure, if attempted to be applied to any river from which a series of towns or villages derive their supplies of fresh water.

Now, Mr. Editor, prior to the discovery of the various deodorizing and disinfecting fluids of Mr. Ledoyen, Sir Wm. Burnett, and Mr. Ellerman, great difficulties surrounded the sewerage question; but not so now. But what I have to complain of is, that persons in office will not give to these fluids a fair trial. This, in England especially, excites my attention and surprise. A strong wish not to occupy too much space in your journal induces me to be as brief as possible; yet it is a matter which I think, Mr. Editor, you will concur with me in thinking of great interest to the public. What I mean is this: I find certain official persons opposed to the investigation of truth. This at least is my opinion, and I state it advisedly. It may be that the conduct I complain of has arisen from inattention or from a neglect of the duties entrusted to them, and I shall be happy to find it so proved; for it is always most unpleasant to entertain an unfavourable opinion of individuals, whether acting in their individual capacity, or as members of corporate bodies. The facts are simply these:—1. I asked permission, for my own information, to be present at certain experiments to be made with the deodorizing fluid of Mr. Ellerman, a gentleman utterly unknown to me. The first experiment was conducted in Stonecutters'-yard, in the City. A cesspool was deodorized with this fluid, and its contents, removed in the usual way with the forcing-pump, were conveyed into a drain-sewer at a considerable distance. The whole experiment, though conducted in an awkward enough manner, proved, notwithstanding, completely *successful*. All odour was destroyed. It seemed to me that the great question of the best mode of *sewerage*, or its substitute, was about to be solved; but at the same time I very naturally supposed that at least a hundred cesspools, under all varieties of circumstances, would in the first instance be deodorized with the *same fluid* before any report could or ought to be given in of the efficiency, or the contrary, of the method, and especially of the qualities of the fluid itself, as I had been informed by the surveyor that in the City alone there were still 5000 cesspools to be cleared out probably in this way. Now, the public, I think, will be surprised to learn that *only one* of the City commissioners of sewers (a very numerous body) attended at an experiment which was to decide on the efficiency of a most important discovery—the deodorizing and disinfecting qualities of a fluid brought before the corporation with the highest recommendations, and claiming for its adoption, in preference to all others, the paramount advantage of economy. To attest so important an experiment one commissioner attends! *one experiment is performed!* I know, Mr. Editor, that this will scarcely be believed, yet it is a fact. Many hundred cesspools had been previously cleared out by the deodorizing liquid of Sir Wm. Burnett, whilst *one experiment* is held sufficient to test the qualities of a fluid equalling the other in every respect, and costing not one-third of the price! The rate-payers of London will scarcely, I know, credit this, and yet it is simply a fact. On this *one* experiment, instead of 300 or 400, as it ought to have been, a report is given in recommending, in preference to the liquid of Mr. Ellerman, that composed of the chloride of lime (a poison in itself),—on what grounds I am to this moment utterly at a loss to comprehend. I pretend not to blame any one, least of all the talented, liberal, and scientific surveyor, a gentleman whose abilities and liberality do honour to the choice of the commissioners. But blame rests somewhere, and most assuredly on the commissioners of sewers; nor is it to be wondered at that the central Government thus insists on their peremptory dismissal. Here is a case for Lord Morpeth, and a very good one. And yet, at a public meeting, the same commissioners will speechify for hours on matters which they totally misapprehend. I have just noticed the address to the corporation of Mr. Lawrence; I have not the honour of his acquaintance, neither do I know whether or not he be a commissioner; but this I know, that the gentleman, whoever he may be, has not the slightest knowledge of what he blames. That Mr. Lawrence is right in denouncing the Government measure there can be no doubt; but, had he consulted for a few moments with the surveyor of the corporation, that gentleman would have explained to him the extraordinary efficacy of various deodorizing fluids, and further have informed him that hundreds and hundreds of the worst description of cesspools had been so cleared out in London, unaccompanied by a single accident or by the spread of any disease whatever. Thus it is that "good causes," like men, are often injured by injudicious friends.

The unfair and most unhandsome conduct shown by the City commissioners towards the discovery of Mr. Ellerman so disgusted me, that I took the liberty of recommending the firm, though quite a stranger to them, to bring the matter, through the press, before the public, who would be sure to see them righted in the long run. In the meantime, however, these gentlemen informed me that the metropolitan commissioners *had agreed* (!) to give their patent fluid a trial, and that from this body they expected justice and fair dealing. Now, I doubted this; I knew certain of these metropolitan commissioners; I knew the character of the evidence they had trumped up from all quarters about the spread of fever along the borders of ditches; the approach of cholera, its mode of travelling up and down sewers, &c. &c.; and *I had read the evidence of Mr. Grainger, in the second report of these said commissioners;* and so it was impossible for me to doubt the result, and I told *Mr. Ellerman* what it would be. Moreover, I was aware that the metropolitan commissioners had been for months in the habit of using an expensive deodorizing fluid, yet fully aware that a much more economical one had been extensively advertised.

The result is now before the public, and Mr. Ellerman can speak for himself. A farce of some five or six trials was played off at Whitecross-street, and elsewhere; a Government chemist employed, who has given in two reports, the second more unintelligible than the first, namely, that for months and months both sets of commissioners, metropolitan and city had been employing a deodorizing fluid which they knew to be at least six times more costly than another of equal efficacy, and which now turns out to be not wholly without danger. Mr. Ellerman's fluid lacks, it would seem, that official backing and patronage without which no discovery, however valuable, stands any chance of success in this flunkey-beridden country.

Thus, Mr. Editor, I think I have proved that parties whose duty it was to have simply and honestly investigated the truth have not done so. Nor is it easy to recommend a remedy for evils so complex as inefficient commissioners and wild theorists in office; the only remedy, indeed, seems to be by a general union of interests, so to influence the Upper House of the Legislature as to induce it to modify the bill still further than has yet been done; to restrict it to practical and legitimate objects, and to leave the sewerage question open for further inquiry.

I remain, Sir, your very obedient servant,

R. KNOX.

NULLI SECUNDUS CLUB.

[To the Editor of the Medical Times.]

My attention, Mr. Editor, has been drawn to the existence of a club having the above title. On the list of such a club I expected to find the names of Faraday, Brewster, Arago, Oërsted, Herschel, Brown, Liebig—in short, of all the great discoverers of the day; the living genius of the world, the men upon whom the progress of nations and of the human race in arts, literature, and science depends; without whom civilization becomes stationary, then retrogrades, and at last disappears; but on reading over some of the names of the Nulli Secundus Club, as I find them advertised in a morning paper, I have to confess my astonishment, and no doubt my ignorance, of some points in the history of what is called British civilization. The club is composed of major-generals, and colonels, and majors, and captains, and, for aught I know, of lieutenants and ensigns, wearing the military livery of the country.

Can you inform me, Mr. Editor, in what quality it is that these "militaires anciens et modernes" so far excel most men as to be second to none? Is it in the length of their legs, or the hardness of their heads? Do they excel at quoit or cricket; or do they feed the fattest pigs, or bag the most game in a given time; or, in short, excel in any of those noble and prince-like sports and qualifications which belong only to the *élite* of society? In the meantime, as military men, they are all second to some one; there can be no mistake about that.

As the persons who really are second to none never think of clubs, and but seldom associate with flunkeys, by whatever other name you choose to call them, it is not at all likely that they should ever form a club; but, in the absence of such a reunion, a club might be formed, without a reference to race or nation, of all those who, whether at school or college, carried off against all competitors a gold or silver medal. The club might meet alternately in all the capitals of Europe, and fraternize; their name would be no misnomer, and their reunion might lead to important results. That many medallists are sheer humbugs I am well aware, "makers-up and packers" of other men's ideas; but this cannot be helped. At all events, a declaration from such a club to the Geographical Society that they would not receive as a member of the club the gentleman (otherwise a most excellent person) on whom the society bestowed their last medal might not be without its usefulness in opposing the tide of flunkeyism which rapidly overspreads the land. The editor of the *Athenæum* ascribes the adjudication of the medal in question to a fashion; it may be so, but that fashion is simply flunkeyism. M. Kohl, in his "Travels in England," sketches its history with a graphic pen; but he was so polite as to continue to apply to England its original name instead of that of Flunkeydom, which clearly is much more appropriate.

I am, Sir, your obedient servant,

A MEDALLIST.

STATE OF THE MEDICAL PROFESSION.

[To the Editor of the Medical Times.]

Sir,—In your valuable periodical of last week I find a communication from a professional brother-Mr. Ebsworth, of Bulwell, Notts., setting forth the "tricky," demeaning practices of some of the nobs of our profession. This, I can assure him, is of common occurrence all over England. I will not say Ireland (I do not know anything of Scotland), because I conscientiously believe they manage these things better there, a gentlemanly *esprit de corps* being their rule; in England it is the exception, I am sorry to say. It may well be said how can we expect the public to respect us when we don't respect ourselves? Who of the profession or out of it thinks any the better of the Bethnal-green "gentlemen" for their late manifesto? Who of the respectable part of the community would not consider a five-shilling midwifery fee quite proportionate to their social standing, although regularly educated men? They may rest assured, flatter themselves as they may, that no such conduct will raise them in public estimation; for the public, I am well convinced, have now no respect for the profession, but for the man. That our calling is a degraded one in every sense of the term, and, considering so, needs no further proof than the following truths: that many medical men in the provinces do not consider it respectable to put "surgeon" on their doors; and that others, again, deny, or rather refrain from giving, their title where not known, as if there was a ban upon it. I, myself, know one locality where, of eight or ten medical men, not one has a plate on his door; but the quack, who lives a few miles distant, has a very large one, with "surgeon" upon it, and, as in the case cited by Mr. Ebsworth, is regularly met in consultation. My position for the last ten years has beensuch as to give me painful experience of the evil effects of our continued disunion—effects forming a striking contrast to the "pull together realities" of the other professions. For my own part I do not wonder at all that so many turn from the profession in disgust to other callings; that some are compelled to seek employment upon railways as porters, enlist as common soldiers, &c. Had a better star guided them in the choice of a profession, they would, I have no doubt, have become ornaments of society, respectable and respected.

I am, Sir, your obedient servant,

Birkenhead, Cheshire, May 30. Medicus.

LOSS AND GAIN OF MEDICAL PRACTICE.

[To the Editor of the Medical Times.]

Sir,—A correspondent in your journal of last week observes that medical men do wrong in accepting contracts of poor-law unions and clubs at unremunerative prices. He intimates that respectability depends on the amount of fees, and he is especially severe against those who give their services to the poor and needy, simply for this reason: there may be many applicants undeserving of charity. Now, as to contracts with the poor-law guardians, they are eagerly sought after. Whenever the situation of parochial medical officer is vacant, there are violent contests for the appointment. To a young man it serves as an introduction to better practice. If he is attentive to the poor it is a recommendation to him; consequently, that which is thankfully accepted by one might be considered insufficiently remunerative by another. Medical fees have always been arbitrary. Probably each one takes what he fairly and conscientiously is entitled to, if he can get it. Among the best-regulated societies the poorer classes pay what they can afford to pay, while remuneration from the rich is claimed to the full amount. It is curious to look into their origin and ratio, and how much they are affected by incidental circumstances: sometimes they are regulated by the worldly prosperity of the patient; at another time by the eminence of his attendant, by the locality, the caprice, or the independence of the physician or surgeon. No universal scale of remuneration can be fixed. Let us review the practice in this neighbourhood. The general practitioner never charges persons in humble life with journeys if they are at the same time visiting patients in the same village in more affluent circumstances, and where payment for distance is a matter of course. Again, a *modus* may result from the standing or reputation of the practitioner; for, as one barrister will take a guinea with a brief, there are those who cannot be retained under five guineas. Thus it is with physicians and surgeons. B. must have a guinea each visit, whereas the attendance of C. can be secured by the same fee every alternate consultation. But neither the physician nor the barrister who receives the minor consideration is less deserving the rank of honourable gentlemen than he whose popularity or more fortunate connections enable him to obtain a larger reward for his services.

I have intimated that accident may become subservient to the amount demanded. Thus A. assiduously toiled for six years in union and ordinary practice to make out a bare subsistence, but, having lately married a lady with considerable property, he has set up a phaeton and put his charges at much higher rates. No doubt his patients will be more select, but he is independent, and can cast off the drudgery of practice—"Tempora mutantur, et nos mutamur in illis."

In the medical profession two terms of the French motto may be adopted—liberty and fraternity; equality is not attainable.

Most of your readers must regret the invectives of your correspondent against gratuitous advice; yet there is no name of eminence unconnected with a charitable institution. The time and skill of the brightest ornaments of our profession have been devoted to the benefit of the indigent. He will not lay up his talent in a napkin; it will not be limited to the narrow circle of private practice.

Physic has never been treated commercially. The supremacy of commercial physic ought not to be the main feature in the history of medical science. At the last anniversary of the Provincial and Surgical Association one-half of the time was consumed in discussing the pecuniary grievances of parochial attendance, and a scientific meeting was degraded by the deliberations of its members assuming a mercenary character. The medical profession has hitherto been termed a liberal profession, but it will cease to be so when the cloven foot of mammon is seen among its mass. I would caution your correspondents against making money everything in the system of physic—the foundation, the pillar, the mainspring of all its energies. The truly magnanimous and benevolent will say, with Sydenham, "Mercedem alicuide præstolor."

I am, Sir, your obedient servant,

A Subscriber.

THE NATIONAL VACCINE INSTITUTION.

The following is the annual report of the National Vaccine Institution to Sir George Grey, M.P., dated the 24th of April, 1848:—

"Sir,—Nothing has occurred since our last report to diminish our confidence in the protective influence of vaccination. It is true that smallpox has now and then reappeared, and lately to an extent which has called for additional efforts on the part of all the officers of the establishment; but we regard such recurrence as due to the ordinary operation of those periodical influences which give to the disease its epidemic character, and in some localities, as in Ireland, to that distress with which contagious and epidemic diseases are so invariably associated.

"Through the liberality of the Government we have been able to establish four new stations in populous districts, to which such a boon had not been previously given; a measure which must be regarded as highly conducive to the spread of vaccination.

"Foreign states have, as usual, made heavy demands upon the institution for vaccine lymph, on the efficacy of which dependence might be placed, naturally believing that the country in which such a discovery was made would feel a just pride in ensuring its successful and general application. Sardinia was supplied last year. By a request through the Foreign-office a very large supply of lymph has been forwarded to the Proto-Medico of the hospitals in Moldavia, the lymph at present in use in that country having, it is stated, lost its protective influence. Nor have the claims of our own colonies diminished; and, although vaccine lymph had repeatedly been sent to Bathurst on the Gambia, it failed until last year, when we received the gratifying intelligence from a resident medical officer of its having succeeded in two cases for the first time since the establishment of the colony.

"During the last year 168,489 charges of lymph have been distributed, in answer to a correspondence, foreign and domestic, amounting to 6930 letters, in the form either of applications for lymph, or of communications on the protective influence and progress of vaccination.

"We have authentic reports of 85,434 cases vaccinated in the provinces from our supplies of lymph, in addition to 10,403 in London. The former is but an imperfect estimate of our usefulness, and bears but a small proportion to the means supplied, owing to the want of attention in the public to the repeated requests made for faithful returns, and over which we have no control. We have, &c.,

(Signed)

"John Ayrton Paris, M.D., President of the Royal College of Physicians.

"Benj. Travers, President of the Royal College of Surgeons.

"John Clendinning, M.D., Senior Censor of the Royal College of Physicians.

"C. Hue, M.D., Registrar."

GOSSIP OF THE WEEK.

Royal College of Physicians.—The Harveian Oration annually delivered at this institution will be read on the 24th inst. by Dr. Hawkins.

Hospital for Consumption and Diseases of the Chest.—The anniversary of this charity was held lately at the London Tavern, where about eighty guests assembled. Viscount Sydney presided, and advocated in a very earnest manner the claims of the institution upon public support. From the report which was read by the secretary it appears that the hospital has not suffered material injury from the prevailing commercial distress; that its funds are increasing, and that it may be said to be in a prosperous condition. A ward, which is capable of accommodating 30 patients, is at present occupied as a chapel, and the efforts of those interested in the affairs of the charity are directed to the object of rendering that space applicable for the purposes of the charity, and of providing fresh means for the spiritual edification of the inmates. Since November, 1846, when the new hospital was opened, 439 persons have been received as indoor patients, and of these 272 have received permanent relief. The number of deaths has been 79. Since the formation of the institution 8068 persons have been attended as outdoor patients, and subscriptions and donations announced during the evening amounted to £1400, and of that sum his Royal Highness the Prince of Wales contributed the munificent donation of £250. An auxiliary fund has been established for the benefit of destitute persons who are in the hospital, and Mr. Charles Dixon has contributed to that fund the large sum of £500. Mr. S. C. Hall announced during the evening that Mademoiselle Lind felt the warmest interest in the promotion of the charity, and intended giving a concert for the benefit of its funds. He stated that the great vocalist had seen with the utmost regret the unfinished state of the new hospital at Brompton, and that she was determined not only to solicit the aid of the most distinguished vocalists for its completion, but to sing her best songs, and to exert herself to the utmost, in behalf of the institution.

Remarkable Case of Sleep-walking.—The "Union Republicane" of Tarbes informs us that a boy, aged ten or eleven years, a pupil in the school of M. C., disappeared. They found all the doors of the house shut. It was remarked that the great gate was difficult to open. The master and the parents were in great trouble. The gendarmes, the police, and all the authorities had taken measures to discover the unfortunate child, but it was not until nearly eleven or twelve o'clock in the day that the uncertainties and doubts were relieved, by hearing that the boy was safe at Bagnires, under the care of a friend of his father. Several days had elapsed, when, on coming to call the child one morning, they found him asleep on his bed, but entirely dressed. He had undressed himself and retired to bed with the other pupils. He expressed much surprise at finding himself dressed, and could not account for it. It appeared that on

the 3rd of May he had risen at three in the morning, dressed nimself, and carefully combed his hair. In his idea, the child went to Bagnires with his father, and in effect he had the road to the town. When near Bagnires he had been seen by some persons following a chaise. It rained, and the people were much surprised to see so young a child on the road at such an hour, but they thought that he was under the care of the persons in the chaise. He arrived at a quarter to six at Bagnires, after having accomplished a journey of five leagues in two hours and a quarter. He went to the inn of M. Lafargue, where he had already been with his father, and proceeded into the pantry. The people questioned him, and he told them that he had arrived in a postchaise with his father, and that he was then in the coach-house. M. Lafargue went to ascertain if it were true. During this time other individuals of the family, finding something incoherent in the words of the child, lifted his hat, which was over his forehead, when they found his eyes shut, for he was asleep. They took him to the fire to warm him, he being very wet. They moved him without awakening him, and prepared a bed for him to lie down; but, when they went to take off his trousers, he awoke in much surprise, complained of having passed a bad night, and asked for his father. He was told that his father had been compelled to go out, but recommended him to lie down. He was then put to bed, when he fell into a profound sleep. The child thought that he had left Tarbes in a postchaise with his father, which went very slowly. He was asked if he had noticed the road at all. He said he had seen many priests and bishops in procession; that he had also seen a tall young man, who had never left him, but who had constantly repeated "Good day, Joseph," "Adieu, Joseph." He said, also, that the heat of the sun had very much fatigued him; indeed, he had been obliged to hide his head, because he could not support such a brilliant light. He is no quite well, though much fatigued.

OBITUARY.—On the 24th ult., John Boast, Esq., M.R.C.S. and L.A.C., of 61, Trinity-square, Southwark, aged 52 years, of typhus fever, caught in the discharge of his professional duties in attending the parish patients of St. Mary's, Newington.

MORTALITY TABLE.

For the Week ending Saturday, June 3, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	933	943
SPECIFIED CAUSES...	929	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	278	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	42	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	105	122
Diseases of the Lungs, and of the other Organs of Respiration	107	129
Diseases of the Heart and Blood-vessels.....	30	33
Diseases of the Stomach, Liver, and other organs of Digestion	52	62
Diseases of the Kidneys, &c.	15	10
Childbirth, Diseases of the Uterus, &c	7	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	6	9
Diseases of the Skin, Cellular Tissue, &c.	4	1
Old Age.....	33	55
Violence, Privation, Cold, and Intemperance.....	15	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"Mr. Leonard."—A good description of the disease and its mode of treatment are given in "South's Chelius."

"Dr. Russell" should forward a communication to Mr. Baillière, the foreign bookseller.

"Petens" is under review.

"J. E. C." is labouring under a mistake. If he will forward his address, a private communication shall be sent.

"Celsus."—We know nothing of the institution to which our correspondent refers.

"Medicus Provincialis."—There is no difficulty in obtaining access to the College museum, which is open to visitors on Monday, Tuesday, Wednesday, and Thursday.

"M. D."—Yes.

"Omega."—The delay in publishing the communication has been unavoidable. We hope soon, however, to gratify our correspondent's wishes.

"A Guy's Student."—A letter forwarded unsealed, under cover to the "Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner, will receive immediate attention.

"An Interested Observer."—1. We have noticed the discrepancies. It has been for some time required of candidates for the office of naval assistant-surgeon, that they shall produce a certificate from one of the royal colleges in Great Britain or Ireland. The "regulations," however, refer to some whose professional education may not be in accordance with the usual requirements. 2. We are unable to state whether any unqualified persons have been recently admitted as assistant-surgeons.

"A Naval Sub." should address his letter to Captain Berkeley, at the Admiralty.

"Studens."—A German diploma will not entitle the possessor to membership in the proposed new College of General Practitioners, if obtained without examination.

"Anthroposophus."—Arrangements are in progress for a speedy publication of the lectures.

"Juvenis, King's College."—1. Consult the Students' Number, published last October. 2. The University of Paris was founded by Charlemagne in 741, at the persuasion of a learned person named Alcuines.

"A Constant Reader, Birmingham."—The letter on homœopathy is inadmissible.

"A Young Pathologist."—In the first period of encephalitis the cerebral substance is not softened. Abercrombie may be consulted by our correspondent with advantage.

"Amicus."—The persons mentioned are well-known quacks; but, though they have been threatened with prosecutions, they still proceed in their iniquitous career. Our correspondent had better write to the secretary of the Association for the Suppression of Quackery.

"Mr. Goodwin's" "extraordinary case," &c., is one which frequently occurs in the practice of most surgeons. It presents no point of interest to warrant its publication.

"Delta" must be satisfied with the reply given to his private letter.

"Castigator" should be more merciful.

"A Friend to Sanitary Reform."—1. The bill has undergone many important changes in committee. 2. The medical officer is to be appointed by the local instead of the general board.

"Obstetrician."—Solid opium in a full dose.

"Lock."—The complication of gonorrhœa with chancres, &c., does not seem to increase the risk of stricture of the urethra.

"P. B., Dublin."—The treatment was judicious.

"M. R. C. S. and L. A. S." informs us that he has employed with success sulphate of quinine in intermittent neuralgia. "The treatment," he observes, "first adopted consisted in the exhibition of hyoscyamus, belladonna, and opium, without, however, relieving the symptoms. I then determined to try the quinine, which I did in eight-grain doses twice a day. After the first dose the pain recurred but slightly, but subsequently to the exhibition of the medicine the second time the patient became entirely relieved."

"F. R. S. E." is thanked for his communication.

"Dubitans."—No; but the uterine sound may be heard as early as the tenth week. The sound of the fœtal heart, it has been correctly stated, resembles the double ticking of a watch under a pillow.

"G."—Published by Mr. Churchill, Princes-street.

"A Candidate."—The lectures on physiology must be distinct.

"O. G., Liverpool."—We decline recommending any particular surgical-instrument-maker. There would be no difficulty in finding one who could get up "well" the apparatus described.

"Theta."—Any systematic work on chemistry would give the information sought.

"A Medical Reader."—Singleton's golden ointment is said to be composed of equal parts of orpiment and lard.

"Gulielmus, Edinburgh."—An article on the subject has already appeared in one of the former numbers of this journal.

"Edinburghensis."—We do not agree with our correspondent's opinions in reference to the education and examination of candidates for the degree of *chirurgiæ magister, Glasgow.*

"Iota."—We cannot answer the question.

"C. J. Appleton, M.D."—Communication received.

"A Suffolk Surgeon."—1. We have heard of no such "protest" as the one referred to. 2. The charter of the Royal College of General Practitioners has not yet received the royal signature.

"Paul Pry" is thanked for the offer of a series of papers "On Medical and Surgical *Mala Praxis*," which is declined.

"A Qualified Medical Assistant" complains of the low scale of remuneration which assistants receive. He says, "Some medical men, in large practice, pay only from £20 to £30 per annum, and expect for this sum the assistant to dispense, attend midwifery cases, and visit other patients." Our correspondent thinks that the small sums are offered and taken in consequence of a vast number of young men wanting situations, the majority of whom have either only just escaped from the trammels of apprenticeship, or have received a very defective medical education. He thinks that much injury is done to the profession and the public by medical practitioners employing young men who know very little of the properties of drugs, the symptoms of diseases, and their modes of treatment.

"Chirurgus."—We are not aware of any place where the new American adhesive plaster can be procured.

"Edward B."—The Royal College of Chemistry.

"Dr. G. Thomas."—Communication received.

"A Subscriber" wishes to know "the names of the gentlemen who were elected at the last meeting of the East India Company's elections to fill the situations of the retiring directors."

"Lector."—"Willshire's Botany" and "Fownes's Chemistry."

"Mr. W. D. Fitzpatrick, Liverpool," writes us in reference to a letter signed "Chirurgus," and published last month, as follows:—"With regard to one of the symptoms enumerated—namely, that of a sensation of burning heat of tongue and thirst experienced by patients labouring under puerperal peritonitis, when pressure is made on the abdomen—I beg to say that when I was a pupil at the Dublin Lying-in Hospital this fact was more than once observed and pointed out; and, if 'Chirurgus' will refer to Dr. Graves's 'System of Clinical Medicine,' he will find it noticed therein, page 80. I beg to assure 'Chirurgus' that I am induced entirely by a feeling of conservative jealousy for the honour of my countrymen and instructors, and not by any means from a desire to detract from the merit due to him for the acuteness of his observation of disease, and the praiseworthy motive of endeavouring to shed another bright ray of practical experience upon the still dark science of medicine; on the contrary, I think he deserves much credit for his exertion to throw his mite of experience into the great treasury of practical information; and I am persuaded that the individual who faithfully records any fact connected with disease or its treatment observed by him, but as yet unnoticed by others, would do more to improve the practice of physic than a thousand disciples bigoted by following the precepts of the highest authority."

"Mr. J. Rolf and Mr. C. W. Latham, Church-street, Bethnal-green."—Communication received.

"Mr. John Postgate, Kilham, near Driffield," "On the Liquor Ferri Persesqui-nitratis."

"Mr. Robert Annan, Kinross," is thanked for his received letter.

"Mr. Reginald Orton," Sunderland."—Communication received.

"A. M." writes—"Can any of your readers tell we what is that disease of the skin which occasions it to be hard and horny on the fingers, giving it a tendency to crack and open; giving a feeling of soreness and clumsiness, a difficulty of feeling a pen, needle, &c., and of bending the phalanges? The extremities of the fingers are as if they had horn caps, and the nails are discoloured. Mercurials externally and internally, and sulphur, have been tried in vain. The malady has existed in a lady for several months, and oil-silk gloves, various unguents, oil, softening decoctions, ung. hydrag. nitrate, &c. &c., have been tried without advantage. The evil almost disenables the lady to use her fingers at all. They as well as the feet ever are, as it were, without any sensible perspiration. The natural constipation of the bowels from childhood requires the lady to take aperient medicines very frequently. Her health is otherwise good; her age about fifty-four. If any of your readers could favour me with some useful information on this subject, and especially with a remedy which their experience has confirmed, it would greatly oblige an old retired practitioner. No bladders form like those in pemphigus."

Letters and communications have also been received from Mr. Leonard; Dr. Russell; Petens; J. E. C.; Celsus; Medicus Provincialis; M. D.; Omega; A Guy's Student; An Interested Observer; A Naval Sub.; Studens; Anthroposophus; Juvenis, King's College; A Constant Reader, Birmingham; A Young Pathologist; Amicus; Mr. Goodwin; Delta; Castigator; A Friend to Sanitary Reform; Obstetrician; Lock; P. B., Dublin; M. R. C. S. and L. A. S.; F. R. S. E.; Dubitans; G.; A Candidate; O. G., Liverpool; Theta; A Medical Reader; Gulielmus, Edinburgh; Edinburghensis; Iota; C. J. Appleton, M.D.; A Suffolk Surgeon; Paul Pry; A Qualified Medical Assistant; Chirurgus; Edward B.; Dr. G. Thomas; A Subscriber; Lector; Mr. W. D. Fitzpatrick, Liverpool; Mr. J. Rolf and Mr. C. W. Latham, Church-street, Bethnal-green; Mr. John Postgate, Kilham, near Driffield; Mr. Robert Annan, Kinross; Mr. Reginald Orton, Sunderland; M, I, G.; A, M., &c. &c.

No. 455. **SUMMARY.** June 17.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 97
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 99

ORIGINAL CONTRIBUTIONS—

The Philosophy of the Human Hand; translated from the French of M. Le Caine S. D'Arpentigny 100
A Report of the Causes, Character, and Treatment of Spasmodic Cholera as it appeared in her Majesty's 86th Regiment, at Kurrachee, in June, 1846; by ALEXANDER THOM, Esq., Surgeon of the Regiment; communicated to the Medical Times by the Army Medical Board 102
The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 105
Observations on some Points relative to Harelip, by H. H. WALTON, Esq. 107
Ether and Chloroform, and Surgical Operations and Midwifery, by E. HEARNE, Esq. 108
Case of a Child Born between the End of the Sixth and Middle of the Seventh Month, and brought up, communicated by R. ANNAN, Esq., Kinross 109

REVIEWS—

A Dispensatory, or Commentary on the Pharmacopœias of Great Britain, by R. CHRISTISON, M.D. 110
Cornish's Pocket Classical Library—Cicero de Senectute 110

PROGRESS OF MEDICAL SCIENCE—

Clinical Surgery—Removal of a Diseased Ovary, by Dr. Vaullegeard 110
Varicocele—M. Vidal de Cassis 110
Removal of a Polypus of the Pharynx 111
Clinical Medicine—Ascitis 111
Albuminous Nephritis 111
Obstetric Medicine—Cesarian Operation 111

LEADERS—

Dr. KNOX on the Races of Men 114
Sham Medical Proclamations, and the Means of Suppressing them 114
Microscopical Society of London 115
Halifax Union 115
GOSSIP OF THE WEEK 115
MORTALITY TABLE 116
TO CORRESPONDENTS 116

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,
Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

INTRODUCTION.

The lectures which I have now the honour to present to the public are based on observations made through a long series of years, and in various countries. The observations forming their basis have been deeply considered and reflected on, some for a period of at least thirty years. A portion of the lectures were delivered about three years ago to various philosophical and literary societies and institutions throughout England, thus affording me many opportunities of testing the accuracy of my views by the critical remarks of distinguished scholars and scientific men. At the period I speak of many of my opinions were spoken of as too theoretical—too universal and paradoxical; but the events of the last six months have in a mysterious and altogether incredibly short space of time proved the accuracy of some at least of these paradoxes, as they were then considered. In my lectures delivered two years ago, when Europe was tranquil, I did not hesitate to foretel the coming approach of that great struggle between the dominant races for supremacy, now manifest to all thinking men, however the causes and the probable results may be mystified by a venal and a jesuitical press. Truths as manifest as the light of day had been either denied or shuffled aside in order to give a character of importance to the petty squabbles of financiers and statesmen. The language I then used respecting Germany and the Germans was considered by many as extravagant; and my statement respecting the comparative feebleness of the Austrian Government, and the causes of that feebleness, was declared to be contrary to the plainest observation. When I denied to Germany an existence, a local habitation and a name; when I asked, who were the Germans? where was their capital? where the seat of government? were they a nation? I was told that the Germans were a great nation; whilst, in respect of their capital, some pointed to Berlin, others to Vienna, some to Frankfort, others to Cologne, whilst others seemed, upon the whole, doubtful of its existence. And now it appears that I was in the right: that *Germany* really has no *existence yet;* that it is still to be formed, limited, and consolidated. I asked them to show me the symbols of a people, a nation. A race I knew them to be, and a bold and admirable one too; the Saxon race, in fact, the true Scandinavian who conquered England; who now hold America; who occupy Northern Germany, as it is called; Sweden, Denmark, Norway, Holland; but these do not form one people, one nation, equal to the development of their rights as men; equal to maintain a struggle with the warlike Celt on one hand, ever ready to "march to the Rhine," and successfully to oppose the swinish Sarmatian; nor even, unless united, contend successfully with the fiery, barbarous Sclavonic tribes, composing about two-thirds of the so-called Austrian empire. For the last six months have the Germans been endeavouring to discover a central point, to form a unity; to separate themselves for ever from the Sclavonic tribes. These truths are now apparent, read them as you will.

Again, when I stated that the Austrian empire existed merely by the sufferance of the other two great races—the Celtic and the Sarmatian—that it did not represent a *German empire*, properly so called, since most of its inhabitants were not Germans, but Sclavonians—a race with whom the true German would not amalgamate—I found it difficult to make myself understood. The scholars of my country did not seem to know who the Sclavonians are, and could not see in them a *race* distinct from the German. Yet I foretold their disunion; showed that the Sclavonians had never amalgamated with the German; predicted that the Austrian Empire would crumble to pieces if again attacked; explained as well as I could the downward course of the Sclavonian race, their disastrous defeats by the German and Celtic races, from Gustavus Adolphus to Napoleon. Let the events of the day speak for themselves. The long-headed statesmen of Europe despised the element of race; the historian, the journalist, spoke of it merely as a philosophic theory, influencing neither the character of the nation nor of the individual. I pointed in my first lectures to Ireland, and was answered that the Irish had no doubt once been Celts, but, by living under Saxon laws, had now become very good Saxons! I was told that they (the Irish) were Catholic and spiritual, and believers in the faith not because they are of Celtic blood, but merely by accident; that the English, Danes, Normans and Swedes, Hanoverians, Dutch, Saxon, were Protestants also no doubt by accident, and not because they belong to the Saxon race of men: thus making of all human history, as M. Guizot has done, a chapter of accidents. I next pointed to the Saxons in Europe—insular and continental, broken and dispersed; then to *Celtic France*—united, firm, and terrible to mankind should she again take up the sword; to the jumble of races forming what was then called the kingdom of Prussia—Saxon, Sarmatian, Sclavonian; and to Austria, made up of tribes of Lithuania and of Southern Sclavonia; to the primitive Huns, Croats, and Germans of the Baltic, held together by the sword. Overwhelming numbers of a race (the Sarmatian, or Russ), advancing as a vast wave of human beings towards Europe from the remotest steppes of Asia, is about once more to try their strength with the Celtic race, with civilized Europe. Mysterious are the ways of nature. Some fourteen centuries ago the savage barbarism of Asia and eastern Europe, composed chiefly of the Sclavonic, Sarmatian, and Mongol races, burst into the civilized world; and hence the dark ages. Now a similar attempt is about to be made. The Sarmatian and the Sclavonian races will probably unite in this attempt to recover their lost position in Europe; to maintain the influence of the Muscovite from the wall of China and the Caspian to the North Cape of Norway and the Zuider Zee; still as powerful in Amsterdam as at St. Petersburg (but soon, I trust, to be overthrown), and once more to push the soul-enslaving, mind-destroying Sclavonic dynasty—the dynasty of the fierce, brutal, and savage Hun—into Italy and Germany; to reconstruct the old falsehood, that the Sclavonians are Germans, and Vienna the capital of Germany. Some ten or twelve centuries ago the Gothic (Sclavonic race) seized the most fertile portions of the Roman empire; called themselves Germans, sons of Teutonia! established what they called the German empire. Vain attempt! Rejected by the true German, or the Saxon, as they ought to be called, the pretended head of all Germany now reluctantly throws off the mask; quitting half-German, half-Sclavonic Vienna, and seeking a refuge amongst his Hunnish, Finnish, and Sclavonic tribes.

Ten years ago it was easy to foresee, at least such is and was my opinion, this war of races; now it is come; yet we must not expect historians, statesmen, and the press, to admit all at once that individual and national character must, after all, be viewed on the element of race. Prejudices, deep and of long standing, will still dispose men to trace human events to causes very different from "a difference in race." Religion, for example, will be put forward; Protestantism *versus* Catholicism; government also; climate, civilization, and Providence. The influence of all these, excepting the last, as not falling within our province, we shall carefully consider in the course of these lectures. Nor will it be difficult to shew that climate has no real influence in altering essentially the physical or psychological characters of the races of men. The Coptic portion of the Jewish race may be seen daily walking our streets—the lineal descendants and fac-simile, as to features, of the Egyptian busts in the British Museum. So much for time and climate. Government and the laws are or ought to be the mere expression of a race; of their ideas of security of person and of property; of the value they attach to freedom of speech and of opinion. Civilization, if it mean anything, simply expresses the literature, science, and art of the race. It does not alter the race; it merely exhibits them under another aspect; they seem different merely to the superficial thinker, and to those who know not that the most highly civilized race, when withdrawn but for two or three generations from the great tide of European life, become the merest barbarians. A Celt will always exhibit the Celtic character, whether he be civilized and educated, or illiterate and barbarous; the same

remark applies to the Saxon, to the Sarmatian, to the Sclavonian.

No race will amalgamate with any other; they die out, or seem slowly to be becoming extinct, as the Copt of antiquity and the Coptic portion of the modern Jews; perhaps even the whole Hebrew family: or they destroy each other; but nations of mules, or mulattoes, as they are called, nature will not support. Whilst I now write, the morning papers say that the Blacks and the Browns are carrying on a war of extermination in Hayti. It must always come to this. But why go to the Blacks and the Browns of Hayti? This is the shallow view of the surface politician, the surface thinker, the surface ethnologist and statesman, who affect not to see a solid distinction in race unless it be as wide as is the Negro from the Saxon. The Sarmatian and the Sclavonian differ as widely from the Celt and the Saxon as does the Negro from the Mongol, the Bosjesman from the copper-coloured Chenook. Ten centuries ago and more the Sclavonian race, under various names—Huns, Goths, Croats, Bohemians—broke into central Germany and Italy, founding the so-called German empire. They pushed their race into Austria and Flanders, where traces of the blood still exist; they reached the shores of the Baltic, and peopled Finland; their government and leading men used every endeavour to be mistaken for Germans, to be identified with the classic Germans of Northern Europe, to represent the German nations; and now, after ten centuries of false pretences, look at them now. Have they amalgamated? Have they become Germans? No; the real Germans keep aloof from them; they repudiate them. The Sclavonian race and Sclavonian house of Hapsburg are now obliged to throw off the mask, to confess that they never were Germans, and cannot become so; and at this moment the Sclavonian race has summoned a confederation of the race, to be held at Prague, in Bohemia, to take counsel against Germany, and, by forming a union, prevent the expulsion of their race from Europe. Two years ago, whilst pointing this out in my first course of lectures, I learned to my great surprise that the educated of my countrymen were not in the least aware that Austria was composed of at least two totally dissimilar races, who never would amalgamate. It was argued, also, that Austria was strong in her army; that Metternich was a long-headed statesman. It was to no purpose I pointed out to my audience the simple historical facts that the Sclavonic races, headed by the house of Hapsburg, had ever been the bitterest enemies of the true German; that they were, physically and mentally, distinct races. It will now be, I think, readily admitted that my view was not paradoxical nor ill-founded. Still I am aware that the observations made by me respecting Austria will be stoutly opposed as regards Britain and America: it will be still asserted that no distinction exists here between the Celtic and the Saxon race. Time will show. I venture to predict their eternal disunion. Mr. Canning boasted in the House of Commons that he had created the republics of South America. But where are they now? To the native Indian population of Mexico and Peru were added, some three centuries ago, the mingled Lusitanian and Celtiberian population of Old Spain; both races, European and American, were already declining when this took place: they were becoming as it were worn out, enfeebled by antiquity. A mingled offspring appeared; mules, in fact, who were sure to be shortlived. When the war of liberation took place which severed Spain from her colonies, this mingled race was alert, numerous, and tolerably vigorous. But so soon as the European blood had been withdrawn, the mulatto of necessity became extinct, and the entire population rapidly retrogrades to the helpless, worthless, doomed Indian population. When Mr. Canning boasted that he had erected the Peruvian and Mexican Republics, I asked, who are the Peruvians, and who are the Mexicans? This simple question could not be answered: in fact there was no such race of men, always excepting the original native Indian. Of them it would appear, it may truly be said, that they progress not; and Von Tchudi affirms that they are rapidly becoming extinct. Thus, even without the intervention of the Saxons of Northern America, the republics of Mr. Canning could not have existed for more than a few hundred years, that is, unless supported by draughts of European blood. In process of time the mixed population would have been extinct, then would come the predominance of the Indian race; arts and science must have ceased; Christianity been swept from the land, or assumed a peculiar and unrecognisable form as in Abyssinia: nor is it a wild conjecture to suppose that the last tribes of the race might on the site of modern Mexico, have rebuilt the pyramids and towers; have rekindled the dreadful sacrificial fires of their ancestors.

All things seem to move in cycles; races succeed races on the stage of this world, once esteemed so vast, but held by Columbus, and proved by modern astronomers, to be of such moderate dimensions. Are the races of men coeval with the formation of the globe? Have they followed other races now extinct, themselves to undergo a similar fate? In other words, what has been their past condition during the historic period? A careful consideration of well-ascertained facts may teach us to judge accurately of the present times, and, it may be, to offer a philosophic guess at the future. Some of these points I shall now proceed to discuss.

PLAN OF THE WORK.

Sufficient data have not yet been collected for a methodical natural history of man; few of the races have been examined anatomically; their antiquity is generally unknown; their affiliation with other races not yet made out; modern chronology is mostly a mere fable. General topics to be discussed whilst describing the races in the first Lecture are—1. *Antiquity of races; their progress, development, and extinction; civilization; theory of perfectibility; theory of the beautiful and the perfect; the gipsy races of men; varieties observed amongst them; physiological laws of species; have there been successive creations, or only one? theories and discoveries of Humboldt, Geoffroy, St. Hiliare, and De Blainville.*

In drawing up the following lectures, embracing most of my views respecting the physical and psychological history of man, I have never had in view the composing a systematic, laboured treatise on man's natural history. Those who attempt this seem to me to have mistaken man's true nature, and to have further committed this great error—namely, the attempting that for which no correct data exist. By his nature, essentially intellectual in part, the labours of man's mind are too vast to be embraced, compared, and described in generalities; the "average man" (a) of the illustrious Quetelet has led to no important results. "European civilization" seems a philosophic enough term, but to me at least it conveys no clear ideas; and when I am told that of two nations closely adjoining each other, equally civilized, equally favoured by climate and external circumstances, and living under regular governments for many hundred years, the one uniformly respects and advocates the law, the other as uniformly despises and violates it; that the one loves war, the other peace; that the one fences in and fortifies its towns, converting its metropolis into a vast fortress, bristling with cannon and bayonets; the other runs the streets of its wealthiest town quite into the open country, fills up the fosse of its remaining bastile (the Tower of London), converting the horrid excavation into a pleasant garden; that the one nation is Protestant and tolerant, the other Catholic, fanatical, and persecuting; then I must not be told that distinctions so wide as these differences, seemingly insurmountable, are the mere effects of accidental circumstances; that these races may be spoken of in the abstract as the branches of one great family; of some ideal Indo-Germanic stock; of some fabulous Caucasian family, who would never have differed had no seas divided them. Views like these have no practical bearing; and, moreover, they are substantially untrue; they misdirect and mislead men's minds. Many years ago, when I first asked who are the Germans? and where is Germany, their fatherland? I was advised to look into history and at Vienna. It was to no purpose that I called attention to the fact that the Sclavonian races had not united with the true German race, and that Austria was essentially a Sclavonian empire located in Europe; that its paternal government was a frightful despotism, almost unequalled in history; it was even urged repeatedly, as a proof against my views and those of my esteemed friend Dr. Edwards, who held similar ones, that the Celtic and Saxon races were so united in Great Britain and Ireland that they now form but one *united race!*

Let the journalists and historians of the day, who thus argued a year ago, come forth now; and let us hear what they think of the *amalgamation* of *races*, of which they boasted so much; let them condescend to fix the lapse of years required for the amalgamation of two or more races. For more than 700 years have the Sclavonians held imperial dominion over South Germany and Northern Italy; have they fraternized with the other races? If so, what means this Sclavonian confederation now sitting at Prague? Whence the alarm of the Germans that they be driven from Vienna and South Germany? Have we not been told (a) that they are all the sons of Teutonia? of the South-Germanic race? Nonsensical generalities and abstractions like these have contributed largely to mystify the plainest truths.

Sec. 2.—Systematic writers on the natural history of man have composed treatises respecting numerous races of men of whom little or nothing is known; hence the meagerness and dryness of their details—the poverty of their conclusions. Of man's origin we know nothing, yet the subject is unquestionably of the highest interest; of the comparative antiquity of races we can merely offer a conjecture; the extinction of a race or races is a problem still unsolved; man's relation with the existing animal world and to those Faunas which once lived, but which are now no more, may be considered as well in speaking of any one race as another; why should his transcendental anatomy then precede all other topics; or why should the history of man's intellectual capabilities, his amount of progress, his position in art, science, and literature, which merely means his civilization, be discussed as a general question, instead of forming a part of the history of that race—with whom seemingly originated all true civilization—the Greek? Why invent terms such as Teutonic, South Germanic, Caucasian, calculated only to mislead, to confound things diametrically opposed? Long reflection has taught me that misdirection is sure to follow the adoption of such terms; and such ideas have strengthened me in adhering to the present form, in which I beg leave to present these lectures to the scientific and general public. I shall take up in succession the leading or, at least, the most remarkable of the races of men; and, whilst discussing their history, examine, in an episodical form,

The Antiquity of the Races;

(a) "Quetelet sur l'Homme," French and English editions.

(a) Letters of "T. T." (a Jew), in the *Manchester Examiner*, in reply to my observations on the Jews. This respectable Hebrew person describes himself in these letters as an Englishman, of the Jewish belief; and a son of Teutonia, having been born in Hamburg! This defies all reasoning.

The Theory of Progress;
The Theory of Extinction and Development;
The Theory of Beauty of Form, of Perfection, and of Perfectibility.
Lastly, the Transcendental Anatomy of all the past and present Forms of Animal Life.

History offers us no guide, no data, for the composition of a systematic work on man; chronologies are mere fables. Let us examine man and his races as they are *now* distributed over the globe; inquire into the present and the past, and so conjecture the future.

A COURSE

OF

LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXVI.

Gentlemen,—I have already remarked on that common means of stopping hemorrhage, the tourniquet. I said that we were now in a better position to dispense with it than in former times, for experience has taught us that the application of the finger will, in a large proportion of cases, answer the purpose of suspending bleeding. It was, I also said, used occasionally to put loosely round a limb when hemorrhage was apprehended, to be tightened if required.

A decided improvement on the tourniquet is the ligature; this not only stops the bleeding, but also leads to those changes in the ends of the arteries themselves, by which they become closed. To secure such you must choose a proper kind of ligature — small, even-shaped, and round. Thread ligatures are very good indeed. You will find there is a little difference in their size, according to the magnitude of the vessels which are bleeding. Silk answers very well for ligatures, but common thread does quite as well as may be desired. Avoid employing a broad, tape-like ligature; when you have a small ligature regulated to a proper degree of tension, it divides the coats of the artery, constricting the outer coat, and if applied with a considerable degree of tension it cuts the internal coat. By the use of a fine ligature we avoid all unnecessary disturbance and irritation of the artery, and all needless separation from its surrounding connections. Do not use a thick, tape-shapen ligature; it will often lead to secondary hemorrhage, and is objectionable upon the principle just named, that of having as little extraneous matter as possible in the wound, where its presence might lead to suppuration. Secondary hemorrhage is more likely to occur here from ulceration, because the ligature separates the artery too much from its vasa vasorum. Bloodvessels partake of the same organization as other parts; hence the healing of a wounded artery can only take place favourably when the part of the vessel contiguous to the ligature continues to receive a due supply of blood through its vasa vasorum. As these vessels are derived from the surrounding ramifications, it is obvious that the application of a ligature to a divided artery at some distance from where it is encompassed by flesh must be very disadvantageous and insecure. Then, although it is quite improper to include much of the adjacent soft parts with the artery in the ligature, it is highly judicious to make the knot as closely as possible to that part of the vessel which lies undisturbed among its natural connections. These observations, however, only refer to vessels above a certain size.

While contending for the superiority of the small ligature, it must be acknowledged that its advocates have often carried their arguments too far. It has been contended that small ligatures are absolutely necessary and essential to the healing of the artery, and that no artery can heal where the large ligature is employed. This statement is contrary to experience and history, for I can remember when the small ligature was introduced. I was at the time a student; so that its use has been of comparatively recent date, and yet we cannot say that no cures were effected before that time. Surgeons before that time used large ligatures, though certainly not with that success which now attends their operations. We know that hemorrhage is often stopped by pressure so applied as to bring together the opposite sides of the artery, and this will bring about the effusion of fibrine, and promote the closure of the wound. A great fact in the experience of surgeons is, that secondary hemorrhage has been very much diminished since small ligatures have been in use; and in surgery we must refer very much to experience, to correct those views we may have been led to embrace by a too rigid adherence to favourite theories.

The method of tying an artery is as follows:—The extremity of the vessel is first to be drawn out or taken up by the surgeon, with the tenaculum, or pair of artery forceps, which open by their own elasticity, and are sometimes so constructed as to admit of being kept closely shut, with a double button that slides along a slit in each branch of the instrument. When the vessel is large and obvious, the forceps are in every way to be preferred. A round firm ligature, not too thick, is then to be put round the artery by the assistant, in the shape of a noose, just below the end of the instrument. The assistant then tightens the noose, and, to prevent its rising above the mouth of the artery, he draws the end of the ligature as horizontally as possible, which can be done most conveniently with the thumb. A knot is then made. Many of our best surgeons prefer the double-spring tenaculum, which shuts in the manner of a pair of forceps, to the common tenaculum. You must be careful to draw out the artery separately from the surrounding textures, and avoid wounding the nerves and large veins. If you entangle the veins and flesh, you will, besides causing great pain, run great hazard of inflammation proceeding from an irritation of the textures, and, if suppuration comes on, the consequences may be of a very serious character. Ligatures usually separate, even from the largest arteries, when tied, in about a fortnight or three weeks. In some cases, however, which I have seen, it has been necessary for the surgeon to cut away the ligature, as it has remained for four or five weeks without showing any signs of coming away; but in doing this, great care is necessary not to interfere with any other texture. In dealing with small arteries, you cannot always avoid implicating some of the muscular textures and cellular tissue which are in the vicinity. In applying the ligature, you must take care to put the noose on as even as possible, for, if it is left obliquely, it is apt to get loose very soon, which is exceedingly undesirable, especially if the surgeon has left the patient, for hemorrhage is pretty certain to take place. Another cause of failure is the improper manner of tying the knot, whether this consists in its insecurity or want of a sufficient degree of tightness. Having tied the ligature, you cut away one end of it for the purpose of lessening the quantity of extraneous matter, and leave the other to withdraw it by when it gets loose.

Sometimes both ends of the ligature have been left behind where they would be brought away by the first discharge, where union takes place by the second intention; but, when union is at all likely to take place by the first intention, you must abide by the rule, and leave as little as possible of extraneous matter in the wound. In contused wounds the practice of leaving the ends is more allowable. The ligature becomes detached by ulceration, and you will find it come away from a larger artery in ten or twelve days, and from smaller arteries in rather less time. If you use a ligature for the cure of popliteal aneurism, it will remain five or six days longer. The ligature is a means on which you can place the most reliance: it closes the artery, and holds the surfaces together while they may unite, and well performs that duty which nature fulfils by means of the external clot.

When you have to do with a wound of a large artery, you will find that one ligature to the orifice nearest the heart will not suffice. As soon as this is tied the blood finds its way through anastomosing branches into the lower continuation of the vessel, and the orifice farthest from the heart begins to bleed. When a large artery is only punctured, and is not completely divided, the vessel is to be first exposed by incision, and a double ligature put under by an aneurism needle. One portion of the ligature is to be applied above the wound, and another below it; all danger from the passage of the blood through the anastomoses into the lower parts of the vessel is thereby prevented. You will, however, meet sometimes with cases in which it will not be prudent to expose the punctured part of the artery by an incision, as in a bleeding from one of the deep-seated arteries of the leg—of the tibial artery, for instance—where you have an opportunity of getting down to the wound itself. In such cases you should cut down to the artery in a situation nearer the heart, and be content with the application of one ligature.

It was on these principles that, in a gunshot wound injuring the popliteal artery, I took up the femoral artery in 1814, and in this hospital, in May, 1835, I tied the popliteal artery on account of several returns of bleeding from arteries of the leg; and in each case the plan answered well. The safest rule, however, is to expose the wounded part of the artery, and tie it above and below the aperture from which the blood issues.

Torsion is little used now for the purpose of stopping hemorrhage. The plan is not, as a security against bleeding, to be compared with the ligature, and it is attended with some pain to the patient, and takes more of the time of the operator than the last-considered method. Besides, it proceeds upon an erroneous principle. It professes to dispense with the presence of an extraneous substance in the wound. But the fact is, that the wound is generally longer in healing, and suppurates more copiously, and, as the artery sloughs, there is in reality an extraneous substance present, namely, the slough itself. In this operation, the artery is seized with a pair of forceps, and drawn out of the wound, with a view to separate it from the neighbouring veins and nerves. The operator then takes hold of the artery below the grasp of the first forceps, pinching the vessel forcibly, so as to produce a solution of continuity in its internal and middle coats. This done, he holds the first pair of forceps firmly, and pushes the second ones, tightly closed, towards the undenuded part of the artery. This movement has the effect of pushing the inner coats in that direction, so as to throw them into a fold, which makes a kind of barricade against the return of blood. Then, holding the second pair of forceps stationary, he twists the end of the artery, now consisting only of the cellular coat, five or six times round with the first forceps. Sometimes the actual cautery is used for stopping hemorrhage, but very rarely in this country. The application of a redhot piece of iron to a bleeding vessel acts by producing a slough, which covers the mouth of the artery, and closes it; but it does not certainly produce a permanent cessation of hemorrhage: the eschar sometimes separates prematurely, and bleeding returns. When it is used for the protection of adjacent parts it is applied through a camula. In my opinion the cases in which you would be justified in using it, if there be any at all, are very few indeed. The potential cautery, or sulphate of copper, applied of the size of a pea, rolled up in a piece of linen and placed on the aperture of the bleeding vessel, is now nearly forgotten for the object under consideration.

Testimonial.—The Royal College of Physicians, Edinburgh, have voted a piece of plate of the value of fifty guineas to their late treasurer, Dr. C. Ransford, who is about to leave Edinburg.

ORIGINAL CONTRIBUTIONS.

THE PHILOSOPHY OF THE HUMAN HAND;

TRANSLATED FROM THE FRENCH OF

M. LE CAINE S. D'ARPENTIGNY.

1848.

(Continued from page 67.)

To organize, to classify, to restore to order, to symmetry,—to see neither levity nor truth beyond the limits of theory, and of the *agreed* on, or the suitable (*le convenu*),—these are the qualities of the hand with squared fingers. It loves similitudes and homogeneities, as the conical-fingered hand loves contrasts. Persons so organized confound discipline with civilization; arrange everything under the head of duties; and of the world of ideas they know no more than the eye unaided by the telescope knows of the firmament. They are always ready to deny what they do not comprehend, and limit nature's powers to their own comprehension.

In France, during the seventeenth century, these useful-handed men took the direction of affairs. Architecture ceased to be national; it became official. That inexorable and vain despot, Louis XIV., gave his character to the age: the monuments erected during his period were without ideality, as his soul was devoid of true grandeur. If the square-fingered hand, with large thumbs, had not abounded during his reign, his memory would never have descended to posterity so bespattered with flattery. The men of that day resembled each other so strongly that they seemed all of one family, of one organization, of one temperament; positive, methodical, reasoning, and contracted.

The round visage, the nose turned up, the independent look, belong to the philosophic race of the eighteenth century; and the nose shaped like an eagle's bill, the visage with something of the lion's muzzle, the round eyes of the wild beast, the eyebrows depressed, belong to the fighting, stirring period of the Empire.

Men with useful hands are afraid of novelty in form, and of boldness in thought. They walk only on the beaten path; prefer memory to sentiment; and in style, clearness and connection in what they are pleased to call poetry. Circumspect and foreseeing, the known pleases them; the unknown is looked on with suspicion. They lean more to the seemingly true than to the truth itself. Their good sense predominates over their genius.

That kind of tricky despotism which originates in a love of order and of rule; the hypocrisy and *medical-osity* which spring from an exaggerated love of reserve and the spirit of conduct; the pedantry resulting from personal respect; the coldness resembling moderation; flattery and adulation, vices peculiar to the hierarchic instinct—these are the more striking defects in such characters. They accept only the more thoroughly *tamed* (*appris*), cultivated, disciplined, hammered, cut out on the model of the patron. Where the tamed and thoroughly disciplined man displays himself with grandeur and *éclat*, thither they flock; there they look for their examples and models. When the nation attempted a revival, these tamed and disciplined men turned their eyes towards Athens and Rome—Euripides, Virgil, Demosthenes, and Cicero; then the *power* supported on the genius of the *universities* had a distinct literature, a distinct architecture, both imitative and nicknamed classical. But *the country* remained Celtic, Christian, and Romanesque, confirming the remark of Philippe de Commines, who, when speaking of the long sojourn of the English in France, says, every country, whatever happens, ends by remaining in the hands of the national peasantry (*demeurer aux paysans*). (a)

Men with square-fingered hands are rather *bourgeois* than citizens, and agree better with *privilege* than liberty. *Authority* is at the bottom of all their instincts, and they prefer restraint. Under Louis XIV. these men became alarmed at the disturbances of the Fronde, and in their fanaticism for *order* sunk into the basest servility to royal power: it was a monarchical fetichism; they placed the throne on a level with the altar. The priests (Pascal, Bossuet) assumed a high and fierce tone, converting the men by the blunderbuss and sabre. Literary, religious, political pedants, they were for ever ignorant of the sublime effects of enthusiasm and of liberty. No official man of that period had the smallest feeling for the beauties of nature. In the laying out of gardens geometry took the place of design, symmetry that of grace. Everything assumed a grave and magisterial air, enveloped in a vast peruque. For those innovators, whom some instinct led to the world of ideas, the square-fingered men of the age of Louis XIV. had prepared the arguments of spoliation, exile, the galleys, and the scaffold.

Versailles—where everything is arranged in straight lines, where prevails a tyrannical and fatiguing symmetry; Versailles, which gives you the idea that one may walk there only in full court dress; Versailles, whose style more resembles arithmetic than poetry—will ever be to men so organized the *beau idéal* of perfection.

The thorough-bred official man has of necessity the fingers square. Satellite of arithmetic, he gravitates in his arid sphere, drawing from it his ineffectual light. The exchequer (*fisc*) is in his heart; it is his deity, and he has no more bowels than the *fisc* itself. He has no passion for anything. In his eyes the best government in the world is the one under which he "writes on." He knows beforehand the precise age at which he will marry, and the number of children he will have. For those who do not write as a profession he has a profound contempt, and he dates the superiority of man over the beasts of the field from the period when paper-making was invented. He is a patrician of the *right divine;* he holds by the hierarchy and social classifications. On these depends his position in life.

There is this distinction between the love of authority shown by spatular-handed men and that belonging to those with square fingers: the first attach themselves to the person of the despot; the others to the institution of despotism.

The extreme love of order of the English and Americans reduces all principles to methods, materializing them, and rendering them sterile or unproductive.

XVIII.—OF THE CHINESE HAND.

Fingers with square phalanges ought to abound in China. The masses there submit readily to the demands of the hierarchy and to the sovereign authority of one person. Good sense is more esteemed than genius, the ordinary than the extraordinary, the real than the ideal, the moderate than the extreme. The social and practical is preferred to the speculative philosophy; history, and moral and political science, to the metaphysical and abstract. The man who governs a family well is judged fit to govern a province—the kingdom—the empire.

There they place politeness, the knowledge how to live, the sentiment of the *agreed on*, and the exact observance of rites at the head of the social virtues. Now, rites in China rule the different manners by which each, according to his age, his rank, his profession, ought to walk, sit down, enter, go out, listen, look, salute, dress himself, move, &c. It was the same in France in the seventeenth century—an epoch when passive obedience constituted the chief merit of a son and of a subject, and where the knowledge of heraldry, etiquette, ceremony, the formalities and manners of the fashionable world, sufficed to merit the appellation of an accomplished gentleman. They were bad spellers at the court of Louis XIV., but they could bow with the best grace in the world.

The moral portrait of Confucius, as his disciples have transmitted it to us, presents the perfect model of a superior man, according to the ideas of the Chinese. Here are some traits of character:—

"Khoung-Tseu, when he resided yet in his native village, was extremely sincere and straightforward; but he had so much modesty that he appeared deprived of the faculty of speech. When he found himself in the temple of the ancestors, and at the court of his sovereign, he spoke clearly and distinctly, and all that he said bore the impress of reflection and maturity. At the court he spoke to the inferior officers with firmness, and straightforward; to the superior officers with a polite ease of manner. When the Prince was present he preserved a respectful and dignified attitude. When the Prince commanded his attendance at the court, and charged him to receive the vassals of the crown, his attitude changed suddenly, his step was grave and measured, as if he had weights at his feet. If he was about to salute people who were near him, whether to the right or left, his robe fell always straight and correctly arranged before and behind; he quickened his pace on introducing guests, and he held his arms stretched out like the wings of a bird. On entering the palace gate he stooped his body as if the gate had not been large enough to allow him to pass. He never stopped in passing under the gate, and in walking he did not tread on the threshold with his feet. In passing before the throne his countenance changed suddenly; his step was grave and measured, as if he had shackles; his speech appeared as embarrassed as his feet.

"Taking his robe in both hands, he ascended thus into the salon of the palace, the body bent, and holding his breath as if he were afraid to breathe.

"On going out, after taking a step, he relaxed a little of his grave and respectful countenance, and assumed a smiling aspect, and when he reached the bottom of the staircase he allowed his robe to fall back, and stretched forth anew his arms like the wings of a bird.

"On receiving the distinguishing mark of his dignity (as envoy of his prince) he inclined his body profoundly, as if he could not support it; then he raised it on high with both hands as if he wished to present it to some one, and lowered it near the ground as if to return it to another; presenting in his countenance and his attitude the appearance of fear, and in his gait, now slow, now fast, all the different emotions of his soul. His nightdress was always once and a half as long as his body. He wore in his house thick clothing made of foxes' hair.

"On the first day of each month he put on his court dress and repaired to the palace to present his respects to the Prince.

"He would not eat food which was not cut in a straight line; if a dish had not the sauce which suits it, if the colour of it was altered, if the odour of it was disagreeable, if it did not belong to the products of the season, he would not eat it.

"In respect to drink he did not limit himself to any quantity, but he never drank so as to affect his judgment. He did not abstain from ginger in his food, and never ate much.

"He never conversed when eating. If the mat on which he ought to sit was not stretched properly, he would not sit on it.

"When the inhabitants of his village invited him to a festival, he only left the table when the old men who carried the batons were themselves gone.

"His stable having been burnt, he said on his return, has the fire hurt any one? I will not miss the horses. If he happened to be unwell, and the Prince came to see him, he appeared to turn his head to the east; he put on his court dress and girt himself with his finest girdle.

"When the Prince commanded his attendance near him, without waiting for his carriage, which followed him, he went on foot.

"If any of his friends happened to die, having

(a) Saxon England, after a severe struggle with the Norman despotism for a period of nearly 900 years, is gradually, but very slowly, returning into the hands of its native inhabitants. —TRANS.

nobody to perform the funeral rites for him, he said, the eare of his funeral belongs to me.

"When he went to sleep, he did not take the position of a corpse; and when he was in his house, he laid aside his habitual gravity.

"If any one paid him a visit while he wore a dress of mourning, although it were a person of his partieular aequaintanee, he never failed to ehange his countenance and assume a suitable air. If he encountered any one in a eeremonial cap, or who was blind, although he himself only wore his usual dress, he never failed to pay him deference and respect.

"When he met a person wearing mourning garments, he saluted him in descending from his carriage; he did the same when he met the persons who carried the tablets on which were inscribed the names of the eitizens. When the thunder came on suddenly, or violent winds arose, he did not fail to ehange eountenance, and to assume an air of respectful fear towards the sky.

"When he mounted hisearriage he held himself upright, having the reins in his hands. He never looked behind him, neither did he speak without proper occasion. He never pointed at anything with the point of his finger."

"Here are some of the maxims of Confueius. They prove that genius, exalted reason, and wisdom belong to all races and to all countries:—

"To love men, therein lies virtue. To know men, therein lies seience. To hate men, that is to ruin virtue.

"Those who know how to deliver studied orations are not fitted to terminate criminal processes. It is only the gentle persons, sineere and straightforward, who observe always the proper medium.

"If a state be not governed by principles of reason, its riches and honours are then subjeets of shame.

"If a state is governed by principles of reason, its poverty and misery are a subject of shame. The superior man lives in peaee with all men, without altogether acting absolutely the same. The vulgar man does absolutely the same, without altogether agreeing with them. The first is with diffieulty satisfied and easily served; the other, on the contrary, is with difficulty served and easily satisfied.

"By virtue alone can reason be moved; do not pray without an object; do not pray when there is no oeeasion for it.

"The voiee of the people is the supreme law and the will of Heaven. Let those who govern them be, therefore, attentive and reserved.

"Perfeet yourself and love your neighbour as yourself."

XIX.—OF THE PSYCHICAL HAND.

This hand is at once the most beautiful and the rarest, for beauty is of neeessity rare. It is small and fine, relatively to the person; the palm of medium size; the fingers smooth or very slightly undulated; the external or distal phalanx long and slender; the thumb elegant and small. When eomparatively large and knotted, the person has energy and powers of eombination, but wants *naïveté*.

As *common sense* guides the useful hands, having for its objeet order, unity, and arrangement; as *reason* direets he philosophic hand, leaning to liberty and truth; the psychieal hand, unfit for manual labour, marks the religious, the enthusiastie, the poetic, the romantie mind. In the world ruled over by the spatular hand, you have movement, industry, war, tumult, the worship of brute foree and of material interests. Governed by artistic hands, you have romantie efforts, that is, a tendeney towards an ordinary object by extraordinary forms; want of foresight and of prudenee; brilliant folly, splendid misery, fanaticism of form. Ruled over by the square phalanges, you have fanaticism of method, universal, narrow despotism; ruled over by the philosophic hand, you have fanaticism of science, doubt, liberty without a basis. But the psychical hands have never risen to power in Europe. They appear only in great human dramas, as at Salamis and Marathon. They saved Spain in 1812; and Germany, sunk in a miserable crowned feteehism, was reseued by some young enthusiasts signing their eountry, their liberty, and their God! (a)

Taken in the mass, these hands despise small efforts and struggles, aiming only at the great. To the stronger sensualism of aneient Greece, they opposed Plato; to the lower sensualism, they oppose the founder of Christianity; to Bossuet, Fenelon; to Voltaire and Diderot they oppose Vanne Nargues, Lemaitre, and Rousseau. Finally, they held in eheek the materialism of the Empire, by means of Chateaubriand, Benjamin Constant, and Madame de Staël.

This hand is not eonfined to any elass, being found everywhere. It abounds in Central Asia, whence have originated all the great religions. They abound in Germany. In the writings of such persons your square and spatular-fingered men take no pleasure; you find not in them that method and clearness whieh are so dear to you. You are tied to the earth by material interests, they soar above it; you look to this world alone, and your poets sing of gardens, and battles, of the graees of Lisette, and the tribulations of a vulgar dinner; lyries, on the other hand, belong to them; you think, they feel; an immense interval separates you, and thus it is that, speaking two languages, you understand not eaeh other. (b)

To this elass of hands belonged Milton, Klopstoek, Sehiller, Goethe, Byron, Swedenborg, Rieter, Chateaubriand, Lamartine, Vietor Hugo, Sand, Dickens, Devigny, &e.; they reign over the nobler hearts.

The Arabs have psychical hands, but extremely hard; they are poetical, ehivalresque, hospitable, religious. Aeeording to historians, Mahomed had extremely hard hands; there is no Mahometan city where the meehanieal arts are so little known as at Meeea. The exaet seienees are in the same wretched eondition. These hands abound in India, the eountry of the most debased fanaticism. Pythagoras taught the transmigration of souls; Plotin was ashamed of his own eorporeal existence; Porphyry, his disciple, claimed a eorrespondenee with the genii; Swedenborg visited heaven and hell.

XX.—OF THE MIXED HAND.

I give this name to the hand whose undeeided lines seem to appertain to two different types. Thus your hand is of a mixed eharaeter if, with spatular fingers, the form is so little marked that it may be mistaken for one with squared fingers.

An elementary eonieal-fingered hand may be mistaken for an artistic hand; an artistic for a psychical, and reeiprocally; a philosophic hand may be mistaken for a useful hand, and reeiprocally.

The intelligence portrayed by the mixed hand is of a mixed charaeter; these intelligenees mollify and sweeten society, serving to unite the extreme classes. Originally wars were cruel and atrocious, originating amongst men of totally different types; nothing short of absolute destruetion satisfied raees whose endless antipathies restedon *different organizations;* a war between different raees is usually a war of extermination.

To mixed hands belong mixed oeeupations, intermediate ideas, relative beauty, relative truths; they civilize our *interest*, and they substitute imitation for invention. Mereury, who, with the ancients was the God of Industry, also presided over liars and thieves. There are many persons who make a trade of everything—war, the bar, the pulpit.

Mixed hands exeel in nothing. A great moral indifferenee is obvious in the eharacter; whereas, in the hands of *pure raees*, the character and genius of the race show themselves. Paseal, Deseartes, Newton, Buffon, &e., had, no doubt, eharaeteristic, but not mixed, hands.

XXI.—OF ARTISTIC ELEMENTARY HANDS, &e.

This hand is thieker and less supple than the artistic hand of the *raee*, and it indieates by its ungraeeful form a disposition nursed to vulgar objects; yet it does not approaeh the extreme hardness nor the rustie size of the elementary hand: the fingers are large, without knots, or with only one; the thumb is large. This hand abounds in Normandy; wealth, therefore, is the only pleasure the Norman really delights in; even in their sensual pleasures they prefer *a good bargain;* they are rather greedy than avaricious. The appearanee of their eities proves this; Rouen, Saint Lo, Falaise, &e., in the midst of a green and beautiful surrounding country, resemble those hideous eareases of reptiles whieh the aneient silly Egyptians enelosed in gold and purple. Henee the Normans are *legal*, but not just; devoted, but not pious. They dislike war chiefly beeause it does not lead to profit; to them glory without money is mere smoke; henee the Normans never drew the sword but for a material interest.

Without art, but full of artifice, wealth is their sole aim; and fortunate it is that masses of men are so eonstituted; for, without such aeeumulations of riehes, the fine arts, seienee, and literature would languish and perish.

There is a saying, that "what is worth seizing is worth holding;" this is the eharaeter of the artistico-elementary hand: it is evidently more fitted to elose and to hold than to open; it is more *industrial* than *industrious*. Normandy, eovered with manufaetures, has neither invented nor perfeeted any machine. In manufaeture, it produees only the most vulgar fabrics; in agriculture, the intelligence of Normandy is inferior to the fertility of the soil. (a)

Edueation, whieh ameliorates the Norman,—giving them that ealm, prudent, reasoning roguery, whieh plays so important a part in human affairs,—corrupts, on the eontrary, the Bretons.

Like the Normans, the Jews have a great commercial spirit,—aptitude for eommerce. They thrive best where a gross ignorance, slavery, and fanatieism have degraded the mass; they worship the *letter*, the *terms*, *words* whieh petrify the human understanding. Thus they make no progress. They are no longer a *people*, but they have not lost their nationality. Jews everywhere, they are eitizens nowhere. The ealamities which strike nations affect them not; they fly before the storm, scattering themselves about, to reappear when it has passed over, pursuing coolly their own aggrandizement in the midst of dead bodies and ruins. They eare not who eonquers In Poland, where they form two-thirds of the inhabitants of towns, they follow no trade requiring knowledge or industry; corporeal labour seems to them hateful; traffie trade alone they regard. Chaffering is their favourite oecupation, tavern-keepers, bankers, eourtiers, &e. Their hands resemble that of the Normans, with a palm not so strong, and phalanges somewhat squared.

In Bretagne there exist many individuals of high intelligence, who yet, in the war of material interests, would be easily defeated by the a Jewish or Norman ehild. These persons have psyehico-elementary hands. Thus it has happened that the natives of Bretagne have been at times overpraised, and again undervalued; generally speaking they are the slaves of routine, and are priest-ridden. Their hands are elementary and spatular.

(a) It would seem, then, that the psychieal hand ruined for a time the liberty of the eontinental Saxon. It is a lesson which ought to be well remembered at the next revolution; let the *Northern* German beware of the psyehical hand.—TRANS.

(b) The life and eharaeter of the Seottish poet, Burns, is exaetly portrayed in the above passages; he was a martyr to the dreadful government of the reign of George III.: the reign of terror.—TRANS.

(a) For Normandy, substitute the words, Glasgow, Paisley, and Manchester, and the deseription will apply to the letter.—TRANS.

The Vendeans, on the other hand, have elementary hands with squared fingers; their humour is fierce, irritable, morose. No remarkable men have sprung from La Vendée, and expatriation deprives them of all their virtues.

How happens it that the entire world has its eyes constantly turned towards ancient Greece? It is because the people who dwelt in it had not only great instincts and great virtues, but possessed also the supreme intelligence both of these instincts and of those virtues. It is the intelligence which is the peculiar attribute of man. A somnambulist walks steadily on the giddy edge of the house-top or precipice's verge; but who thinks of praising that dexterity of which the somnambulist himself is not conscious? Thus but small esteem is due to any people or race plunged in an evident intellectual somnambulism.

XXIV.—RAPID SKETCH OF THE HANDS OF WOMEN.

The dispositions of each type in woman resemble the analogous type in man; but the qualities of the square and spatular-fingered hands are less imperious and intense in them than in us. This is due to the natural delicacy of their fibres.

Of 100 French women, I calculate that 50 belong to the conical type (conical-fingered hands), 30 to the square-fingered, and 20 to the spatular. In respect of the condition of the head and heart, there exists an enormous difference between the men of our days and a man of the tenth century; between a citizen of Paris or of London and a native of Otaheite; but it is not so with women. It is love which causes this. We excel in head, they in heart; hence the truth of the remark of a professor of Halle—Woman is the nervous portion of humanity, man the muscular.

Few women have the fingers knotted; they want, therefore, the spirit of combination; tact they naturally prefer to science; they have more vivacity than force, more fancy than reason.

If we leave out of view the form of the external phalanx, women may be arranged under two principal heads: 1st, women in whose hands the thumb is large; 2nd, those in whom it is small. The first more intelligent than sensible; the second more sensible than intelligent. The first are to be preferred; their sagacity shows itself in everything. *Elementary hands* are rare in women: hence the superiority of woman to the masses where such hands predominate.

English ladies have the fingers generally delicately squared; they content themselves with that love which belongs to marriage; Charlotte Cowdray had the fingers exceedingly delicate. In France, women with spatular fingers and small thumb display that activity and that knowledge of real life which leads to domestic happiness, comfort, and abundance. Order and arrangement, symmetry and punctuality, reign without tyranny in those happy dwellings where square-fingered hands and small thumbs prevail. But look at the house governed by a petticoat despot whose thumb is very large! Servants alarmed and in tears; a mournful silence prevails everywhere, interrupted only by the shrill fierce voice of the female tyrant.

Be regulated by these considerations in addressing the lady; remember that the square-fingered hand in woman leans to prudery, management, ambition, manœuvring: such was Madame de Maintenon. All the heroines of Richardson were of this stamp, resembling our Sevigné. Nunneries are supplied by persons so organized.

Little, soft, supple hands, almost without flesh, but rosy and knotted, love brilliant witty sayings; they live on the charms of the mind; they invented the madrigal. Observe the different character of the woman whose palm is large, fingers conical, thumb small! "Ovid's Art of Love" will teach you how to address her. Their heart is open on all sides. Ninon d'Enclos, and the attendant troop of fair Amazons who accompanied Catherine de Medicis, had hands, no doubt, after this form.

Delicate, smooth, and pointed fingers in woman, with the thumb small, palm narrow and elastic, without softness, indicate a charming mixture of exaltation and indolence, a secret distaste for the realities of life, for conventional duties. These characters are the delight of the world; they prefer genius to plain common sense; their character is the opposite of the *mercenary*.

Those delicate sentiments which we owe to education, woman possesses naturally, each according to her type: their knowledge of the heart is innate and perfect; but they have not a *perfect* knowledge of the real and positive world. In vain would man's physical and psychological strength be given him to labour, to brave the tempest, to dig the mine, if his mind, like woman's, was open to all emotions, or vacillated as the aspen-leaf, trembling to every wind.

A REPORT ON THE CAUSES, CHARACTER, AND TREATMENT OF SPASMODIC CHOLERA AS IT OCCURRED IN HER MAJESTY'S 86TH REGIMENT, AT KURRACHEE, IN JUNE, 1846.

By ALEXANDER THOM, Esq.,
Surgeon of the Regiment.

Communicated to the *Medical Times* from the Army Medical Board.

(Continued from p. 86.)

Such were the effects of treatment in our hopeless cases, alas! too numerous. I will now mention, *seriatim*, the several remedies and modes of cure or alleviation, with their results and comparative advantages.

In general, the disease itself carried depletion to such a degree that any remedial treatment of this kind was seldom necessary. The practice of bleeding from the arm holds a high reputation, and, if it could be employed before the profuse natural discharges take place, it promises to be always a valuable means of arresting their violence, by relieving the congestive state of the system at large; still, in practice, we found it availed not to resort to venesection, when the nervous and vascular power had almost ceased to be perceptible, as was the case in the early admissions. In those where congestion was followed by collapse, before the vessels were emptied, we expected much from bleeding, but found it failed as well as other remedies. In the last 100 cases which were treated, venesection certainly appeared to be useful, as in cases where the vomiting and purging had only begun, and the stage of collapse had not advanced very far; but in cholera of the appalling form which we encountered it cannot be frequently used, and is merely applicable to an early stage and particular cases.

Mercury was generally employed, and I can state as my unqualified opinion, that it is the only remedy that can be given in all cases and stages with prospective advantage, when the patient is not wholly beyond recovery. It was one of the first modes of treatment employed in the earliest and worst cases, in doses of ten or twenty grains of calomel, or blue pill, combined with one or two grains of opium, and repeated in smaller doses every hour till the gastric irritation, vomiting, and purging were checked. In a large proportion of cases we succeeded in this object, but, nevertheless, the first shock to the system, the unaltered state of the blood, and the continued cold, clammy, and profuse perspiration, too generally had death close behind them. Hence we were disappointed with this remedy, because it would not always overcome asphyxia, and turned to others in hope of more favourable results, but in vain; and we unanimously reverted to the use of mercury, with small doses of morphia or opium. It was in the later cases, when the disease had in some degree lost its pristine irresistibility, that the beneficial effects of this medicine became so conspicuous as to be acknowledged by all. It was very seldom productive of ptyalism, nor did we desire it to be so.

Now, without the long experience of many distinguished medical men, and the high authority which we everywhere meet with for the use of mercury in this disease, both analogy and its known effects on the system would at once point it out as a fit remedy in a highly congestive affection like cholera. Its stimulating action on the capillaries, lymphatics, and extreme vessels, will enable them to discharge their superabundant contents in the primary stage, and to resume their tone and contractile power when suddenly and unduly emptied in the secondary stage, while its general stimulus will keep up the action of the more important functions till a more healthy state of the blood is effected. As an engorged state of the system of the vena porta, and congestion of the mesenteric, hepatic, and other abdominal viscera, are the most prominently developed signs of the same universal condition of the body, so much so as to furnish the pathognomonic symptoms, the remedy in question will always be found most valuable from its acknowledged virtues in similar disorders. Above all, as the vena porta and its branches are more liable to obstruction by being in some degree isolated from the centre of general circulation, every remedy which makes the liver to act and secrete bile must relieve these, and mercury has this undoubted effect. The loss of the hepatic function in cholera seems to be in common with almost all others, and its restored action is always a sign of reaction in the system at large; still mercury is not an antidote, nor will it change the qualities of the blood, but it will stimulate the functions to renewed energy in the specific process on which such a change depends.

Croton oil, a remedy possessing high powers over the liver and portal system, was employed in doses of two drops, combined with one grain of opium, as a means of rousing the biliary function into activity, and changing the secretion from the intestines, and in these points of view, next to mercury, I think it was the most useful medicine tried by us. I am not quite prepared to explain the whole range of its *modus operandi*, but the fact of its quieting gastric irritation, and controlling the serous evacuations from the mucous membrane of the intestines and stomach, was fully established, and it alleviated the distressing symptoms of bad cases, and apparently restored others to a reactive stage. It is a medicine, even without opium, that promises to be useful in the highly congestive cases where profuse discharges have not taken place, and with sedatives in those where bleeding has been employed.

Diacetate of Lead.—In the early stages of the more severe attacks, and in those where there was very little discharge from the mucous lining of the intestines, this remedy was not exhibited. In cases, however, where the serous evacuations were profuse, and rapidly hurrying on the collapse, and also in others where these did not cease with the signs of reaction, we usually employed this very valuable medicine in doses of from half a grain to a grain, united with $\frac{1}{8}$ or $\frac{1}{4}$ of a grain of acetate of morphia, every hour or two, till the object in view was attained. It was generally used after a large dose of calomel and a small one of opium had been given to quiet the vomiting and gastric irritation, and stimulate the liver. Although often disappointed in the use of this medicine in dysentery, I was agreeably surprised to find it very successful in the diarrhœal stages of cholera, and by far the best that I know of for this very troublesome and often prolonged symptom; still I must confess that its beneficial effects were much more manifest in the third or fourth, or mildest, grades of the disease, which I have elsewhere mentioned; for, in some of those grave and almost unconquerable forms that marked the outbreak, the vomiting and purging were arrested in a quick and decisive manner, yet the functions of the brain, heart, and lungs rapidly succumbed to the disease, of which these are but symptoms.

The combined use of tartarized antimony and hydrocyanic acid was tried in a series of cases, but with so little success that they were not resorted to a second time. However, of the advantages to be derived from the last remedy,

given by itself, I can bear very decided testimony. In that stage which remains for several days after the first and most terrible shock has been warded off, and which is marked by gastric irritation, vomiting, retching and hiccough, I found that hydrocyanic acid, in doses of one drop every hour, had great effect in allaying or removing these very distressing symptoms, thus giving the system time to resume a more healthy action. The effect of the medicine was transient, and it required to be steadily kept up; however, it left none of those prostrating feelings and effects consequent on the use of opium, the only other remedy at all to be confided in in such a state.

The acknowledged value of opium in this and all other diseases of the intestinal canal, marked by profuse purging and spasmodic action, scarcely requires to be noticed. It was generally used in combination with some mercurial preparation, croton oil, or in enemas, and in small doses; for the use of opium is only a lesser of two evils in a disease marked by much depression of the animal and vital functions.

Stimuli.—Although some question the utility of this class of remedies under any circumstances, yet I cannot see on what clear principle they do so, while both practice and analogy are decidedly favourable to their being used.

Over-stimulation in a disease like cholera every one must admit to be a grievous and, perhaps, occasionally fatal error; but the moderate use of anything that temporarily rouses the system from an almost sudden suspension of animation must offer some probable good result, even in the most unpromising cases. There are few other diseases in which great prostration of strength or collapse occurs where medical men do not give stimulants; why then should they be considered useless in cholera? In syncope life would often become extinct if stimulation was not applied to the nervous system to rouse the languid action of the heart. In cholera, where the heart and respiratory functions appear to be suddenly overpowered and almost arrested, and thereby all the pre-existing mischief in the brain and other organs are aggravated, it seems to be consonant to common reasoning to expect that any means will be beneficial which temporarily awakens the dormant energy of all the nervous centres and system, and consequently enables the various enfeebled viscera materially to resume their duties with even a partial degree of reaction, which may gradually terminate in a healthy or restorative condition of the whole. The reciprocal influence existing between the brain and the heart shows that the one cannot be suspended for any length of time without the other also failing. If the function of the heart is interrupted, we have no way, except through the medium of the nerves, of applying a stimulus to it. Even if the loss of nervous energy was the sole and direct cause of this interruption, and the brain is ill able to bear any excitement, still it is the only medium that occasionally remains of renewing the expiring action of the vascular system. In fact, this constitutes the real difficulty in treating cholera; and of two great evils, we have but the choice of what theory and experience, in my humble opinion, prove to be the lesser. I have had sad proof of how unavailing this as well as every other mode of treatment is in the graver cases of cholera. All that can be said is, that moderate and judiciously applied stimulation holds out a chance of success when the system is not too far gone to be susceptible of it, and in such a contingency it can do no harm. The extraordinarily few cases of consecutive fever among those convalescent from cholera is a proof that this practice, generally adopted by us, led to no ulterior mischief.

In men who were accustomed to drink three or four large drams of strong arrack daily, the use of stimuli was even more indispensably necessary than in temperate persons. The former bear sudden depression very ill, especially if caused by depletion or evacuations from the vessels. Hence, in various stages, when the powers were rapidly sinking, the use of brandy, invariably diluted with a large proportion of water, for the stomach would not bear it raw, was used. Wine, beer, ammonia, ether, camphor, ol. cajeput, ol. carui, assafœtida, &c., were also employed, according to peculiar circumstances; and in certain stages of the disease, while the use of brandy was confined to the stages of collapse, that of wine and beer was more generally resorted to in the period of convalescence, and in very many cases they were the only fluids that could be retained on the stomach.

The oil of cloves, ammonia, and ether were given on the admission of the bad cases, where life seemed to be rapidly sinking; and camphor and assafœtida were found more useful in the stages of recovery, to allay the gastric and intestinal irritation, and remove the consequent weakness. Ammonia is an invaluable remedy, and, from its utility in cases of poisoning from charcoal, it promises always to be so in cholera.

We found stimulants exhibited in the form of injections *per ano* a most efficacious mode of introducing their influence into the system. Sago enemas, with brandy or wine, and a few drops of tinctura opii, were often attended by favourable and almost unexpected results in rallying cases apparently beyond recovery. I have often seen the rise of the pulse and action of the cutaneous secretion take place within a few minutes after this had been exhibited, and where the same stimulant taken by the mouth had completely failed. In the low stages following the first twenty-four or forty-eight hours, in which the stomach is irritable, and only kept quiet by hydrocyanic acid, I found that enemas of wine and sago were of the greatest advantage in supporting the patient till the natural channel for assimilation was practicable.

Diluents and Drinks.—Regarding these there is also considerable medical difference of opinion. Now, while it seems to me that large quantities of drink distend the vessels and predispose the system to the disease in certain states of the air, and that all causes which create thirst, or the necessity for drink, should be avoided during the prevalence of cholera, yet, when once the disease has developed itself, the case is very different. When, after the whole surface of the skin and mucous membrane of the intestines are put into operation, and have rapidly drained away the fluid parts of the blood, and the vessels are left flaccid, or partially filled with thick deteriorated blood, it is obvious that one of the most pressing indications of cure is, to replace the loss by a simple substitute, and as speedily as possible. The stomach is almost the only channel by which this can be accomplished, and water is the most natural element, either pure or slightly mixed with some simple stimulus to render it palatable. Nature instinctively demands it; and, if our men lived more simply, pure water would in such cases always be the natural beverage. However, although a few could take nothing but pure water, by far the majority required it either in the form of soda-water or lemonade, or to be mixed with brandy in a weak degree; for it was remarkable that not a single man could use raw spirit, although daily accustomed to it when in health, while a large libation of water with a little brandy would lie quietly on the stomach. The grateful preparation of soda-water was much relished, and, with a few drops of tinct. opii or brandy, generally remained. Even if the small quantity of carbonic acid gas could have got into the system, it could have done little or no harm; for it is because the carbon of the blood is not changed to carbonic acid that it is so much more deleterious. However, I believe a Dr. Parkin has asserted that in Spain carbonic acid is a specific; nay, that pure carbon is equally powerful in checking cholera. This is a little too much: the first is a palliative of the gastric symptoms; and the last, if it could be introduced into the system, would be positively injurious. The great irritability of the gastric system may account for the caprice and different appetites for drink which we observed, some being able to retain one kind of fluid, and others, after trying every kind, would at last fine one that they did not reject. A few drops of nitrous acid in water occasionally arrested the vomiting when everything else failed. Even if on principle I had had doubts regarding the use of diluents *ad libitum*, it would have been difficult to refuse the incessant, painful, and universal cravings for drink of men dying, and alone seeking this simple and, I believe, natural relief. My late experience confirms me in the opinion that water, and if possible pure and cold, may be allowed to the patient after a profuse withdrawal of the serum of the blood has taken place. I have seen three or four draughts of this swallowed and rejected, but the fifth and all subsequently taken remained.

External Applications.—The remedies under this head must in a great measure be considered as stimulants to the nervous extremities spread out on the skin; and, as all agree in the necessity for and the benefits which accrue from these, it appears inconsistent that doubts should be entertained of the same principle when administered to another set of nerves, those of the stomach and intestinal canal. Frictions applied to the whole body gave temporary relief in the hopeless cases, and contributed towards the recovery of the others. In addition to these, hot applications of water in bottles, sand or bran in bags, &c., were found useful in supporting or restoring the natural heat of the body. Counter-irritation, or rather stimulation, was also tried, by means of scalding water, to vesicate the skin over the epigastrium in some cases, and turpentine over the abdomen in others. The most valuable remedy, however, of this kind was mustard sinapisms; and in the greater number of cases the whole chest and abdomen were rubbed with a thick liniment of mustard mixed with water. The stimulus of this was often felt when other apparently more efficacious remedies failed. I found another good effect from the friction with mustard, in arresting the profuse colliquative sweats which seemed to drain off the watery parts of the blood quite as rapidly and more continuously than even by the intestinal discharges. In not a few cases where this cutaneous process was hurrying the case rapidly to a fatal termination after the purging had ceased, I had the whole body rubbed with a thin mixture of mustard in water, and almost invariably with the desired result of stopping the over-abundant perspiration, and assisting in bringing about reaction. We must, therefore, consider mustard, as an external application, to be one of the most useful auxiliaries in our possession in the treatment of cholera.

In the recuperative stages such a variety of collateral symptoms and local determination were experienced, that to enter into the equally diversified modes of treatment respectively employed would involve an account of half the diseases of vital organs in the nosological table. Gastric irritation and debility of the stomach and intestines were the most prominent, and required almost incessant attention to the nature of the aliment and the state of the bowels, as the slightest acridity tended to produce diarrhœa, or a relapse of the more fatal form of the disease. In such cases, blisters to the epigastrium, light nutritious diet, the use of small doses of blue pill and rhubarb, very small doses of ol. ricini, seldom exceeding a drachm, to clear out the bowels, the use of quassia, gentian, simarouba, and quinine, &c., were alternately resorted to, according to the case. I was much surprised to find so very few cases in which hepatic derangement of any consequence predominated in the secondary stages of this disease; and it convinces me that, instead of the primary cause of cholera being connected with the liver, as it is alleged by some, that this organ is only affected in common with others of vital importance. Congestion of the brain was even a more frequent and grave sequela of the disease than that of the liver; and in a few cases the patient lay for a day or two in a torpid state, gradually ending in coma and death, in spite of every effort.

Out of the 400 cases in the regiment, about thirty were followed by relapse once, and about eight of these by a second, which generally

proved fatal. Some men were well and out of hospital for several days when they had a relapse, and were brought back as bad as on the first occasion, and terminating fatally in the same ratio.

The greater proportion recovered without any consecutive fever. This I was not prepared to expect. The number attacked with fever was about one in eight, and the mortality in this stage was nearly in the same ratio. The fever was in a low, typhoid, congestive type, in which little could be done beyond local abstraction of blood from the head, small doses of calomel, and diaphoretic medicines, followed by tonics and wine.

Now, although fever was not a common attendant on the secondary stages of cholera of the most severe kind, yet a large number of cases returned under this head, were admitted after the first violent outbreak of cholera, and had all the appearance of mild cases of that disease for the first six or eight hours; viz., vomiting, purging of conjee-looking matter, nausea, thirst, coldness of the skin, pallid features, squalid expression, anxiety and tossing about in bed, cramps of the bowels or legs, &c. While one out of four or five of these cases ran into spasmodic cholera, the others would terminate in fever, and were registered as such, showing all the characters of low remittent. As these cases were at the close of the cholera, I really believe that they were men with greater innate stamina, who had both resisted the disease longer, or thus got over it in a more favourable form, than those who had first been attacked; all know that outward appearance is not always a sign of real vital strength.

In concluding these remarks on the medical treatment of cholera in the 86th Regiment, I cannot disguise from myself that when once the disease has laid hold of the system, and bursts forth in all that appalling form which is characteristic of a moribund state in almost all diseases, that our remedial means offer but faint hope of arresting it; and under every circumstance we can only attack the disease by controlling or correcting a few of the more strongly developed symptoms. So it is too, generally, in other complaints belonging to the physician. But, although thus limited in the exercise of our profession, much may be done, and if a tenth of the victims can thereby be snatched from the fury of the pestilence, it is an ample stimulus for exertion. After all, medical men must, generally speaking, be subservient to Nature, and, by studying her purposes through the signs and symptoms which she displays in abnormal conditions of the body, thereby endeavour to assist or forward them.

There is one remedy which we could not employ, because it was not within our reach, nor were there any apparatus at this out-station capable of applying it to the system. I allude to the use of oxygen gas or nitrous oxide, diluted with common air and inhaled into the lungs. I believe that this has been tried in Russia and elsewhere, but on so limited a scale, and under circumstances with which we are not conversant, that it is generally agreed that it has not been sufficiently tested; but in a country like India, where the malady returns annually with the seasons, it ought to have a fair trial; and for this purpose the means of quickly preparing the oxygen and preserving it for use, and an apparatus for diluting it with common air and inhaling it into the lungs, ought always to be ready at our great military stations; nay, I go so far as to suggest that, when the respiratory process is so feeble that the lungs are not adequately distended, it would be well to assist, by gentle means, every inspiratory effort by an inflating machine, so managed that the power could be regulated by which this gaseous remedy might be forced into the bronchiæ. The loss of the function of the muscles for expanding the chest, and the unoxidized state of the blood in cases which begin with dangerous collapse, are quite as justifiable reasons for such a practice as suspended animation. The stimulus of oxygen is the most natural of all that can be introduced into the system. However, even this remedy, under the most favourable circumstance, cannot be expected to be universally or, perhaps, even generally successful; but, if it is capable of saving one-tenth more than the practice hitherto found to fail so signally in every part of the globe, it merits attention. In all bad cases of cholera, the lesion of the solids produced by the morbid state of the fluids and their congestive state, must very often be irreparable, even if we could restore the former and remove the latter. The symptoms which constitute cholera are but the indications of a sudden climax to a gradual series of morbid changes, and by their removal we do not always stop the general effect of those changes. It is, therefore, by preventing or modifying the latter that we can hope for the most efficient mode of checking cholera.

We shall, therefore, close this report by a few remarks, arising out of our recent experience, on the prophylactic means which promise to check the pestilent epidemic under consideration. Not, however, that we think there is anything new, but more because they will serve to illustrate our newly acquired notions of the disease being dependent on a diathesis of the system caused by an excess of the ordinary constituents of the atmosphere, and not by specific poison.

In the account of the treatment I perceive that, in passing over numerous minor remedies, I omitted to mention the utility of castor-oil, not in the grave forms or acute stages of the disease, but in the condition of the system which indicates a choleric diathesis, and in the premonitory and convalescent periods, I do not know a more valuable and safe remedy in the diarrhœas, attended by gastric irritation, that so universally prevailed along with the more appalling malady.

For weeks before cholera broke out, ten, twelve, or even twenty men, would daily report themselves with slight laxity of bowels, and a small dose of two drachms of castor-oil set them all to rights. I believe that by early admission into hospital, and the exhibition of small and repeated doses of this medicine, the congestive condition of the system, especially of the mesenteric and portal vessels, would be gently and safely removed without running into a more dangerous form. Such I am persuaded was the case very often in our regiment. Castor-oil is the only purgative that I consider safe when cholera prevails, and even this in small doses ranging from two to three drachms. In fact, long before the cholera broke out I made it a practice never to give any laxative except castor-oil in small doses to men not in the sick list; and so fully has this system answered my expectation, that it is now a standing rule in the hospital that either in constipation or diarrhœa nothing but castor-oil be given, unless the men are put under a regular system of treatment.

Suggestions on the Means of preventing Outbreaks of Cholera.—These are founded on the following opinions of the nature of the disease, viz.:—

1. That its origin is unconnected with any specific poison spread by contagion, generated in the air, or by localities.

2. That, like scurvy, it is a disease resultant on a certain diathesis, engendered by the united action of high temperature, a large proportion of vapour suspended in the atmosphere, and impeded ventilation on the surface of the earth, whether from natural or accidental causes, following on the dry and cool winds of the opposite season; or, still more so, by sudden alternations of these causes, which must annually be expected to recur in India, varying in degree with the season and latitude, &c.

3. That the changes leading to a "choleric" diathesis are more or less gradual, but, under an intense degree of the general or exciting causes, may rapidly reach the climax of open and suddenly fatal disease.

4. That this diathesis, or tendency to cholera, may exist in a latent degree for a long time after the ultimate or primary causes have ceased, or become insignificant, and be ready to burst forth by exciting accessories.

5. That the choleric diathesis will be fostered and hastened by close and ill-ventilated houses or localities, by the humid air of jungles, marshes or rivers, or sea-air, especially if stagnant, and be hurried into activity by everything which exhausts the physical strength, or depresses the mind, such as long parades, prolonged marches, especially in hot moist weather, or exposure to cold winds, the night air or dews, the effects of damp clothes after fatiguing journeys, or irritating articles of food or drink taken into the stomach.

6. That hitherto no certain antidotal treatment has been found out, and that all that is left for us is to control symptoms, and to correct the altered quality of the blood.

7. That when the disease is once allowed to break out it is as fatal as ever; but as there is every reason to think that by proper attention to prophylactic means the diathesis may be modified and gradually removed without serious consequences, especially if all exciting causes are avoided, it becomes the duty of those who have control over the latter not to wait till the disease has burst out, even in a less appalling form than in the 86th Regiment.

The climate of India cannot be changed, nor peculiar seasons in which causes of cholera exist in an extraordinary degree be foreseen, but by being always prepared to meet such contingencies we shall be on the safe side.

When the day arrives that meteorology is not merely confined to a few loose observations on the thermometer and barometer, but is extended to daily and minute observations on the electrical and hygrometrical states of the air, the force and directions of the winds, and the extent of the connection between them, then the etiology and prevention of cholera, as well as other diseases, will be better understood and turned to some practical value. It will then be known whether a climate is humid or not, even without the necessity of taking "clouds" and "rain" as the only evidence of this.

When the temperature is 90° by day and 86° night, with the dew-point at 80°, and remains long in this state, or is accompanied by calms or light winds, cholera may be looked out for. It is possible, or perhaps probable, that in airy open barracks, and the men are not exposed to fatigue, it may not break out at the time; but, if they have been long under the influence of such a climate, they will be liable to be seized with cholera, from slight exciting causes, even after a favourable season has set in; and this ought to be remembered by those in charge of corps.

If such a state of the air suddenly follows cool or even hot, dry winds, or alternates with them, the consequences may still more be dreaded. In fact, with the setting in of hot weather and sea winds, in May, June, and July, cholera may be anticipated. High mean temperature and moisture seem to have more effect than a great range between the day and night; as during the hot winds.

The localities for a cantonment to avoid fever, as well as cholera ought, of course, to be as high, open, dry, and exposed to breezes as possible. Low ground, the banks of rivers, swamps, or places sheltered by woods, jungle, or hills, are unfavourable. The seacoast has advantages and disadvantages: if the wind prevail from the sea all the year round, of course the climate is like an island,(a) and is comparatively cool and equable; but when it is affected by the land winds for six months, and by those from the sea the next six, this effect is greatly abated or lost. Still, even in the last case, good barracks on an elevated site will be so exposed to cooling breezes and thorough ventilation, as in a great degree to correct the effects of the humidity. In encampments on the seaside, however, as at Kurrachee, when the tents are soaking wet in the mornings from the dews and sea-breeze, health cannot be long preserved. Elevation and openness will always render the coast much more healthy than the interior. Twenty or thirty feet above

(a) This is nearly the case with regard to the Malabar coast and southern extremities of the Indian peninsula.

the level of the sea will be an important point to gain, as the quantity of vapour existing in the most dangerous of all forms, that at the point of condensation at night, decreases rapidly upwards from the level of the earth.

On the subject of barracks, I suppose everything is done in India that is possible; but I confess that those at Kurrachee are not on such a principle as I should consider fit for a hot country subject to cholera.

Instead of being built in *schelon*, in order that each should have the uninterrupted benefit of the prevailing winds in the hot months, they are built in rows, and the front line arrests a light breeze before it gets to those behind. Then the canteen, and school, and other high buildings, are in front of all. I imagine that ground is not wanting in India, to build in any form which is likely to be conducive to the maintenance of health among the troops. I would suggest that barracks should always be so built that the wind will always blow through every building unimpeded by the others; many would think its appearance quite as pleasing and military as the other.

Great attention is given to allow the heated air or lighter gases to escape by the roof, but I see no effective plan at Kurrachee for the removal of a still more deleterious body, carbonic acid gas, which, being heavier than common air, sinks to the lower stratum of air in the barrack, or that in which men are sleeping. As I have already shown that the state of the atmosphere, in hot and humid weather, is sufficiently deteriorated to be hurtful to the system, without the further addition of the most destructive and deadly poison, in an aërial form, which we are acquainted with, and which is hourly generated in large quantities by respiration, and, of course, in proportion to the numbers in one room, it is, therefore, necessary that some opening at the level of the floor should always be made in buildings, to allow the heavy carbonic acid generated in barrack-rooms to follow the natural law of gravity, and flow out below, as it will never rise to the upper part of the apartment. This is a glaring defect in the Kurrachee barracks, for when the doors are shut at night, the consequences must be bad; and at the moment when cholera was breaking out in the camp, we found out, on a medical board, not only that the doors were shut at night, but the windows also. Among other recommendations on this occasion, there was one to have the windows in two halves, so that the lower part could be closed and the upper left open. However, openings in the walls at the level of the floor would, in a great measure, counteract the evil consequence of the windows and doors being closed in the course of the night by the men who are lying immediately under them.

As it is well known that long marches are a very powerful exciting cause of cholera, so it is also shown to have been a predisposing one at Kurrachee, as the regiments that had returned from Bhawulpore suffered in a double or treble proportion to those that were stationary. Everything ought to be done to lessen the fatigues of a march during its performance; and, on a corps arriving at cantonments, it should be considered as a body unusually predisposed to disease, and treated accordingly.

Nothing is more conducive to render a march easy than keeping a good distance between the companies; nay, I should say, the subdivisions also ought to be kept apart twenty yards or so; with plenty of room for the ranks to open out; the men get on more easily to themselves, and have the air circulating about them; and they are thus not only refreshed, but the perspiration is carried off, so that on halting their clothes are less damp. This is a point not easily to be attained, as the military authorities do not like an "unmilitary appearance," such as a regiment marching with one hundred yards between every company would present, and in the presence of an enemy the measure would most likely be wholly inadmissible; but, whenever it can, it certainly will save soldiers from much fatigue. Although little disposed to advocate the use of spirit rations, I do not think that it is likely to be beneficial to men who, on arriving at the new ground for encamping, are wet with perspiration, and have to wait for an hour or two till their tents come up.

In short all parades,(a) drills, and duties, which fatigue the men and induce thirst, ought to be guarded against during "cholera weather." At such times the body in incapable of sustaining any physical exertion without risk of being followed by the disease.

With regard to the movement of a regiment on the malady breaking out, as a prevention of its spread, there is some reason for a difference of opinion. For two days after our corps moved to the elevated ridge over the sea at Ghizre Bunder, the disease raged with fearful rapidity; and when it began to subside, it was simultaneously with that of the 60th Rifles, which regiment had remained in barracks all the time; and it had finally ceased with the latter before it did so with our and other corps under canvas in open spaces of country. However, I think much is to be gained by a move to a short distance, not exceeding a mile or two, and pitching the tents in an open position, wide apart, and with considerable intervals between the companies. But recent experience has taught me that a longer march is injurious, from consequences entailed on a movement, as much as the mere march itself, perhaps.

In India, any change which would substitute more vegetable and less animal food in the ration of the soldier, during the hot months when he takes no adequate exercise, would tend to lessen the effects of a choleric state of the body. Theory, and the natural habits of the natives of hot and cold climates, corroborate this opinion; and, if the principle is admitted, the arrangements for practically giving effect to it will readily occur, even to non-medical authority.

Finally, there ought to be ample means of ablution and of bathing near every barrack, as cutaneous exhalation, the only means of preventing congestion, greatly depends on the cleanliness of the skin, as well as on an evaporating state of the atmosphere.

(Signed) ALEXANDER THOM,
Surgeon, H.M. 86th Regiment.

(a) Instead of the evenings, all parades and brigade days ought to be in the mornings.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 72.)

CLASS V.

Abdominal Seizures; Countenance pinched.

From colic.
,, ,, pictonum.
,, gallstones.
,, urinary do.
,, spasm of gall-bladder.
,, gastralgia.
,, cholera.
,, constipation.
,, intussusception.
,, hernia.
,, ascarides.
,, peritonitis.
,, ,, nervous.
,, ,, acute.

If the physiognomy of cerebral diseases has its peculiarity in the lethargic countenance, and that of thoracic diseases in its dusky countenance, then most assuredly those acute and exquisitely painful attacks in the abdominal viscera must exhibit their characteristic traits in the physiognomy in a most striking manner. It has been already remarked, that whilst the countenance, on the one hand, is so very expressive of disease when it exists in either of the three large cavities, so on the other hand the change of colour, the tinge, the emaciation, the peculiar cast of the whole face is sometimes more expressive of the disease than the features themselves. In short, one may offer the general remark, that an alteration in the *features* of the countenance constitutes the main physiognomical character in acute diseases of vital organs; whilst an alteration in the colour, substance, vigour, and health of the face is peculiar to the chronic changes in organs which may ultimately destroy life.

Let us, for example, go to the bedside of a patient suffering from an acute seizure, either of colic or of peritonitis, and we may notice, first, the corrugations of the orbicularis oculi; the knitted brows, a perpendicular furrow formed thereby from the base of the nose up the forehead, the retraction upwards and outwards of the inner parts of the cheeks, the slight dilatation of the nostrils, the half-opened mouth, with its angles drawn outwards, the chin thrown slightly forwards, and the teeth clinched; can we not read the seat of pain as though we heard it expressed by the sufferer? Pinched features, such as these, cannot, physiologically, belong to cerebral disease, and certainly the phrenic nerve cannot command the muscles of the face so as to produce this kind of physiognomy. The brain, as a viscus, is endowed with no more sensation than the heart or the lungs; but the intimate communications of the abdominal viscera, through the medium of the great sympathetic, with the nerve of expression, the portio dura, readily explain to our minds why so much suffering is portrayed on the countenance of an individual who is labouring under some acute abdominal inflammation.

I have said nothing hitherto of gait or of posture. The patient who labours under abdominal pain will not allow the peritoneum to be kept on the stretch by an erect posture; he therefore stoops slightly forward, or, if in bed, he rolls from side to side if it be simple colic, but lies on his back if peritonitis exists. The flanks are more tender in the latter disease, whilst the region of the umbilicus is more painful on pressure in enteritis. On the other hand, firm and equal pressure affords relief in a sharp attack of colic, or in the passage of gallstones.

Acute tenderness of the ensiform cartilage and a very small space below it attends gastralgia or an attack of dyspepsia. A fetid breath, not unlike to mercurial ptyalism, accompanies a fit of colica pictonum. But if peritonitis has gone on to effusion of coagulable lymph, or enteritis to incipient gangrene, or intussusception and hernia to sphacelus, then, in addition to the above sketch of the physiognomy of these diseases, we have not only pinched features, but a haggard, distressed, and most anxious countenance; the lips and cheeks are moistened with a clammy or greasy secretion, and a slight cast of horror can be read in the countenance of a patient thus dangerously affected. The mind is unclouded in all these diseases at their onset, and the respiratory organs are rarely disturbed in their functions. My kind friend and our late valued house-surgeon, Mr. Hetley, whilst officiating for me during my temporary absence from town, received two men into the medical wards, both of them by trade house-painters. They were placed under the care of the physician of the week, Dr. Seth Thompson. Both were similarly affected; the countenance in each was anxious, the features pinched, the abdomen full; pain, referred to the arch of the colon, was relieved by pressure; vomiting, a full pulse, and constipation of four or five days' duration. As the ordinary treatment for colica pictonum did not succeed—such as warm baths with copious injections of warm water whilst in the bath, sinapisms, opium, and calomel—Dr. Thompson ordered them both to be bled in the bath to fainting. This had its desired effect in one case; the spasmodic action of the muscular coat of the bowels was overcome, and they began to act copiously with perfect relief to the patient; whilst in the other man the symptoms were rather aggravated than otherwise. He grew

worse and worse, calomel and opium were freely administered, little or no pain was experienced on pressing the abdomen, still the countenance betrayed more distress than was warranted by the amount of pain. The bowels would not act; delirium supervened, and we were persuaded that either intussusception or internal hernia could alone explain the continuance of these formidable symptoms; he rapidly sunk, and died ten days after his admission, having had no evacuation from the bowels for a fortnight. There was found a whipcord-like band of mesentery passing over the bowel, the ilium, and gripping it as firmly as if it had been tied by manual dexterity. There was also enteritis and peritoneal inflammation of the adjacent parts.

Very soon after the occurrence of the above two cases, I was hastily summoned to visit one of the nurses in the surgical wards, Dec. 1, whom I found lying on her back with a most anxious countenance, writhing in pain across the bowels, a rapid, feeble pulse, cold extremities, hiccough, and vomiting. I naturally suspected internal hernia, but this idea was soon removed by a free action of the bowels from a large dose of calomel and opium which I administered. However, the symptoms became more and more alarming, and I was, therefore, desirous of obtaining the opinion of one of my senior officers. Dr. Mervyn Crawford accordingly visited her, and ordered two dozen leeches to the abdomen, a continuation of the calomel and opium in smaller quantities, the inunction of mercurial ointment to the arms, and the following draught to allay the vomiting and hiccough:—

Ac. hydrocyanici dil. m. iv.; sod. sesq. carb., gr. v.; aq. menth. vir., aq. dest., aa. ℥ vj. 6tis.

Her former history was the following:—

Ten years ago she was a nurse in an hospital, and was there laid up with a hernia on three separate occasions.

A year and a half ago she was under Dr. Hawkins with jaundice and great depression of spirits, suffering from occasional severe pain through the hepatic region; and on one occasion she passed some solid lumps from the bowels, which gave her great pain in their exit, but which were incautiously thrown away (gallstones). She began, however, to improve from that time.

A year ago she was again on the sick list with a severe and prolonged attack of malœna, accompanied with protracted active hæmatemesis, so that she was at the point of death—pulseless, and with cold extremities. The crystals of gallic acid, then prescribed by Mr. Arnott in six-grain doses every four or six hours, arrested any further hemorrhage, and she recovered in some measure her strength; but subsequently she became anasarcous, with albuminous urine, from which she perfectly recovered, and resumed her duties in a surgical ward.

The progress of this case, however, was unusually rapid; and it should be observed that the pain, which at the onset of the attack was confined to the hepatic region, over the space of half-a-crown in size, and was relieved by firm pressure, now extended to the flanks and pelvis; one small fæcal evacuation did not relieve it, and the features soon became pinched, the countenance anxious, whilst the vomiting of bilious matter was incessant; the hernia was down, but easily reducible. These symptoms increased, uncontrolled by art, and death ensued in thirty-six hours from the period of the seizure.

Post-mortem Examination sixteen hours after Death.—There was acute peritonitis; the liver was large, pale, and fatty; the gall-bladder was contracted to the size of half an inch in length; it was quite pale, and was divided into two compartments by an old band, apparently the cicatrix of the mucous membrane across its upper part; the orifice was very tortuous, and was completely blocked up by small white calculi, not more than three grains in weight altogether; the cystic, hepatic, and communis choledochus ducts were all filled with bile; the duodenum was much dilated, and its mucous membrane was vascular; a chain of enlarged and vascular glands lay between the transverse fissure of the liver and spine below to the right, but parallel with the hepatic duct.

There was the sac of an inguinal hernia on the left side, but it contained only the round ligament, and hemorrhage had taken place into the ovaries.

It should be observed that her habits were once those of very great intemperance.

My chief desire in the present classification is to throw together a few striking cases of acute diseases of the abdomen, in order that the practitioner may notice how little dependence is to be placed upon a well-arranged set of symptoms, however ingeniously laid down in a didactic form throughout medical works for the guidance of the student, and that the general outline and broad features of these diseases can only be given, whilst the finer shades can only be filled up and judiciously weighed in the mind by the experienced physician or clinical observer.

A few days ago I was called out of my bed at three A.M. to see a man who had walked to the hospital in order to obtain some relief for a violent pain in his bowels. On entering the surgery, my eye met a robust and fine young man pacing to and fro, with his body half bent, his hands on the abdomen, and uttering groans of agony. On looking at his countenance, it was palpable at one glance that the poor fellow really suffered, and acutely too. He had a most peculiar, sharp, and anxious expression; his colour was gone, and his cheeks presented a greasy surface and a pale fawn tinge. The pulse was full and quick; the tongue furred, and rather dry; the bowels confined for two days, and he was sick. Suspecting hernia, I questioned him, when he acknowledged that he was ruptured, but had not worn a truss lately. On examining the scrotum, I found a large inguinal hernia on the right side; it was down, very tense, and extremely painful; he, however, returned it readily, yet there was a nodule felt over the inner ring. I placed him immediately in a hot bath, and put ten grains of calomel on his tongue. He was then left in charge of the bath-man, whilst I went to request the attendance and opinion of the house-surgeon, Mr. Dixon. This gentleman agreed with me, that the substance over the ring was not intestine, but, as he suggested, might be a thickened portion of the spermatic cord. We determined on bleeding him to syncope in the bath, and twenty-five ounces were abstracted before he fainted. We had first injected three or four quarts of warm water up the bowels without any decided relief; but as soon as he was comfortably placed in bed he expressed himself relieved beyond all expectation, saying to his wife, "Oh, mother, if I hadn't come here I should have been a dead man by this time." This was at four o'clock. I then left him with orders to apply twenty-four leeches to the abdomen, to take two grains of calomel and half a grain of opium every four four hours, and to keep up a constant fomentation over the bowels. At seven I was again summoned to him, as the pain had recurred. But, before I proceed, it would be as well to observe that he distinctly stated that he was well the previous day at four o'clock P.M.; that he sat down in his chair and fell asleep, and was suddenly awoke by an acute pain over the pubes and around the umbilicus; that he sent for some medicine, which he took, and went to bed at nine; he obtained some relief and fell asleep, but was awoke at twelve, or midnight, by the violence of the pain, and got up shortly afterwards, and with great difficulty he walked to the hospital. But to return. When I was thus called, his countenance was greatly altered; rapid dissolution was marked in every feature; his skin was becoming cold and clammy; he had passed several motions without relief, and, as he expressed a strong wish to have another hot bath, I reluctantly consented to it.

At nine A.M. the nurse came, requesting me to come up immediately, as they were afraid the man would die in the bath. I followed her into the room, fearing the result, when I found the poor fellow lifeless on the floor; they had just time to drag him out of the water before he expired, which took place exactly seventeen hours after the accession of the pain.

Post-mortem Examination eight hours after Death.—There was acute enteritis of the small intestines, and some coagulable lymph over the peritoneal surfaces of the bowels. In removing the latter there was found, at the commencement of the ilium, an aperture the size of a sixpence, with the mucous membrane so completely everted and puckered that the aperture, whilst *in situ*, was not larger than a split pea. There was not the slightest trace of disease in this part of the bowel, but its contiguous portions were highly inflamed. There was no intestine in the hernial sac.

I cannot refrain from adding the following instructive case also, as recorded in my case-book, by way of comparison with the last-mentioned one.

OBSTIPATION DURING A FORTNIGHT; REDUCIBLE HERNIA; BILIARY CALCULUS, PASSAGE OF.

Samuel Wilson, admitted under Dr. Hawkins, Feb. 14, aged thirty-five, a bulky man-servant. Was seen first at five P.M. (candlelight). Nothing remarkable in his general condition; says he has griping pain across the abdomen immediately below the umbilicus, which is relieved by lying on his face, or by firm pressure; abdomen flaccid and unresisting; bowels have not acted freely since the 1st of the month, although he has taken quantities of aperient medicines, and has had enemata; nausea and occasional vomiting; hiccough; tongue furred; pulse 96; skin cool. On ascertaining these points, he then referred the commencement of the attack to a sudden pain in the bowels a fortnight ago, which has remained unmitigated by baths, leeches, V.S. ad. ℥xxx., and a blister. He casually told us that he had "a rupture of three years' standing," which proved to be inguinal, and was easily reduced by himself; having passed it up, there remained at the internal ring a distinct knob, which gave the sensation of a knuckle of intestine; the whole hernia was very painful, and had been so since this attack. A gallon and half of warm soap and water was thrown up the bowel by the self-injecting enema-syringe, but it immediately returned without any fæcal matter. During this operation, the hernia was kept up by the house-surgeon's hand, who felt the nodule suddenly disappear when a gallon had been injected. He declares that he is a temperate man, and always enjoyed a daily evacuation from his bowels until this attack.

℞. Hst. efferv. c. mag. sulp., ℥j. 2dis donec alvus respondeant.

15. This morning, on visiting him, he is seen to be tinged of a deep yellow in all parts of his body. His pain is acute, and he rejects everything but the draught. Has had no sleep, and the bath ordered early this morning only relieved him for ten minutes. On pressing the hepatic region he evinces great distress; and, hearing us remark that gallstones might probably be making their way downwards, he said that seven years ago his medical attendant informed him, whilst labouring under a similar attack, that he then passed a gallstone. Urine contains bile.

℞. Emp. belladonnæ reg. hepatis. Rep. hst. c. tr opii., m. v.

16. Has passed twelve watery, mahogany-coloured, fetid evacuations, some solid matter in each of them, but generally watery, which, on being poured off, leaves numerous dark-brown lumps at the bottom of the vessel, and when dried presented a metallic lustre, and one distinct pea-shaped calculus was also detected. Is the former cholestrine and the latter picromel with salts?

18. Several more fæcal evacuations, with similar lumps of dark matter. Is in less pain, but thinks it altered in its situation, being now most acute about one inch to the right of the umbilicus, and he describes it as a "sticking" or a "stabbing" pain.

20. From this period he gradually recovered his strength; the jaundice went away, the bowels

became regular, and, having obtained a new truss, he left the hospital convalescent.

He was again admitted two years after the above date with severe bronchitis, and was then in *articulo mortis;* he had had no medical treatment, and died two days after his admission. The *post-mortem* examination elicited nothing more than general and very acute inflammation of the whole bronchial surface.

I have already grouped together in the preceding remarks and cases diseases which are so alike in their general features and signs, that, for the sake of clearing away any confusion that might naturally arise from such a collection of symptoms, I may briefly add that, in the first place, ordinary colic, besides the physiognomical character of abdominal seizures, is attended with more or less sickness, a quiet pulse, absence of fever, relief to the pain on pressure; whilst in painter's colic, in addition to these symptoms, we find a blue gum around those teeth that have some tartar on them, a fetid metallic breath, and the obstipation is more severe. There is sometimes also suppression of urine, and even an intermittent heart in this form of colic; if any weakness exists in the hands or wrists, it may be always noticed in the right adductor pollicis, if the workman is right-handed. In the passage of gallstones, however, the symptoms are rather more urgent than in the preceding two forms of abdominal seizures. There is sickness; a jaundiced eye; pain over the gall-ducts; constipation, and more or less febrile excitement, with high-coloured urine. But in the descent of a urinary calculus the pain and numbness down the ureter and thigh is amongst the early evidences of this nephritic seizure. Suppression of urine, vomiting, a sense of distress around the umbilicus, with a constant wish to get a free evacuation from the bowels; a feeling of weight or acute pain across the loins or over one kidney. But in constipation arising from intussusception, or from internal hernia, the symptoms are much more insidious. The sense of pain is not great at the onset; costive bowels and slight fever are the only early intimations to the patient that he is out of health. These symptoms are probably neglected, and sickness with pain over the abdomen supervenes, when he is obliged to seek for some relief. Pressure around the umbilicus, when inflammatory action is set up, always increases the pain; he can lie upon his back or on his sides, but usually draws his knees up in the bed; whilst in acute peritonitis the flanks are most tender on pressure, there is less constipation in this form of inflammation, and the countenance is more indicative of serious mischief than in any form of acute abdominal inflammation. But as there is a pleuritic pain, too often mistaken for pleuritis, so there is also an acute pain over the abdomen, which is frequently attributed to peritonitis. There is, therefore, such a thing as a false peritonitis, and it is more frequently met with in the female than in the male subject. The outline of the disease is the following:—The countenance is pinched, the features contracted, the knees are drawn up, the patient lies on her back, the tongue is furred, the breath fetid, the pulse frequent, but the skin is cool. When the practitioner's hand is laid upon the abdomen (which is passive in respiration) she shrieks with pain, and cries out before actual pressure is made; but if the hand is kept upon the abdomen, and the patient's mind preoccupied with some conversation, such as interrogating her about the origin of the attack, &c., and gradual pressure is continued by the hand, it will be apparent that she does not experience more pain than she did by the slightest touch of the hand. In this state the bowels are always torpid, and very frequently a warm hip-bath and a brisk cathartic with calomel, together with the application of a sharp and large sinapism to the whole abdomen, will remove all these untoward symptoms. Depletion is certainly not called for in one instance amongst a dozen. The agony which I experienced some years ago from an attack resembling the above description was so great, that I firmly believed that it was the result of a urinary calculus descending into the bladder: the pain darted through the kidney, down the right ureter, along the urethra and thigh, and brought me into a most copious and protracted perspiration. A full dose of calomel and black draught were the means of completely relieving me in a few hours. It was a morbid collection of effete matters in the heads of the colon.

It is of the utmost importance, in order to arrive at a correct diagnosis of the nature of these oftentimes obscure and insidious cases, that the practitioner should set aside all delicacy of feeling, and insist upon exposing the bare abdomen, even in the female; because the active or passive state of the abdominal muscles in respiration, or their free play in the upper parts, and their tense and inactive condition in the lower portion of the abdomen, will frequently point the mind, as faithful sentinels, to the seat of actual pain and suffering. Dr. Watson relates the instance of a gentleman who died from obstipation in consequence of the appendix cœci becoming filled with half-digested olive kernels, which, curling around the bowel, had obstructed its canal. I remember a similar occurrence in a man at Oxford, who suffered from obstinate constipation after swallowing the stones of some cherries he had eaten, which lodged in the same spot, and caused his death.

OBSERVATIONS ON SOME POINTS RELATIVE TO HARELIP.

By H. HAYNES WALTON, Surgeon to the Central London Ophthalmic Hospital, the St. Pancras Royal General Dispensary, &c. &c.

In this communication it is not my intention to treat of harelip generally, but of one form only of that congenital defect, in which, in addition to division of the lip, the maxilla is cleft and one of the edges of the divided alveolus projects. In such cases it is evident at a glance that the jutting portion must form a considerable difficulty to the approximation and subsequent union of the edges of the lip; indeed the practical surgeon knows that it almost always forms an insurmountable difficulty.

Most of my readers are probably aware that various mechanical means, spring trusses, &c. &c., have been devised and used for pushing back this offending part before the lip is operated on; and that such contrivances may be productive of some service in particular instances cannot be doubted, for Mr. S. Cooper tells us in his "Dictionary," p. 655, that he had under his own care a case that he treated beneficially in that way. In looking closely into Mr. Cooper's description, however, it will be seen that the treatment was not all effectual, notwithstanding that the truss was applied for several hours daily and persevered in for three months; for after the union of the lip the truss was still necessary, I suppose, for the deformity that existed. Of the ultimate result of the case we are not told.

That pressure is not to be relied on as a remedial measure is very certain. I shall not stop to notice the difficulty of its application. Mr. Liston, in his "Operative Surgery," does not even mention it. Mr. Fergusson, in his "Practical Surgery," alludes to it as a mere notice of what others have done. Mr. Syme, in his "Principles of Surgery," after speaking of pressure, says that when the projection is at all considerable the knife must be used. Mr. S. Cooper, in his "Dictionary," p. 657, writes, "Sometimes, but particularly when a cleft exists in the bony part of the palate, a portion of the upper jaw forms such a projection, just in the situation of the fissure in the lip, that it would render the union very difficult, if not impracticable. In this circumstance the common plan has been to cut off the projecting angles of bone with a strong pair of bone-nippers." And again, "If the prominence of bone be sharp and irregular, no surgeon, I conceive, would hesitate about the removal of such inequalities in preference to the trial of pressure."

I may say, then, that the usual practice is to excise the bit; and, from what I have read and seen, I know that the bone-forceps have at times been freely applied. But obviously a great ill is incurred by the loss of bone from a part where so many and such important services are required of it. It is then to save and make available this piece of bone, which would otherwise be useless and at the same time an obstacle, that I write.

During the last winter Mr. Fergusson was kind enough to allow me the opportunity of seeing him operate for a double harelip, involving the maxilla on each side; and Gensoul's method of bending back the central portion of bone was resorted to. Shortly after I availed myself of the information I had gained; for three cases of harelip were brought to me within a few weeks of each other, each with labial and maxillary clefts, two with entire division of hard and soft palate, one with the alveolus only divided. In all the protruding bone was very prominent, and the deformities bore a great resemblance to each other. These did not admit of Gensoul's method, but with a slight operation I was enabled to apply his principle.

I shall not uselessly go into the steps of operating on the lips, enough to say that it is effected with a small scalpel and my fingers, and that I detach the soft parts from the subjacent bones more extensively than is generally done. I now cut through the protruding alveolus in its entire thickness, applying the bone-forceps at the spot about corresponding to the space between the first and second incisive (and it has happened in all the cases that the deviation from the natural contour commenced just about there), and bend back to the desired level the partially detached portion, which, I may remark, contains the rudiments of the two front teeth.

Dividing the alveolus at the part described may not be without benefit, since probably it interferes as little as it is possible with the future teeth. The soft parts can now be brought together with as much facility as when only fissure of the lip exists. Not much force is required in thus dealing with the bone after the forceps have been applied. There is no fracture, but a yielding, which I imagine may be ascribed to the yet imperfectly ossified incisive and palatine portions of the maxilla. I retain the lip *in situ* with pins and the twisted suture, according to the ordinary method. Of the after treatment I have no remarks to offer. There remained in one of the cases an irregularity at the free margin of the alveolus, the depressed portion descending a little below the natural line; but I did not deem any interference with it necessary.

Authorities differ about the age when the operation should be performed; the majority advise a late operation, some preferring the age of two years, some even later than that. If a portion of bone is to be removed, I do not think it matters much about the delay; but I hold it to be necessary to ensure success with the plan I recommend, that the operation should be resorted to at some period before dentition; and I should say that after the child is a month old the sooner it is done the better. One reason assigned for delay is, that very young children cannot bear the shock and loss of blood consequent on the operation. With modesty I would say that I believe the fear to be greatly exaggerated. We know that infants undergo more severe operations with success. On this subject Mr. Fergusson says, page 520, "From all my reflections and experience on the question, I am more than ever disposed to recommend a very early operation. Within the last twelve months I have operated on five infants, all of them under three months, with the most satisfactory results; and these cases, with others which I have previously had, are sufficient to induce me to pursue a similar practice in all instances of the kind which may come under my notice, unless there be some apparent indication not to interfere." And again, "I once asked the late Dr. Abercrombie, of Edinburgh, the result of his experience on this point," *i. e.*, convulsions ensuing in children while undergoing operations, "and

he could not bring a single instance to his recollection where convulsions could be fairly attributed to an operation." Many instances have been recorded of infants of only a few days old having been operated on for harelip with success: other objections I shall not answer. The respective ages of my little patients were four, six, and eight weeks. All were unusually small and thin, one peculiarly so. I have operated on children under six months, and with good results. In the case with the alveolus only divided, and the palate not implicated, there is not the slightest aperture remaining in the bone, for the piece pressed back accurately filled the chasm. The others are less perfect, but the little gap that exists is very trifling.

It remains for me to say that the result of my cases has been fully satisfactory. When similar affections come under my care, I shall use the same means, and not, as I have in other instances, remove any portion of bone.

I have never before given the chloroform to patients in such early life as those under consideration; but care was taken not to carry the effects of that agent too far—just enough having been administered to destroy consciousness till the greater part of the operation was over.

The annexed cuts, drawn by Dr. Westmacott, represent, before and after the operation, one of the cases in which the fissure extended through the palate. Yesterday I saw the patient. It is now four months since I operated. Where the bone-forceps were applied is indicated by a whitish line, the sides of the cut having united, and the necessary irregularity that existed at first has quite disappeared; indeed, without being told, no one could imagine that a division had ever existed there. The sides of the congenital cleft are now quite approximated. This is one of the two cases in which, as I mentioned, there yet remained, after the operation was finished, a slight gap. Another advantage of treating the protruding bone in the way I advise is, that an artificial palate can be adapted and retained with very much greater ease than when it is cut away. I shall be much pleased if, in after years, I have an opportunity of making greater improvement by staphyloraphy. The nose was so greatly deformed that I feared I should not make much improvement in it. The lower turbinated bone was quite exposed. I leave my readers to judge of my success.

My friends, Messrs. Shute, Greenhalgh, Farrar, and Smith, I beg to thank for their assistance in these as well as operations of greater importance.

13, Bernard-street, Russell-square, May 23.

ETHER AND CHLOROFORM, AND SURGICAL OPERATIONS AND MIDWIFERY.

By EDWIN HEARNE, M.B. London, Southampton; formerly House-Surgeon to University College Hospital, London.

I have much satisfaction in bearing further testimony to the beneficial influence of ether and chloroform in ordinary surgical operations, as also in obstetric practice; and since we find that this, the greatest innovation of modern times, is opposed not merely by the prejudice of uneducated nurses (in some cases an insuperable obstacle), but also by a certain portion of medical practitioners—of what class, with few exceptions, it would serve no good purpose to inquire, save that they are mere conjectures without facts to support their views—it behoves all who have the opportunity to record the results of their experience, for it is only by so doing that we can arrive at a correct estimate of their value.

Case 1.—G., M., aged eight, submitted to amputation of the thigh, Nov. 12, 1847, in consequence of a scrofulous disease of the knee, terminating in abscesses and complete disorganization of the joint. The little patient was much emaciated, hectic fever had set in, and the vital powers were being fast consumed. About an ounce of ether was introduced into the inhaler; in sixty-five seconds the little fellow was sufficiently under its influence to admit of the operation being commenced; in thirty seconds more the limb was removed without his manifesting the slightest pain. By the time the dressings were applied, sensibility had partially returned. A comfortable night followed, and nothing untoward occurred. His general health rapidly improved, and the stump had fairly cicatrized at the end of three weeks.

Case 2.—G. S. L., aged eight, consulted me Feb. 16, 1848, for a protrusion of the left eye downwards and inwards, and to such an extent that it was quite without the orbit, occasioned by a distinctly circumscribed hard tumour protruding upwards and outwards. A slight projection of the eye was first observed when she was about eighteen months old, but no derangement of the general health or other inconvenience, further than slight tenderness on the temple when washed or touched, occurred until about the end of the third year; by that time the displacement was considerable, attended by frequent attacks of pain, especially at night, and to such a degree that her parents state they have been unable to take a good night's rest since. Moving the eye occasioned a disagreeable sensation, described as snapping or jerking. The morbid growth gradually increased, accompanied by an aggravation of her symptoms, but, until within two years, sight remained tolerably perfect. Different medical men had been consulted, but they did not think proper to interfere with the disease. About this time she was admitted an in-patient of the Royal South Hants Infirmary, and was treated for many weeks with iodides and mercurials, as I was informed by the then house-surgeon, but without any benefit. The little patient described with a lively sense of horror the pain attendant upon an operation then performed, as indicated by cicatrix of some length in the upper lid. From this time the growth increased more rapidly; vision became extinct; the cornea, from being constantly exposed and unprotected, ulcerated, and considerable opacity was the result; the conjunctiva, greatly congested, had of late discharged pretty freely. She looked thin and pale, and had become much emaciated.

Feb. 23. In conjunction with my friends Drs. Wing and Benbow, and Mr. Buckell, of Romsey, it was determined that the only judicious procedure would be to dissect out the diseased growth, if possible without removing the eye, as, notwithstanding its functions were destroyed, it would to some extent prevent deformity. Ether was administered, and in about three minutes she was fully under its influence. An incision an inch in length, dividing the external commissure of the lids, was made, and after a little dissection a deep-seated fluctuation was detected. On making a deep puncture gelatinous fluid escaped; this allowed my finger to pass fully into the orbit; and, after further dissection, I found the disease so firmly impacted against the orbital walls, and so intimately blended with all its contents, that there was no alternative but to remove the whole. This was immediately accomplished, but with a little difficulty, in consequence of its close approximation to the bony parietes. Hemorrhage took place to the extent of four or five ounces. The cavity was lightly filled with lint, and the edges of the wound were brought together by means of a couple of sutures. All this was effected without the slightest manifestation of pain. Now came on slight syncope, attended by severe vomiting, the latter apparently dependent on the stomach having been overloaded with oranges. She passed a comfortable night, and recovered without an untoward symptom, sitting up at the end of the fifth day. Granulation went on rapidly for a few weeks, attended by a discharge of healthy pus: this has now ceased. She has good nights, which her parents speak of with much joy. Eats heartily, and is getting stout and rosy. The tumour, when removed, presented an irregularly thickened fibrous cyst, from which a considerable quantity of thick gelatinous matter escaped. The optic nerve, and other structures contained in the orbit, had either become atrophied, or so altered in appearance that I could not succeed in tracing them.

It will be observed that ether was used in both the cases related, this being done under the impression that it was milder in its effects than chloroform, and more suitable for children; but, as the cases demonstrate, sufficiently rapid in its operation, and productive of all the good that could be desired. I will now briefly refer to my experience of chloroform in midwifery.

Case 1.—Mrs. B. had been in labour for her first child some fourteen hours; natural presentation; os uteri fully dilated; vagina moist and cool; uterine contractions irregular and ineffective. The patient, naturally delicate, was becoming exhausted and irritable, and desirous of anything to procure relief. There being no objection to the inhalation of chloroform, about half a drachm was administered, which in a few seconds produced a state simulating sweet sleep; by repeating about m. x. vel xv. at intervals, as returning sensibility manifested itself, she was spared the exhausting influence of five or six hours' severe suffering, and a full-sized male child was born with comparatively little pain, the uterine action going on naturally, excepting when the inhalation produced stertorous breathing, at which time it became somewhat impeded; this occasionally happening on the addition of fresh chloroform, as the patient was peculiarly susceptible to its effects. The placenta being retained, after waiting some three-quarters of an hour, the chloroform was again administered, which admitted of the hand being introduced into the uterus, without occasioning the slightest suffering. A little irregular contraction had to be overcome, together with much inertia. ℥j. of the ergot of rye, in two doses, was given, and the hand retained until sufficient action returned to assist its expulsion, when it was gently withdrawn, and a binder and compresses firmly applied. She made a favourable recovery for some days, after which a train of hysterical symptoms, such as we not unfrequently witness in similar constitutions, showed themselves, by which her progress was impeded for some weeks. Both mother and son are now in excellent health. This patient inhaled about ℥j. of chloroform.

Case 2.—Mrs. G. had also been in labour for her first child about fourteen hours. Presentation natural; os uteri fully dilated; vagina cool and moist, and propulsive action now becoming strong. Chloroform having been administered as described in the last case, uterine contractions gradually increased, terminating labour in about forty-five minutes, without in any way disturbing the mother's repose. She remained quite tranquil some fifteen minutes longer, when consciousness returned, as if awaking from a refreshing slumber. On being informed that she had given birth to a fine boy, the reality could scarcely be believed. She made a good recovery, with the exception of troublesome breasts.

Case 3.—Mrs. T., also her first labour. Chloroform was administered under similar circumstances to the last, and with the like result. She expresses unbounded praise for the relief afforded her by the inhalation, and made a very rapid recovery.

Case 4.—Mrs. H.; a second labour, but in other respects similar to the two last, with the exception of the first stage of labour having lasted many days, and her having become considerably debilitated during pregnancy, in consequence of suffering much pain, loss of appetite, &c. She speaks in the highest terms of the relief afforded her by the chloroform, and has made an excellent recovery. Appetite and strength quickly returned. Infant much above the ordinary size, I should say weighing at least ten pounds, but I could not prevail on the parents to weigh their son.

Case 5.—Mrs. M.; second labour; delivered of twins. She was about to inhale the chloroform for the first, but the labour was too rapid to admit of my superintending both at the same time. The first being born, the head of the second was felt above the brim of the pelvis. Chlo-

roform having been inhaled, the membranes were ruptured, and after three quarters of an hour of severe labour all was over without the mother being in the slightest degree conscious of the second birth. Her surprise may be more easily conceived than described. She declares that she will never undergo another confinement without taking chloroform. About half an ounce was administered in each of the four last cases. Both mother and children are doing well.

Case 6.—Mrs. B.; third confinement. Similar in all respects to case 4, the first stage of labour having been exceedingly tedious. The os uteri being fully dilated, the inhalation was commenced, and its action kept up for two hours, returning sensibility occasionally manifesting itself by the patient eagerly asking for more chloroform, when labour terminated without the slightest indication of suffering. In both her previous confinements the infant died soon after, but she has now a fine healthy boy.

The uterine contractions went on in this, as in the other cases, just as under ordinary circumstances, nor do I think that chloroform, if properly administered, either increases or diminishes natural action, as some would have us to believe, but that it acts simply on the sensitive nerves the cases I have related go far to substantiate. Still there can be no doubt but that it may be made to interfere with the functions of the motor nerves, as case 1 and others that have been published tend to demonstrate. This must not be lost sight of, and will fully explain its lessening natural action, as some have described. Regarding the observation of others relative to its increasing natural action, I think there may be some fallacy; but in very protracted labours, attended by feebleness and irritability, with inefficient uterine contractions, it is easy to conceive that the calmative influence of the chloroform would facilitate the restoration of nervous power, and thereby produce the effect described.

It affords me much satisfaction to be able to corroborate the opinion I expressed in August last, which has since been attested to by others, that patients confined under the influence of ether or chloroform make better recoveries, suffering less from afterpains, and requiring less of opiates, than if confined under ordinary circumstances.

For some time after the introduction of chloroform by Dr. Simpson, to whom all honour be given, I experienced much annoyance in using it for minor operations, from its being followed by severe vomiting and other symptoms of disordered stomach, independently of its proving very uncertain in destroying sensibility. This must have arisen from an imperfectly prepared article being at first sent into the market, even from the most respectable parties, as for a considerable time from the same manufacturers it has been both certain and agreeable in its operation. I mention this in case others may have been equally unfortunate, in order that they may attribute their failures to the right cause, rather than give up the agent in despair, as I was at one time almost inclined to do. At present no very accurate chemical test of its purity, so far as I am aware, has been discovered; its sp. gr. is perhaps our chief guide; but, since practical chemists have had so much experience of late in its preparation, I apprehend there will be now no difficulty in obtaining it good.

A very simple and good kind of inhaler is a piece of wire gauze covered with merino externally, and lined within by a thin piece of sponge covered with lint. This can be easily adapted to the mouth and nostrils, and will admit of comfortable respiration, as though it were an ordinary respirator, and at the same time prevents the chloroform coming into contact with the skin. I have used it for some months, and find it more suitable than anything of the kind I have seen.

I cannot conclude my communication without making a few comments on the ungracious attack on Dr. Simpson, in connection with his discovery of the use of chloroform, emanating from one who, from the high position he has held in one of our metropolitan schools, will probably influence the minds of many, especially those of his former pupils. I allude to Dr. Ashwell's letter in the *Lancet* of March 11, 1848—a more illogical, dogmatic composition it would be difficult to conceive! How does he proceed in arguing the question? He states "that Dr. Simpson has propounded other new matters to the profession (some of them he enumerates), which have yet to pass through the ordeal by which alone it can be determined whether what he has regarded as new be really true; and now he proposes to interfere, as I think most dangerously, with the process of every natural labour. I mention these facts as justificatory of my personal allusion to Dr. Simpson, and my conviction that chloroform ought never to be used in natural labour." An assumption that Dr. Simpson has committed errors in other subjects is proof positive with Dr. Ashwell that he is in error with regard to the use of chloroform. He goes on to state "that he has no quarrel with its judicious use in surgical operations." It would be very strange if he had, after the great saving of life statistics show to have resulted from its use. "In Dr. Snow's report of the operations at St. George's and University College Hospitals, in which he administered ether, five only of twenty-six cases of the great amputations ended fatally: of fourteen amputations of the thigh but two died; of ten amputations of the thigh, performed under the influence of ether or chloroform at the London Hospital, only one died." (Of three in my own practice all recovered.) "Dr. Simpson has ascertained that at eight of the London hospitals there were seventy-three cases of amputation of the thigh and leg under etherization, of which number fourteen proved fatal, giving a mortality of about nineteen per cent. A table, collected by the Medical Society of Observation, of 134 cases of amputations of the thigh and leg performed in the hospitals of London, from 1837 to 1843, fifty-five were fatal, giving a mortality of forty-one per cent., or more than double that which occurred in the operations upon persons in a state of etherization. Dr. Simpson's table contains 324 cases of amputation of the thigh, leg, arm, and forearm, of which seventy-two died, or twenty-two per cent. In the table of the society there are 186 cases of the same operations, and sixty-nine deaths, or thirty-seven per cent."

These statistics are extracted from Mr. Curling's valuable pamphlet, "On the Advantages of Ether and Chloroform in Operative Surgery," and cannot be made known too extensively. Surely such results speak positively as to the benefits to be derived from these agents in severe operations; and why should we not class severe labours under the same category? Who can assert that long-continued labour-pains, with their attendant dread, have not the same depressing influence as when the pains are the result of any other operation; or that they do not, in certain nervous temperaments, produce a shock to the nervous system which lays the foundation for severe or even fatal disease? Many parturient women are destroyed, directly or indirectly, by emotion alone, and so are many surgical patients. If annihilation of pain will prevent this in the one case, why should it not in the other?

CASE OF A CHILD BORN BETWIXT THE END OF THE SIXTH AND MIDDLE OF THE SEVENTH MONTH, AND BROUGHT UP.

By ROBERT ANNAN Esq., Surgeon, Kinross.

British systematic authors agree that in the sixth month of utero gestation in the human female the fœtus is perfect and well formed, measures nine or ten inches, and weighs about one pound troy; that the fœtus is now so vigorous that there have been instances, though most rare, of its continuing to live, if born at so premature a period. In the seventh month it has gained about three inches in length, and is now more able to live independent of the uterus, though even at this time the chance of its surviving six hours from birth is much against it. In the eighth month it measures from fifteen to seventeen inches, and weighs four, or sometimes five, pounds, the calculations varying according to the sex of the child and the conformation of the parents.

In 1815 Dr. Rodman, of Paisley, in the eleventh volume of "The Edinburgh Medical and Surgical Journal," details the "Case of a Child born between the Fourth and Fifth Month, and brought up." As an exemplification of the success of careful and judicious treatment, the case is every way deserving the attention of the practitioner in midwifery, however much he may be sceptical as to the evidence of the mother whether the child was born at so very early a period; and, indeed the appearances of the child when three weeks old, as they were first noted, when the infant (a male) is described as thirteen inches in length and twenty-nine ounces in weight, might not unreasonably warrant the conclusion that the mother had been in error (no uncommon circumstance) at least one month as to her reckoning. Be this as it may, the following not dissimilar case is now given:—

Mrs. R., aged thirty-eight, of Holeton, in Orwell parish, Kinross-shire, the mother of six children, the youngest being under two years, found herself pregnant, dating from the beginning or middle of the month of November, 1847. She was of middle stature, and had been subject to occasional attacks of dyspnœa, but otherwise was in good health. In the end of December a small, apparently glandular, tumour appeared near to the right side of the umbilicus, which gradually enlarged to nearly four inches in diameter, and suppurated. This was discharged by the knife on the 24th of February, without pain, the patient being put under the influence of chloroform, for which she expressed herself in grateful terms. A second and a third tumour, with nearly similar results, though the third was not opened by the knife, had the effect of reducing Mrs. R. to a state of great emaciation.

On the 5th of April the pains of labour came on rather unexpectedly, and in less than two hours she gave birth to a female child, which, on my arrival, I found very carefully wrapped up and placed so as to receive the gentle warmth of a fire. Unloosening the cloths to enable me properly to tie the cord, which had been hastily cut through and tied about six inches from the navel, I found a tiny infant, the proportions of which I did not think it proper then to take time to ascertain. As it was not expected to survive long it was placed on a cushion in an easy chair, so as to be sheltered from draughts of air, and at the same time so as to receive benefit from the fire, being previously wrapped up in folds of cotton wool and covered over with flannel. An earthenware bottle, filled with warm water, which has been pretty constantly continued, was placed behind the cushion. To attempt otherwise to dress the infant was never once thought of. This was about ten A.M. As the infant showed more signs of vitality, the lips and mouth were gently moistened with a mixture of one part of cream, three parts of warm water, and sweetened with sugar. At first it was not observed to swallow, but in the evening, when I returned, there could be little doubt that this had been the case from the minute quantities of the mixture, given from time to time, not having been rejected. On the following day, to this mixture from three to four drops of sherry wine were added, and continued to be used as yesterday. On the third day the deglutition was very perceptible. Of this advantage was taken, and under the eye of a most careful female relative from three to four drops of the wine were given during every six hours, in as much of the mixture as the infant was found able to swallow.

On the seventh day the child was weighed and found, including a small flannel roller, to be *twenty-four* ounces. The roller was under one

ounce in weight. At this period the length of the child was not taken, but was supposed to be from twelve to thirteen inches. As the feelings of the mother were most acute, and as, indeed, she was considered to be in a dying state, and as it was not expected that the infant could suck, an occasional wetnurse was not got till the ninth day; the other nourishment being supplemented nearly as above. At first the nurse merely milked a proportion into the mouth, but in less than eight days it was found that the child could draw a little, which gradually improved. Occasionally a small portion of magnesia usta or castor oil was given, so as to ensure regularity in the bowels. About the end of the third week very fine oatmeal gruel, sweetened with sugar, was alternated with the cream and water, the quantity of wine being gradually increased; and latterly the quantity given during twenty-four hours has been from one to one and a half teaspoonful.

On 16th of May the child was baptized by the Rev. James Thornton, of Milnathort, and was then observed to cry lustily for an infant of such tiny proportions. When six weeks and one day old, the weight was accurately ascertained to be *thirty-nine* ounces; the length, as nearly as a tape applied to the child would enable, showed *sixteen and a half* inches; and on the 30th of May the weight was *forty-three* ounces, having gained four ounces since last weighing. At the last period the circumference, by the forehead and occiput, was barely *eleven and a half* inches.

During the last four weeks the child has been regularly bathed in water, at first tepid, but latterly of the temperature of from 65° to 70° of Fahrenheit; and occasionally, according to the testimony of the very careful female relative, who has hitherto so creditably and successfully superintended the nursing, sometimes considerably lower; and the infant is described as uniformly enlivened and strengthened after the bath. The stomach, it is remarkable, has never once given way; and this must be solely attributed to the extreme care observed in regulating the proportions of nourishment, whether by the breast or by the spoon; and it has been remarked that the little creature seems uncommonly happy after her doses of wine and gruel. When lifted for necessary purposes, she does not fail to testify by her crying the sense she entertains of the annoyance.

Of the benefits to be derived, in such cases, from the judicious use of wine, there can be little doubt; and, without wine, it seems almost certain the other nourishment would have been of little avail; and the same may be said of the proper regulation of the temperature—in this case hitherto exclusively artificial, except during the short periods when applied to the nurse's breast. At present all looks well, but the mother being dead, and family arrangements requiring, at no distant period, the removal of the infant to the abode of the wetnurse, half a mile distant, the change is not to be viewed without suspicion as to its effects.

Of the exact period of utero gestation when the infant was born it is not, perhaps, possible to speak with absolute certainty; but, taking the whole circumstances together, it does not seem unreasonable to fix the period as somewhere betwixt the end of the sixth and middle of the seventh month; and certainly interesting, more especially in a practical point of view.

NAVAL PROMOTIONS AND APPOINTMENTS.—Acting Assistant-Surgeons: George Moore, to the Victory; John W. Cleave, to the San Josef.—Surgeon: James A. Miller, to the Ranger.—Assistant-Surgeons: James Holt, confirmed to the Odin; Charles B. Wood, to the Vixen.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, June 8:—William Costall May, Bow-lane, Cheapside; Thomas Limbery, Appledone, Devon; Charles Crighton Bramwell, North Shields; Robert Thomas Deakins, Bicester, Oxon; James Pynes Coward, Liverton, Devon; John Sinclair, Liverpool.

REVIEWS.

A Dispensatory, or Commentary on the Pharmacopœias of Great Britain. By ROBERT CHRISTISON, M.D., &c. &c. Second Edition, 8vo., pp. 1003. Edinburgh: Black. London: Longman.

A work of such a nature as the above does not admit of review, properly so called, except it should present any features at variance with the orthodox truths it is supposed to convey. These being properly enunciated, it is sufficient to state the fact, and thus leave the volume to take its place and receive its share of patronage amongst the few works that attain a classical or standard eminence.

That any production of the erudite pen of Professor Christison should occupy the first rank in our land's literature will be as easily admitted as understood by all who can estimate his intellectual and scientific worth; but, if one subject more than another could be selected in which to show Christison's eminence as a scholar and a man of practical researeh, perhaps none better could be found than the volume before us. For years past the Professor of Materia Medica in the University of Edinburgh has been acknowledged to have no superior and but few rivals, the world over, in his particular department.

The reputation he has so long enjoyed as a teacher would naturally be expected to extend itself to him as an author. And in this expectation the profession and scientific world will be fully anticipated in the volume we are noticing. The previous edition of it received very quickly the stamp of approbation in the fact of a successor being called for in the space of twelve months. Whatever of excellence was contained in the first issuing is fully transferred to the second, with the addition of many important interpolations and *addenda*, derived from discoveries which advancing science has lately placed within the reach of its votaries.

These remarks will lead our readers to the opinion we entertain of the work before us. It is exactly the work we would give to the student for daily reading, or to the practitioner for regular reference. Without being encumbered with unnecessary detail or research, it is sufficiently explicit in its literature to render it an ample encyclopædia of its subject; and, at the same time, its practical information is so condensed and summary, yet without a sacrifice of even the least important fact, that to the student it cannot but be a text-book invaluable in its kind.

Had we said less concerning this volume we should have been wanting in common duty; but it is not necessary that we should say more to convince our numerous readers that we consider Christison's Dispensatory to be the best English work extant upon the subject it embraces.

Cornish's Pocket Classical Library. Cicero de Senectute. A Dialogue on Old Age. 12mo., pp. 42. London: Cornish, Chancery-lane.

This is a first of a series of translations of select Latin and Greek authors, which Mr. Cornish is intending to present to the literary public. The volume before us is an English rendering of one of the most sublime, philosophical, and pathetic of all the writings of Cicero. It is well worthy the language in which it was first given to the world, and perhaps no language could have been better fitted for conveying its ample eloquence, its profound reasoning, and its simple but earnest pathos, than the Latin. To give this a good translation into our vernacular tongue is no easy task, but we must do the translator of the work before us the justice to say that his efforts have been crowned with more than usual success. In so far as a fresh language can meet the spirit and meaning of the original, he has made good Saxon words do their best work in their best style. The translation is both faithful and full, and reflects great credit both upon the literary and the proprietary undertaker. This first of the series, we perceive, is dedicated, with marked compliment, to our correspondent, Dr. Wright, of Birmingham.

PROGRESS OF MEDICAL SCIENCE.

CLINICAL SURGERY.

REMOVAL OF A DISEASED OVARY; CURE. BY DR. VAULLEGEARD.

This is the first case of operation performed in France: it has proved successful, and may, we trust, give more popularity in this country to a mode of treatment which Dr. Clay's cases have rendered familiar to English surgeons.

CASE.—PREVIOUS HISTORY.—T. R., aged 25, menstruated at 18; had enjoyed very good health until the year 1842, when the abdomen became enlarged and the menses irregular. These symptoms disappeared suddenly, and during fifteen months the patient did not suffer any relapse; but, at the expiration of that period, the abdomen again became distended, and the menstruation deficient. On May 11, 1844, paracentesis was performed for the first time, and, twenty-five litres of transparent fluid having been removed, an ovarian tumour, of the size of the hand, was detected in the left iliac region. From that period forward, the dropsical collection formed with such rapidity and abundance that three days before operation paracentesis was again performed for the fifty-first time. Examination through the abdominal parietes indicated the presence of an oval tumour, extending from the left iliac fossa to the right hypochondrium; its surface was rough, and the tumour moveable.

OPERATION.—On the 15th of September, 1847, the patient having inhaled ether, insensibility was produced in the space of seventy-five seconds, and an incision, three inches in length, was performed to the left side of, and in a parallel direction with, the linea alba; six or eight litres of fluid were permitted to escape, and the length of the incision increased to seven inches. The tumour, of the colour of wine lees, presented itself at the orifice, and, being of a soft consistency, was laid open, in order that its bulk might be diminished by the discharge of a portion of its contents, which were of a serous and puriform character. The pedicle was, as it had been predicted, found on the left side, and was divided, after two ligatures had been thrown round it. Very little blood was lost during the operation, and the wound was united by three sutures.

PROGRESS OF THE CASE.—During the two first days the patient felt remarkably well; she was even permitted to take broth and some wine and water. On the third day the pulse rose to 102, but the digestive functions remained unimpaired, and the intestinal evacuations regular. On the seventh day only the wound was examined; it had healed by primary union, excepting in its most interior part occupied by the ligatures. On the sixteenth day the threads were removed, and the patient had almost completely recovered twenty-five days after operation.

The tumour weighed nine pounds, and the fluids which it contained were estimated at an equal weight. Its tissue seemed of a fibro-cartilaginous nature, in the intervals of which were found gelatinous, cerebriform, and granular textures. We regret that no chemical analysis of the fluids incarcerated in the growth was attempted, such fluids having been found occasionally to present cholesterine and albumen.

VARICOCELE. M. VIDAL DE CASSIS.

CASE.—During the month of August, 1847, a man, aged twenty-two, was admitted into M. Vidal's wards at the Hôpital du Midi. He presented a varicocele on each side of the scrotum, which caused great pain and inconvenience. M. Vidal resolved upon an operation, which he performed, in the following manner, on the 8th of September:—The enlarged veins having been carefully separated from the other elements of

the spermatic chord, a silver wire was passed through the scrotum, so as to embraee the posterior aspect of the varieose plexus; another wire was placed in front, entering the scrotum at the same orifices as the first; the wires were then twisted on each other, so as to roll the enlarged veins around the metallic threads. On the 19th of September the wires were removed by incision; and on the 8th of October the patient left the hospital completely cured.

This case was remarkable in another respect: the heart was found to occupy the *right* side of the chest, and the liver the left hypodrondrium; on the right side was found the spleen; the base or splenic extremity of the stomach occupied the right hypochondrium; and the sigmoid flexure of the colon was supposed, although the fact could not be ascertained with positive certainty, to occupy the right iliac fossa.

To the operation employed by M. Vidal for the treatment of varicocele we would certainly prefer that recommended by Dr. Ricord, as both safer and more simple: of this operation we have given detailed descriptions in former communications.

REMOVAL OF A POLYPUS OF THE PHARYNX. BY DR. MICHAUX, OF LOUVAIN.

Case.—T. V., aged 18, a labourer, had for three years suffered from obstruction of the left naris, when the part was examined by a surgeon, and a polypus detected. Two operations were performed for its removal, but the disease returned with increased energy, and on the 1st of December, 1847, Professor Michaux operated in the following manner:—

The tumour had its attachments—1st, to the basilar apophyges, and to the sphenoidal sinuses; 2nd, in front, to the back of the left palate bone; 3rd, to the anterior portion of the first cervical vertebra; 4th and finally, to the two superior thirds of the internal face of the left pterygoid plate. One of the former operations, which had been unsuccessful for the entire removal of the tumour, consisted in the division of the soft palate. It was, therefore, judged necessary, on this last occasion, to proceed differently, and to extract the left superior maxillary. This was accomplished by the use of the gouge and mallet, the bone having previously been laid bare by an incision which extended from the forehead to the mouth, on the mesial line. The tumour was then extracted, partly by excision and partly by laceration, but some fibrillæ were unavoidably left, and were the next day destroyed by cauterization. The left maxillary artery (internal) was taken up, and, the ligature having been accidentally taken away on the second day, hemorrhage was the consequence. It was, however, arrested by the application of the actual cautery. During the first days which followed the operation, otitis showed itself, great pain was complained of in the left orbit, and the patient could neither speak nor swallow. These symptoms gave way gradually, and the patient has now resumed his daily employment, no trace being left of the disease except a linear sear, and a slight depression in the region of the left superior maxillary.—*Gazette Médicale.*

CLINICAL MEDICINE.

Ascitis; Injection of Iodine into the Peritoneum; Cure.—(Bulletins de l'Acad. Roy. de Belgique.)—A child, aged seven, was affected, three years since, with a febrile abdominal disease, the nature of which could not readily be ascertained. From that time forward, the abdomen gradually increased in size, the child was pale and weak; he was admitted into the hospital, and, paracentesis being performed, a large quantity of serous fluid escaped. The improvement which followed was of short duration; after one week, the belly had again become distended so as to interfere considerably with the respiratory functions, and the disease was complicated with colitis. The patient was then brought to Dr. Rul-Ogez, whose first care was to remove the inflammatory complication; this being obtained, paracentesis was again resorted to, and an injection of iodine (tinct. iod. ℥ ij., water ℥ iij.) made into the peritoneum. No evil consequences followed, though only a very small portion of the injection returned through the canula; in a few days the morbid phenomena disappeared, and after four months the child was completely restored to health.

ALBUMINOUS NEPHRITIS; TARTAR EMETIC; CANTHARIDES.

Case.—A man, aged forty-eight, of a lymphatic constitution, accustomed to the use of intoxicating fluids, presented, in the year 1835, an anasarca, which had been completely cured, and which he referred to exposure to cold. On the 4th of May, 1845, he was admitted into the Hospital of Mercy at Cadiz, attacked for the second time with this disease; nitre and acetate of ammonia were unavailingly exhibited. On the 22nd of June, the condition of the patient was the same; universal anasarca was present; the urine was pale, abundant, and deposited abundantly on the addition of nitric acid. One grain of tartar emetic was exhibited daily during a week; the lumbar pains and the smallness of the pulse had yielded, and the dropsical effusion was diminished; the treatment was continued, and the urine returned after a fortnight to its natural condition: the case was complete.—*El Telegrapho Medico*, 1847.

At a meeting of the Société Médicale du Temple, May, 1848, M. Vernois remarked, that he had endeavoured to turn to the advantage of therapeutical science, modern researches on the vesical irritation caused by cantharides. Having, in several cases of granular kidney, measured the precise quantity of albumen excreted in twenty-four hours, M. Vernois had applied blisters, and did not find any increase of the albuminous excretion. He then exhibited fifteen and twenty drops daily of the tinctura lyttæ; the kidneys at first became painful, and the albumen increased in abundance, but soon diminished, and two cases of accidental cure of patients suffering from other serious complaints (the cases are not more precisely designated) induced M. Vernois to think that the tinctura lyttæ might be advantageously employed in albuminuria.

OBSTETRIC MEDICINE.

Cesarian Operation.—We forwarded to the *Medical Times*, in a former communication, the history of a case in which Mr. Campbell, interne of the Hospital of Maternité at Paris, performed hysterotomy upon a woman who died suddenly; the child, thanks to the intelligent temerity of the operator, still lives. The following case is somewhat similar:—

A woman, aged thirty years, much deformed, and of very delicate health, had arrived on the 8th of February, 1847, at the conclusion of her first pregnancy. When the physician, Dr. Celestino de Pelayo, was called, the uterine orifice was half dilated, and the vertex could be distinctly felt: the head of the fœtus passed into the excavation of the pelvis, when violent convulsions suddenly took place, and the patient expired. After some fruitless endeavours to restore animation, the surgeon resolved upon extracting the child by the Cesarian section. The uterus having been laid open, a female fœtus was born, in a state of asphyxia: insufflation into the lungs was immediately resorted to, and the child soon returned to life. Dr. C. de Pelayo adds, that during a practice of twenty-seven years, he had on six occasions performed the Cesarian operation, but in this instance only he succeeded in extracting a living child.

Our readers may recollect that, in Mr. Campbell's case, labour had not yet set in, and that insufflation was also of great assistance for the restoration of life.

D. M'Carthy, D.M.P.

Chloroform in Traumatic Tetanus.—A finger, amputated in consequence of injury, the patient recovering from tetanus on the administration of chloroform, was exhibited by Mr. R. L. Baker, to the Birmingham Pathological Society. The ring-finger having become engaged in machinery, the first phalanx was torn off. On the second day the finger was a little swollen and painful; and there was slight pain in the epigastrium, and some nausea, after purging, &c. On the third day the symptoms were improved, but the finger was more swollen and painful; a scarlet rash broke out over the body, and his throat became sore, so that it was thought to be an attack of scarlatina. On the fourth day the hand was much inflamed, and the febrile symptoms increased. Leeches, fomentations, and salines. On the fifth day, after a bad night, during which he was supposed to be dying, he was found in a state of general tetanus. Tincture of hemp, and a turpentine clyster, were administered, and at noon, as he was no better, chloroform was tried; as the chloroform affected him, the muscles became gradually relaxed, and in five minutes (having lost the power of articulation and of deglutition for the space of twelve hours) he began to mutter, all the muscles of the body soon became quite relaxed, and he spoke intelligibly. The chloroform was administered for three quarters of an hour, and then the patient apparently slept quietly. In an hour after he awoke, and had lost all tetanus. He continued to improve for eight days; at the end of that time, as there was a threatening of return of the tetanic symptoms, the finger was amputated, and the patient is now recovering rapidly.

Fibrinous Tumours of the Placenta.—Mr. F. Elkington presented to the Birmingham Pathological Society a placenta, containing some small tumours, apparently of fibrine. A lady, confined with her first child, delicate, aged thirty, was taken on the Saturday with pain, and was not visited till Sunday evening. The labour had not made much progress. It was observed that she looked remarkably pale, though there was no other symptom. On the Friday preceding she had felt sick and faint. She was confined about five on Monday morning; the child was putrid. After delivery the uterus remained so large that it was suspected there might be a second child; soon the placenta came away, and immediately after it a large dark coagulum. The placenta was studded with several small, firm, tumour-like bodies, about the size of a walnut, their outer surface pale, and looking as though ulcerated; their texture softish, and presenting the appearance of fibrine engaged in the placental tissue; most of them contained a cavity, partly filled with semifluid matter resembling altered blood. A coagulum adhered to the surface of the placenta when it came away. It was suspected that, from the altered state of the placenta, a full supply of blood could not be obtained for the nourishment of the child, and that its death might be in part attributed to that circumstance.

Senile Gangrene.—Mr. Hird related, at the Medical Society, the case of a gentleman, aged sixty-nine, who had lived well; he injured the great toe in cutting the nail; he walked about, and the toe inflamed, became dark red and painful, and accompanied with fever. In two or three days afterwards, he was ordered a poultice and purgatives. The inflammation and swelling extended up the foot, desquamation took place, and an unhealthy sore formed around the toe; the pain was excessive, especially at night; the inflammation extended only to the tarsus, though the swelling extended up the leg; the feverish symptoms continued, with loss of appetite and quick pulse. As he had been accustomed to good living, and a bottle of port wine daily, and was of an indolent disposition, he was ordered animal food and half a bottle of wine. Under this treatment the progress was not satisfactory, and in eight or ten days he was purged, and put on reduced diet; animal food only twice a week, farinaceous food, and vegetables. Under this plan he improved, though the pain continued. Opium and purgatives were the principal medicines, Battley's solution being given at night. After five or six weeks, wine and animal food were again tried; the suffering was increased, with more fever and constitutional symptoms.

The diet was again lowered, and, at the ninth week, the toe separated where it joins the metatarsal bone; the wound healed up, and the patient got well. The case shows that the treatment recommended by Sir Benjamin Brodie and the older surgeons does not always answer.

Treatment of Gonorrhœa in the Female.—Dr. Egan, in "The Dublin Quarterly," says the most successful plan of treatment is that recommended by M. Ricord, which consists in the application of solid nitrate of silver to the sides of the vagina and neck of the uterus; the immediate effects of this application will be to increase the discharge, but it will, after a few repetitions, either diminish it considerably, or arrest it altogether. The acid nitrate of mercury may be applied to the same diseased structures with like beneficial results. In many cases of inveterate amenorrhœa, which had resisted every form of constitutional treatment, the direct application of caustics to the cervix uteri was followed by a re-establishment of healthy uterine secretion, at first scanty, but after a short time normal, both as to quality and quantity. The separation of the walls of the vagina by means of a plug of lint will assist materially in the cure of the disease. From the frequent participation of the uterus in the disease, injections of nitrate of mercury and silver have been repeatedly recommended to be thrown into the cavity of the organ. Some danger attending this operation, as a substitute unattended with danger, a finely-pointed pencil of nitrate of silver is recommended to be introduced through the os, and allowed to remain in contact with the lining membrane of the uterus for a minute or two. Conjointly with topical applications, preparations of steel, more particularly the compound iron mixture, have been found very efficacious in restoring the uterus to its original healthy condition.

Nervous Irritation from Pressure by a Wart.—Dr. G. W. Foulke, of Carlisle, Pennsylvania, relates the case of a student of Dickinson College, who complained of pain in right arm, sometimes extending into his shoulder, and of stiffness of the elbow-joint, which was slightly flexed. He had been suffering with this affection some six weeks. The pain appeared to commence at the forearm near the wrist, pass along it to the bend of the elbow, thence along the inside of the arm, where it was most severe, and at times to extend into the shoulder. It was evidently along the track of the median nerve. Being constant, and increased by any effort to extend the forearm, accompanied by the sensation of a tense cord preventing extension, it caused no little uneasiness. He had made use of liniment of various kinds without any apparent benefit whatever; on the contrary, seemed to be getting worse. From the region of the axilla to the wrist no tumour or morbid change of any kind could be detected; on the hand was found, near the middle of the middle finger directly over the digital branch of the median nerve upon the side next the index finger, a hard, deep-seated wart (verruca). This was the cause of the whole disturbance. It was removed by making an elliptical incision round the base, then holding it up with the forceps and carefully dissecting it out, taking care not to injure the nerve. The cessation of pain was immediate, leaving simply some soreness, which was gone at the end of four days; and at the end of a week complete extension of the forearm could be made without the slightest pain. There has been no return of the affection.

Hydriodate of Potash in Hooping-cough.—Dr. W. A. M'Murry states, in "The St. Louis Medical and Surgical Journal," that he has used the hydriodate of potash in hooping-cough with great advantage. He employs the following formula:—
℞. Hydriodat. potassæ, gr. vj.; mucil. g. Arab., ℥vij.; syr. senegæ, ℥ij.; tinct. lobeliæ, ℥j. M. The dose of this mixture for a child of two years old is a teaspoonful four times a day.

Vomiting caused by Relaxation of the Abdominal Parietes cured by a Bandage.—M. Greppo reports the case of a woman whose abdominal pareties were much relaxed in consequence of repeated pregnancy, and who was troubled by habitual vomiting, which resisted all the ordinary remedies. An abdominal supporter bandage was then applied, which entirely relieved her. When, however, she neglects to wear the supporter, the vomiting returns.

Amputation during Spreading Gangrene.—Dr. U. S. Thomas, Longview, Tennessee, relates the following case:—Some years back a Mr. Garner, while driving a waggon, was thrown from his horse and dragged some distance, producing a compound dislocation of his ankle, and a slight fracture of the end of the tibia. The parts were adjusted, but mortification took place. When it had reached the knee, and was still progressing, Drs. Cooper and M'Daniel, of Clarksville, were called in consultation. The whole of the thigh was emphysematous, and, supposing that it indicated commencing gangrene, we were much embarrassed in coming to any decision. It was supposed that the mortification would be fatal if not arrested, and the propriety of cutting through a part with incipient gangrene was doubted. The limb was, however, removed above the knee, and the man recovered without a bad symptom.

Congenital Enlargement of the Kidney.—Dr. G. J. Fisher, of Mechlinburgh, New York, relates the case of a Mrs. B., who, after a somewhat tedious labour, gave birth to a living male child, at the full period of gestation, weighing seven pounds and a half. It presented nothing externally calculated to attract attention, save an unusual enlargement of the abdomen. It lived but a few minutes after its extrusion from the uterus. On *post-mortem* examination the renal organs were found of the usual form and colour, but measuring four inches and a half in length, and two in breadth. The weight of the right was five ounces, that of the left five ounces, five drachms, and eleven grains. The testes were in the abdomen below the kidneys. The bladder contained one ounce and a half of fluid.

Inhalation of Sulphuric Ether in Traumatic Tetanus.—Dr. T. L. Ogier relates, in "The Southern Journal of Medicine and Pharmacy," the case of a man, thirty-six years of age, in whom tetanus was produced by a wound in the palm of the hand by a splinter; rigidity of the jaws commenced on the fourth day, and the next day, in addition to other remedies, the ether was administered by inhalation, and was continued at intervals during the progress of the case. The ether seems to have lessened the violence and frequency of the spasms, but did not arrest a fatal termination, which occurred on the eleventh day.

Removal of a Foreign Body from the Duct of Wharton.—The entrance of a foreign body into the duct of Wharton is so very rare an accident that the following example of it, recorded by Dr. H. F. Campbell, in "The Southern Med., and Surg. Journ.," is worthy of notice:—"A nurse, aged fourteen years, while engaged at work with a pin in her mouth, felt pain under the tongue, and endeavoured to remove the pin. Her efforts caused it entirely to disappear: she called for assistance. On examination, there could not be seen the least trace of any foreign body whatever. It gave her no pain, except when disturbed with the fingers; the orifice of the Whartonian duct was patulous, and some saliva was flowing from it. On applying the finger to the floor of the mouth, the pin could easily be felt near to the base of the lower jaw; though, from the distance to which the head had proceeded towards the cœcal extremities of this duct, it was impossible to protrude it by applying pressure from behind, and further, from the handling to which the parts had been subjected, the point had been pushed out of the direction by which it entered, and, having pierced the side of the duct, was resting on the alveolar process. It was very moveable, and receded on the slightest pressure. Failing of its removal by manipulation, the following method was adopted:—Its exact situation being ascertained, the object, together with the parts surrounding it, was seized by the fore-finger of the left hand in the mouth and the thumb in the digastric region, and pressed outward against the inner surface of the lower jaw under the alveolar projection; a tenaculum was then introduced from within outward through the mucous membrane (avoiding the situation of the gustatory nerve, which near this place crosses the duct), so as to enclose the duct and hold the pin fixed; on elevating the tenaculum, the point of the pin became prominent about three lines posterior to the orifice of the duct. The mucous membrane and coats of the duct being cut through with a scalpel, the pin was removed with the dressing forceps by the point which protruded through the opening of the incision. A copious discharge of saliva followed its removal. The incision healed rapidly, and the patient recovered without any trouble. The pin was 1¼ inch in length, and of a proportionate thickness."

Symptoms of Rupture of the Uterus.—Dr. Trask, of Brooklyn, New York, in "The American Journal," says, the symptoms of rupture of the uterus are usually well marked, and the uneducated observer cannot but see that something serious has occurred to the unfortunate patient. When this accident takes place during parturition, it is generally during a pain of unusual severity. The patient is conscious that something has given way within her; she feels a tearing or rending sensation, and in some instances the noise accompanying the rupture has been heard by the bystanders. But, whether the patient be conscious of any peculiar sensation or not, almost immediately afterward the stomach rejects its contents, the countenance assumes an expression of anxiety, and on examination *per vaginam* the presenting part is found to have receded; the contents of the uterus are high up in the abdomen; perhaps the limits of the fœtus can be distinguished immediately beneath the parietes, and there is slight hemorrhage from the vagina. Very soon, dark-coloured matter is ejected from the stomach, the pulse becomes rapid and feeble; the skin cool over the whole body, or over the limbs alone, and covered with perspiration; there is great distress in the abdomen, and great sensitiveness to pressure upon its surface. If there be large hemorrhage, the abdomen becomes tense and distended. If no relief be afforded, the unhappy patient dies within a few hours of hemorrhage, or from the shock which the constitution has received, or lingers a few days to perish from inflammation; or perhaps, as happened in a few rare cases, life is continued, and the fœtus is discharged piecemeal. To the occurrence of each and all of the symptoms above described there are numerous exceptions; and the practitioner should, therefore, be prepared to meet with cases of this accident in which the symptoms are far from distinctly marked. By a reference to our cases we shall see that the symptoms occur in every degree of intensity and in every variety of combination. Thus, of those cases in which the character of the labour previous to rupture is stated: in twenty-nine the pains were very severe; in twenty-three, strong; in twenty-eight, moderate; in ten, feeble; and in eleven the labour is characterized as tedious. From the variety of terms used by different individuals to describe the character of the labour, in the cases which they relate, it is somewhat difficult to classify them, but they have been arranged under the above heads as the most eligible. In twenty-seven cases the pains have ceased suddenly; in ten they are reported as having ceased gradually; in seventeen the head receded; in several it did not recede; and in several it was impacted. In seven cases the noise of the rupture was heard by the bystanders, and in one it was so loud as to awaken the physician who was taking a nap in an adjoining room. In one there were two loud cracks, as if the rafters had broken. In one a sound was heard at the instant of the probable escape of the fœtus into the peritoneal cavity, as of something suddenly escaping from a confined place. In one case the patient said the child had slipped into the belly; in one case she complained of a "strange lump" in her side; in one case she exclaimed that the child had gone

back; in one an apparent movement of the child attended the pain; in one case the patient felt as if something had slipped out of its place; in one there was a sensation as of two children in the abdomen; in eleven cases there was a sensation of something giving way within the abdomen; in eleven cases there was a sudden sensation, and, in part, an exclamation of pain the abdomen, in some cases not severe, in others of great intensity; in one it was as if a sword had passed through her; in one a sense of "stabbing;" in four cases the pains are described as cramp-like, or spasmodic; in one case there were slight pain and faintness; in one case, although rupture was suspected, there were none of the ordinary symptoms attending that accident—no pain or sinking, and no motion of the fœtus. In one there had been no vomiting, sudden screaming, or other symptom of rupture, and ten hours after the occurrence she was only a little restless, and respiration a little hurried; and yet there was a rent two-thirds across the uterus, and the patient died. In two cases the first symptom of rupture was recession of the head; in one case the patient died without appreciable cause. In one the only symptom during the many hours that elapsed before death was a gradually increasing weakness, and occasional rigours; and here the rent admitted the hand. In one there were no alarming symptoms, but she gradually sank; in one case perfect repose followed the accident; in ten cases the first indications of rupture were cessation of pain followed by collapse.

Case of Cancer of the Stomach.—Dr. I. G. Porter, of New London, Connecticut, relates the following case, which occurred in the person of a gentleman, sixty-six years of age. His health may be said to have been robust, until within two months of his death, though for twelve or fifteen years he had been affected with what he supposed to be a mild form of dyspepsia, and which he traced to a severe burn, received when a youth, on the parietes of the stomach and abdomen. Its usual form was regurgitation of food, yet free from acidity. There were also, at a later stage, eructations of large quantities of air, which was often fetid. Slight uneasiness after a full meal also existed, with a constant sense of weight or oppression, yet never amounting to actual pain. Two months before his death he had slight constipation, and somewhat increased dyspeptic affections. The former soon yielded to mild remedial means, but the latter gradually increased, until he found that solid food caused considerable distress, but ordinarily not until it had been six hours in the stomach. Afterwards he vomited matters resembling coffee-grounds, and the passages from the bowels were of similar appearance and colour. Still his physical strength so far remained that, although somewhat emaciated from the influence of low diet and the want of solid food, he was able to be in his counting-house nineteen days before his death. From this time he declined rapidly. He threw off from the stomach a large quantity of coagulated blood, mixed with coffee-grounds, and from that time this symptom was often repeated until faintness at times was induced. The relief previously gained from vomiting had been conspicuous; matters occasionally were thrown off which he recognised as having been received into the stomach some days previously, and at such times he would feel that the mystery was solved, and that the cause of the disease had been reached. The pain meantime was so trifling as scarcely to deserve the name. As he approached the close of life an indefinable distress existed in the region of the stomach, which he described as a sense of sinking and emptiness rather than actual pain, and more the faintness which comes from want of food than the sensation of hunger. Pressure over the epigastric region produced scarcely any uneasiness, and there was none of the lancinating pain so generally believed to accompany cancer. A small tumour, it was thought, could be detected by external examination near the seat of the pylorus, or rather of the duodenum. At the autopsy the countenance did not possess the "dingy, sallow, exsanguineous, yet opaque, appearance, so common in cancerous diseases." The peritoneum was much thickened in the neighbourhood of the stomach, and the latter had contracted numerous adhesions to surrounding organs. It was found contracted, a scirrhous tumour, the size of half a small orange, being evident on manual examination. The disease was concentrated at the pylorus, though the adjoining portions of the stomach were somewhat hypertrophied. The pylorus constituted a scirrhous stricture, it being occupied by a carcinomatous deposit of the encephaloid species, half an inch in thickness, and which latterly must have prevented all downward egress from the stomach. Superficial ulceration had occurred in some places, but it was mainly hard, like cartilage, and in its colour and appearance brainlike. The duodenum was filled with hard fecal masses, about the size of hickory-nuts. The under surface of the liver presented a carcinomatous deposit, the size of a grape-shot. The treatment in the foregoing case was mainly palliative, the medical attendant early discovering the injury resulting from active measures. Gentle alkaline aperients and lime-water and soda were evidently serviceable in quieting the stomach. Narcotics were scarcely once used, so little indication existed for anodynes.

American Midwifery Statistics from Private Practice.—Dr. Pleasants, of West Philadelphia, gives the following in "The American Journal:"—The subjects of these cases were principally Americans:—293 had been previously delivered, 123 were first labours; unnoted, 4: total, 420. Of these 395 were at or near full term, 25 early in pregnancy. Five of these labours at full term were double, and all consequently afforded 400 presentations. These were of the head 356, breech 7, feet 3, unnoted 34. Of these 356 head presentations, there were placed in the first position 268, second 43, fourth 10, fifth 4, face 5, unnoted 26: total, 356. The average duration of labour in the above cases was about six hours, the extremes one and forty-eight. Labours giving birth to males were more protracted than those resulting in female births as 6·3 to 5·3. The most important complications which occurred previously to delivery, occasioning great anxiety or delay, were,—two cases of placenta prævia and consequent flooding, two cases of puerperal convulsions, four cases of mal-position of the head, one case of disproportionately large size of child, one case of prolapsed cord. The first case of placenta prævia occurred in the fourth pregnancy of a very vigorous woman, aged thirty years; there had been frequent uterine hemorrhages, occcurring during the latter two months of gestation. The discharge became excessive immediately preceding labour-pains at full term. The recumbent position, quietude, cool air, and the tampon were used with only partial success; and, after the dilatation of the os uteri, the hand was introduced at the side of the placenta, both feet grasped, and the woman easily and rapidly delivered of a large male infant, dead at the time of birth. In this case the middle of the placenta was over the os uteri. After some hemorrhagic reaction, lasting for a few days and requiring very little and mild treatment, the woman was soon fully restored. The subject of the second case of placenta prævia was thirty-five years of age, of a relaxed fibre, and in her eighth pregnancy; her flooding did not supervene until five days before labour, and was, at first, completely under control of the means resorted to at the commencement of the preceding case; but when severe protruding pains came on these agents were inadequate to suppress the discharge, which, notwithstanding their use, became excessive. The pelvis here being large and the pains powerful, the child, which was small and presenting most favourably, was soon expelled by the unassisted efforts of nature. Here the edge only of the placenta was over the os uteri. This patient suffered for a long time from the effects of excessive loss of blood; violent hemorrhagic reaction primarily supervened; then dropsical effusions in extremities and abdomen; and for many months great debility continued: but under a mild temporizing plan of treatment, as in the first case, with diuretics of juniper-berry, tea, and sweet spirits of nitre, she recovered perfectly. The first case of puerperal convulsions occurred in a healthy young English woman at the commencement of her first labour; these convulsions were of the epileptic character. The treatment consisted of general and local bleeding, and proved adequate to overcome the convulsions several hours previous to delivery. Here the natural uterine efforts effected delivery in about ten hours subsequent to the first convulsion, and no unpleasant symptoms followed. The second case of puerperal convulsions was of a decidedly apoplectic character. The patient was a healthy woman, twenty-seven years of age, who had passed well through two labours ending with the birth of healthy children. From the commencement of labour almost complete insensibility was present. The labour was a little premature, and apparenily excited by a slight blow upon the abdomen. She died. In the few cases of face presentations there was scarcely more suffering than in ordinary labours; the duration has not exceeded that of vertex cases, and the child has in no instance been still-born. In the whole number of cases the operation of turning was only once requisite; the forceps were used twice successfully, when they seemed to be imperiously demanded, and on three occasions with benefit; craniotomy was once performed necessarily; and in no instance, excepting of course craniotomy, was artificial delivery or manual interference apparently productive of injury either to the mother or child. Of 413 children whose sex has been noted, 221 were males and 192 females. No regular account has been preserved of their size or weight, but the largest weighed fifteen pounds within the twenty-four hours after birth, and the smallest healthy child which lived, weighed, when six weeks old, only six pounds four ounces. One female had the umbilicus three inches to the right of the median line. One coloured male was deficient in the thumb, index, and middle fingers of each hand; and his brother in the same fingers, but had thumbs. Another male was deficient in the ring and little finger of left hand. A female had no left hand, but the end of a well-formed carpal joint was terminated by five small nails. Another had no thumbs. The right eye of a boy was one-half smaller than the left; the vision seemed at first good in each eye, but gradually the sight of the smaller eye became impaired. One male presented a most hideous appearance in consequence of harelip. There was no roof to this child's mouth, and only a small portion of alveolar process of the upper jaw on each side. The septum nasi ran to the right angle of the mouth, and the left ala joined the left angle, thus leaving a large gap in which the tongue could be seen at all times. Sucking was here impracticable; every effort to take nourishment was attended with strangulation, and the infant died on the sixth day. One male had spina bifida, and preternaturally small lower limbs, each foot presenting a varus internus. This infant, at first apparently in good health, soon suffered from convulsions, and died in about three weeks. A male child, otherwise well-formed and healthy, had imperforate anus. There was in this case no attempt to form an anus. This child did not appear to feel any inconvenience from deformity for about forty-eight hours after birth.

Naval Assistant-Surgeons.—Some years ago the Admiralty placed at the disposal of the council of the Royal College of Surgeons an appointment of assistant-surgeon in the navy, to be presented once in three years to one of their students of human and comparative anatomy, yet not one has been found to accept the appointment.

THE MEDICAL TIMES.

SATURDAY, JUNE 17, 1848.

DR. KNOX ON THE RACES OF MEN.

In gratifying our readers with the first portion of this important series—so long, so anxiously. and universally looked forward to—our regret at some unavoidable delay is much lessened by the reflection that Europe has been employing for us the interval in giving at once importance and practical application to the views which the distinguished lecturer has, for so many years, been developing to the scientific men of this country. In fact, modern history, during the last six months, may be considered as but one continuous advertisement of our course; for, on whatever side we turn, whether to the Celtic *possessors* of Paris, or the Celtic *tenants* of Dublin,—to the expulsion of the Sclavonic race in Italy, or to its separation—almost a *chemical* separation—from the Germans of Central Europe,—the great element of national change and European reorganization is race—race. On all sides we have the war of race; and the writer of this article is astonished to see, in each new startling event of the day's politics, some new practical and threatening realization of the theories advanced to him years since by Dr. Knox, and which, at that period, were very generally condemned, both by statesmen and *savans*, who might be named as fanciful, hypothetical, and Utopian.

We need hardly say that we feel great pleasure in following up with this interesting series the many works we have recently given to the medical world. It is by such contributions as these we are now placing before the public that we establish our great position—that of all classes in the community ours is the most useful, socially. Whatever the credulity that some may feel in our *therapeutic* formulæ, there can be no moment's doubt of the full truth of our *physiological* creed, and its important connection with the most vital interests of mankind. If, as Cuvier says, Hippocrates and his followers separated medicine from philosophy—and that he did not is sufficiently clear, from the sage's immortal work, "De Ære aquis et Locis"—it has, at all events, been the profession's recent bent, as it is of the lecturer here, to reunite what ought never to have been separated, and to make of medicine the leading agent in the establishment and extension of a useful as well as certain philosophy. Indeed, for our scientific knowledge of races, we are proud to say the world stands indebted wholly to medical men. Buffon's views are but closet speculations; Gibbon, with all his learned and portentous profundity, can see no further than the *fact* of an evident inferiority in the Negro race; and statesmen and historians and philosophers are here but sounding brass or tinkling cymbals, retailers of meaningless sounds or false and discordant notions.

We believe it then impossible to exaggerate the value, either in a political or scientific point of view, of the lectures which our readers are about to receive from one of the most original thinkers and accomplished physiologists of Europe. After carefully going through them, we can say, that to the philosopher, the historian, and the artist, they will be found to offer suggestions of the deepest import. They will prove that European politics and history are not to be looked on as a chapter of accidents; that the greatest events can be traced further than to principles or interests—to an element at the base of both, and that a physical one—*race;* and that European civilization, far from being the abstraction set down for us in the comprehensive phrases of Guizôt and other modern writers, is a thing intimately connected with existing physical agencies of a very obvious character, wholly overlooked by them, and which, originating centuries ago, remain in their primeval force in almost every country in modern Europe. These men of vast generalization knew of no difference between the dreamy and mysterious Sclavonian and the practical-minded, matter-of-fact German or Saxon—between the polished Russ and the witty, choleric, and impetuous Celt; and can record, without a remark or deduction, the contemporaneous circumstance—that, while one city population is filling up and laying out as gardens the fosses of their last metropolitan fortification, another, to the ruin of the national finances, was surrounding itself with an enormous *enceinte continuée*, backed by impregnable forts—a circumstance which surely ought not to be without suggestive power to the historian, who reminds us that the same race was present at the sacking of Rome and the plunder of Delphi, at Hannibal's victories of Cannæ and Thrasymane, and at Napoleon's entry into all the capitals of continental Europe.

But, if of great political interest to all classes of thinking men, let us not omit to say that the physiologist and scientific anatomist will not be disappointed in the expectations they will naturally form from a work by a *savan* so well known to them, and whose scientific investigations during recent years have, as they are aware, been almost wholly diverted in this direction. The lecturer examines the doctrines of transcendental anatomy in their utmost detail; connects them with the origin of life, and of all animal forms; traces their bearing on the history—past, present, and probable future—of mankind; and applying his views of formation and deformation to the organization of the Grecian race, lays down that canon of physical beauty which—as he has contended for years—was discovered and acted upon by the artistic celebrities of Greece, and of Greece alone.

SHAM MEDICAL PROCLAMATIONS, AND THE MEANS OF SUPPRESSING THEM.

Some weeks ago we called the attention of our readers to a new species of warfare adopted in Bethnal-green, to rid that neighbourhood of certain medical men, said to be practising illegally. Bills emblazoned with the royal arms, and possessing at first sight all the marks of official documents, were posted about, denouncing by name the obnoxious persons; and their patients were exhorted to give information to the Apothecaries' Society, or Medical Protection Association, for which trouble they would be handsomely rewarded. We could not believe that such a mode of proceeding was sanctioned either by the society or the association, and subsequently we have received several letters which afford us melancholy proofs, not only of a want of fraternal feeling amongst some of the Bethnal-green surgeons, but of the existence of a competition amongst them which has actually reduced the price of their medicines below druggists' charges. The gentlemen who possess no other title to engage in medical practice than that of keeping a "doctor's shop" will, when they have pluck enough to attend midwifery patients, insist upon receiving half a guinea per case, though in Bethnal-green there are those "duly qualified" who will do it for a crown. The druggists will not prescribe and compound a mixture for a child under ninepence; but there are "green" surgeons who will furnish the rising generation with a bottle of "stuff," of good colour, real physicky taste, and powerful aperient qualities, for sixpence, and perform the minor surgical operations into the bargain, for the little dears. In the treatment of diseases this is certainly a curious method of estimating the amount and value of professional skill required to be exercised, as it is here measured by cubic inches, and paid for accordingly. It is to be lamented that such a state of things exists; and one of our correspondents in the neighbourhood informs us that it arises principally from the number of persons without any medical qualification who assume the name and exercise the functions of the educated practitioner.

It is evident, from what has recently occurred, that competition has not only lowered medical fees, but engendered amongst some of the Bethnal-green practitioners a hostile feeling towards each other; and this has been manifested in a way ill calculated to raise the profession in the estimation of persons who have been spectators of the warfare. Two of the gentlemen denounced in the sham official document have forwarded to us a letter in which they state that they have been successful in discovering the person who authorized its printing. We regret that he is described as a member of the medical profession, possessing the double qualification, and assuming to himself, when at a distance from home, the title of doctor of medicine.

The printer states that he was engaged to print the bills by a female, who called for a proof on the following day. He thought that it was an official document, and affirms that he had no motive for omitting his name. A few days afterwards the same woman brought a second bill, of the most disgraceful character, signed "A Working Man." This the printer declined publishing without certain alterations, and requested the woman's name. She gave it after some hesitation, and said that she was sent by her brother from the Medical Protection Association. It appears, however, that the address was not the right one, though she was in the habit of visiting the house "with a stout dark man, dressed in black, with a thick gold chain." The gallant, however, had no personal charms to recommend him, as he was "not at all good-looking, but something like a foreign Jew, having a great deal of swagger." This Israelite in appearance seems to be a thorough Ishmaelite in character; for our correspondents inform us that, so far back as 1842, he had become notorious for his warlike propensities. The deeds of the belligerent doctor were at that time considered of sufficient importance to merit publicity; and a certain periodical attempted to save them from oblivion by recording them in its pages. We suppose the doctor has, during the last five years, found time successfully to employ himself in the more peaceful duties of his profession, as he adorns his person with a "stout gold chain," and indulges himself with a carriage. It was certainly a singular idea of his, to suppose that competing practitioners could be put down by proclamation; and it would seem that when he commenced the

warfare he had not exactly counted the costs. Like a second Samson, he is charged with an attempt to slay the uncircumcised Philistines of Bethnal-green with the jawbone of an ass; and, like his ancient prototype, was eventually betrayed by a beloved Delilah.

The members of the profession have not been unconcerned spectators of these transactions in the eastern part of the metropolis, and they teach us the necessity of a speedy and effective measure of medical reform. The divisions which exist among general practitioners may be attributed principally to the circumstance of their being unincorporated. Deriving their qualifications from various licensing medical corporations, and bound together by no common tie, they have in too many instances waged war with each other to the injury of their common profession and the advantage of quackery. What is needed is a corporation which shall have the power of enforcing a good medical education, of instituting a strict examination, and of guarding the honour and interests of its members.

It is the height of absurdity to expect the present College of Surgeons to be so metamorphosed as to accomplish all these desirable things. Its constitution, its acts, its declarations, all militate against it, and to commence an agitation at the present moment ostensibly to reform the college is nothing less than a disguised attempt to postpone to an indefinite period the settlement of medical reform. If the united voices of the members of this besotted college could have accomplished anything for its good, it would have been done years ago. Close boroughism is rampant within the college walls, and it glories in all that has been stumbling-blocks to the professional unity and prosperity of its members. Its original charter was obtained by trickery, and in direct opposition to the wishes of the great body of surgeons then living; it has been since supported at the expense of those who derive no advantages whatever from its existence; it has inflicted the greatest injury upon its members in the matter of the fellowship; it has declared itself a college of *pure* surgeons; and it feels itself secure from the declaration of Home Secretaries, that they will not disturb existing institutions without their consent. There is not the shadow of a chance of reforming this college, except through a new incorporation; and there is no hope of uniting the divided members of our profession into one compact brotherhood but through this medium.

Let us have a new college upon liberal principles, and we shall soon hear no more of Medical Associations for the Suppression of Quackery, for they will be needless. We shall not have impudent quacks usurping the functions of general practitioners in defiance of the law, for it will be sufficiently strong to keep them in check; we shall not have strong proclamations denouncing certain persons because they do not happen to possess a certain qualification; and we shall not have the profession inundated with *soi-disant* druggists, pastrycooks, and homœopathists, who, knowing the supreme love of the Lincoln's Inn College for money, have, through its instrumentality, become members of the profession.

MICROSCOPICAL SOCIETY OF LONDON.

DETECTION OF HUMAN SKIN BY THE MICROSCOPE.

At the last meeting Mr. John Quekett, the microscopic demonstrator to the Royal College of Surgeons, read a very interesting paper on the importance of the microscope in the determination of minute structures of a doubtful nature. The author stated that his object in bringing this communication before the society was to point out how minute portions of skin, which had been exposed to the air for centuries, could be recognised as human. There existed in this country certain traditions that persons who had committed sacrilege were flayed, and their skins nailed to the doors of the churches they had robbed, as a terror to the sacrilegists; and three portions of such skin had been forwarded to the author for examination, by Albert Ray, Esq., the secretary of the Archæological Society. The first was taken from one of the doors of Worcester Cathedral, where now only portions remain underneath the ornamental clamps and hinges. The second specimen was taken from the church-door of Hadstock, in Essex, where it had been protected, for many centuries, by an iron grating: this portion of skin was said to have been that of a Danish pirate, and is supposed to be nearly nine hundred years old. The third specimen was taken from the church-door of Copford, also in Essex. On all the specimens Mr. Quekett succeeded in finding two or three hairs, which the microscope clearly proved to be human. Thus this valuable instrument is able to confirm a tradition, and prove the former prevalence of a practice, which had been doubted by many archæologists.

HALIFAX UNION.—MEDICAL RELIEF TO THE POOR.

A Summary of Visits and Medicines supplied to Poor-law Patients in the Halifax District for twelve months, commencing May 20, 1847, and terminating May 20, 1848.

Halifax district	Area	990 acres.
	Population	19,881
Number of orders for medical attendance from the relieving officer		851
Do. visits to the residences of patients		2,612
Do. mixtures dispensed ..		4,316
Do. pills		10,947
Do. powders		3,125
Do. lotions		224
Do. liniments		118
Do. boxes of ointment		193
Do. plasters..		364
Number of deaths during the year	Males ..	25
	Females	32

The remuneration for this duty stands thus:—For attendance upon 851 cases of sickness in the township of Halifax, including Highroad Well, Pellon, and Trafalgar, as per order from the relieving officer; for making 2612 visits in the treatment of these cases; and for supplying the amount of medicines above enumerated, the award at present is £80, or 4s. 4½d. per diem.

The item of medicines alone is one of considerable magnitude, and the house of the medical officer, whose duties compel him to distribute them in this way, is no longer a private establishment but a public dispensary. Moreover, if the medical officer think it necessary to apply half a dozen leeches in the treatment of any case, he must give the patient half-a-crown out of his own pocket in order to procure them. Can any man be surprised that this circumstance should altogether prohibit the use of leeches in poor-law practice?

EXTRA CASES.

The following cases have also been attended during the year, and for these the medical officer is entitled to the extra remuneration affixed, viz.:—

Fractures at £1 each	3
Midwifery cases at 10s. each	18
Extra cases of midwifery at 15s. each ..	2
Vaccination cases during the summer of 1847, at 1s. 6d. each	11

GOSSIP OF THE WEEK.

COLLEGE OF SURGEONS.—The president and council have received a notice, signed by six fellows, that it is their intention to propose Mr. F. C. Skey as a fit and proper person to be balloted for as a member of the council.

THE ROYAL COLLEGE OF CHEMISTRY.—We regret to see, by the report of the annual meeting of the members of the College of Chemistry, that the financial condition of the institution is not flourishing. It had been found necessary, it is said, to incur a heavy debt for the building of the laboratories, &c.; and a fund was opened to defray it, which promised well in the beginning, but eventually left the institution with liabilities to the extent of £2000. In order, as far as possible, to meet these liabilities, the council proposed a *pro ratâ* subscription among their body. The result was, that several members of the council and other noblemen and gentlemen, amounting in all to twenty-three, contributed £50 each towards the object, and six others promised to come forward with a similar sum. By this means they were enabled to pay off the debt upon the building account, amounting to £1200; which covered every remaining liability connected with the building, with the exception of £100 due to the architect. The increase in the number of students and their progress are reported as satisfactory; and it was stated that in the laboratory all classes of society are represented, "working at the same table may be found a peer of the realm, a medical student, a member of Parliament, and a druggist's apprentice."

QUEEN'S COLLEGE, BIRMINGHAM.—A meetin, of the council of Queen's College, Birmingham was held on Saturday week—Lord Lyttelton filling the chair. On the report of the subcommittee, it was unanimously resolved to take immediate steps for carrying out the provisions of the supplemental charter and the powers granted under the sign manual—viz., to secure to the inhabitants of that town and the midland counties the advantages of a sound yet not expensive university education, with the degrees of bachelor of arts and master of arts, bachelor of civil laws and doctor of civil laws, at the University of London. A department of civil engineering is to be formed; and the course of instruction will embrace all the principal subjects which are essential to the scientific engineer. It will be recommended that the students in this department should proceed to the degree of B.A. It is intended shortly to complete the collegiate arrangements by the addition of a "department of theology" and a "department of laws."

LAMP-LIGHTING BY ELECTRICITY. — Doubts have been suggested as to the possibility of extinguishing the lights once struck, unless by turning off the gas either generally and inconveniently, or particularly and by the usual lamplighters, whose services and expenses, therefore, would still be required. But, as a magnet can be readily made to rotate by the electric power, we can see no difficulty in turning the gas either on or off by such means, one semi-rotation turning it on, to be lit, and the next semi-rotation turning it off again. In this way, too, the lamps of any one district, or any series of alternate lamps, or, in fact, any particular congeries of them, might be separately organized from headquarters, and managed with the utmost facility. A series of rapid rotations of the magnet might be made to operate in connection with proper apparatus attached so as to clean the surfaces of properly formed lamp-glasses simultaneously, and thus probably remove the last and only remaining objection, or shadow of an objection, to the practical and economical working of the original idea.

BATHS AND WASHHOUSES.—A dinner was given last week at the London Tavern in aid of the funds for the erection of baths and washhouses—Lord Ashley presided. We rejoice to see that the principle of these most important institutions is surely and widely spreading—as was evinced by the number of guests and the large amount of subscriptions announced by the secretary, not less than £4400. This, with loans effected, and which it is calculated the profits of the establish-

ment at Goulstone-square will repay, makes up a sum of £7450. The total amount required to pay off the debt of the undertaking is £10,500, so that its supporters have still to make up the sum of £3000.

Medical Members of the Prussian National Assembly.—It is announced that no less than ten physicians have been elected members of the National Assembly of Prussia. MM. Despretz, Payen, and Foissac are candidates for seats in the French National Assembly.

Bequest to University College. — The council of the University College, London, in their character of residuary legatees of the late Dr. Holme, of Manchester, have examined the catalogue of his valuable library, and have written to the executors requesting that the whole of the books, plate, antiquities, and other articles of *vertu*, and also such other chattels as the executors may think more likely to be sold in London than in Manchester, are to be packed up and forwarded to the college, and that whatever it is not desirable to send is forthwith to be sold. "We believe (says the *Manchester Guardian*) it is likely that, under these instructions, the executors will shortly give directions to have the books packed in boxes, and, with the coins, plate, jewellery, &c., forward them to London, and that the household furniture and a few other things will be sold by auction in Manchester.

Hospitals in France.—The Government of France intends to take possession of the landed property of all the French hospitals, and to sell it in small allotments. The hospitals would receive five per cent. stock in exchange for the amount which the property now yields annually; payment of the dividends to be guaranteed on the state forests.

Obituary.—On the 18th ult., at Scariff, in the county of Clare, aged 44, of fever, Thomas Smith, M.D.—On the 24th ult., at Tunbridge, aged 53, William James West, Esq., surgeon.—Lately, M. Alphonse Dupasquier, professor of chemistry at the Medical School of Lyons.—On the 8th inst., at Leamington, in the 64th year of his age, Thomas Hiron, Esq., surgeon, for nearly forty years an eminent practitioner in Warwick.—On the 10th ult., at Isle aux Noix, Canada East, of typhus fever, after only five days' illness, Charles Reeve Matthew, staff assistant-surgeon.

MORTALITY TABLE.

For the Week ending Saturday, June 10, 1848.

Causes of Death.	Total.	Average of 5 Springs.
All Causes.....	941	943
Specified Causes...	935	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	294	176
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	43	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	105	122
Diseases of the Lungs, and of the other Organs of Respiration	95	129
Diseases of the Heart and Blood-vessels.....	21	33
Diseases of the Stomach, Liver, and other organs of Digestion	50	62
Diseases of the Kidneys, &c.	13	10
Childbirth, Diseases of the Uterus, &c.	4	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	6	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age.....	37	55
Violence, Privation, Cold, and Intemperance.....	34	29

NOTICE.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"A Surgeon in General Practice."—The certificates will be received by the College, as they are in accordance with the laws relating to candidates who studied prior to 1838.

"Amicus."—We cannot answer all the questions proposed by our correspondent. Neither can we say with certainty that the plague which ravaged Athens in the time of Hippocrates was not the cholera. 3. It commenced in Ethiopia, passed from thence into Egypt, Palestine, Syria, and through the whole Persian empire; then into Greece, where it destroyed great numbers of the Athenians.

"Anatomist."—Mr. Warburton, in 1839. The principal features of the bill were—1. Permitting physicians and surgeons in university towns, or which contained a hospital large enough to receive fifty patients at one time, to receive subjects for dissection. 2. Allowing the managers of poorhouses and hospitals to give up unclaimed bodies to surgeons.

"Mr. Thomas" should forward his paper to the "Veterinary Record."

"Mr. Knight's" theory does not establish the position he wishes to prove.

"Delta."—It is not necessary to produce articles of apprenticeship at the College of Surgeons. Proof is required of having been engaged a certain number of years in the acquisition of professional knowledge.

"J. B. M."—The disease is, probably, psoriasis guttata.

"Clericus."—We must decline inserting the "Remarks on Medico-Theological Disputations."

"Petens."—We cannot give the exact number of liberal-minded men in the Council of the College of Surgeons.

"Reformer" has laboured hard upon a very unpromising subject. The paper is left till called for.

"Mr. Edwards."—The mistake shall be rectified.

"A Poor Student."—The sum will not be sufficient to cover the expenses.

"Microscopist."—Probably not. Todd and Bowman say that in the sinuses, and in all the lower regions of the nose, the epithelium is of extreme delicacy, being of the columnar variety, and clothed with cilia.

"Quiz."—Not the same.

"A Medical Pupil."—The best plan would be to advertise in the *Medical Times*.

"P. M., Boston."—The candidate for the Apothecaries' licence is not examined in Greek.

"Ajax."—Declined.

"M. D."—The letter has been mislaid. If our correspondent will furnish us with another copy, it shall appear in an early number.

"An Assistant-Surgeon, R.N."—Communication received.

"A Member of the Edinburgh College."—1. Yes. 2. The debt cannot be recovered.

"A Governor."—The report would be acceptable.

"M.R.C.S."—The clause is imperative; and the court cannot admit the candidate to examination without good proof of his having served a five years' apprenticeship.

"Alpha, London Hospital."—There are not any examiners' fees in the University of St. Andrew's. Fee for the diploma of M.D., £11.

"A Licentiate of the London College of Physicians."—We shall feel obliged for the communication.

"An Old Subscriber."—It was a trick, to force students to the London hospitals, and also to increase the demand for the diplomas, as many provincial hospital surgeons were not at the time members.

"G. B." wishes to ascertain the easiest and cheapest way by which he can obtain the degree of M.D. from any British or foreign university.

"A Senior Pupil."—1. The Faculty of Medicine recognises six years' study in a foreign university as equivalent to four years at one in France. 2. Fees for the degree about £44.

"A Well-wisher" is thanked for his suggestions.

"Beta."—It is not "impossible" for the child to be born alive in a case of spontaneous evolution.

"Bibliophilos" should address a note to Mr. Renshaw, publisher, Strand.

"F. R. S."—Not at present.

"Mr. Mayuard."—The letter did not reach us in time for acknowledgment in our last number. 1. Yes. 2. The secretary of the society is the person that should be consulted.

"M. B., Lond."—Our reporter was not present,

"A Constant Reader."—The symptoms and *post-mortem* appearances render it probable that death was produced by poison.

"A Young Surgeon."—We know of no suitable situation.

"An Irish M.D."—The work has long been out of print, and we do not know where a copy can be obtained.

"Rusticus."—The University of Oxford requires of candidates for the degree of M.B. to have first passed the examination for the degree of Bachelor in Arts.

"Omega."—John Hunter.

"A Reader from the Beginning."—Our correspondent is labouring under a mistake, for a recent corpus luteum affords no proof of impregnation having taken place.

"J. L.'s" paper "On Chloroform" is not sufficiently original to merit insertion.

"A Retired Surgeon" should consult one of his professional brethren.

"M. R. C. S."—The lectures were completed in the last volume.

"A Country Surgeon" informs us that, in two cases of stricture of the urethra in which he found it impossible to pass the smallest-sized instruments before the administration of chloroform, after the patients were brought fully under its influence he was enabled, with little difficulty, to pass a No. 5 catheter.

"T. G. B."—We agree with our correspondent's opinions on the College of Surgeons. It has often repeatedly declared its hostility to any change in its constitution which would admit the members to corporate privileges. We cannot, however, publish the letter at present.

"A University College Student." — The offer is declined.

"B."—"Turner's Chemistry" or "Fownes' Manual."

"Mr. J. W. Turner, Lower Phillimore-place, Kensington," is thanked for his communication.

"Mr. W. Bird Herapath, Bristol."—"Division of Falciform Border of Fascia Lata for Varix" received.

"Mr. Robert Brandou," "On the Burial of the Living," received.

"An Assistant-Surgeon," "On the Present Position of Naval Medical Officers," received.

"Mr. Alfred Ebsworth, Bulwell, Notts."—Communication received.

"Mr. Nunneley, Leeds," "On Anæsthetic Agents," received.

"A Surgeon, Glasgow."—Letter in reference to the trial of Dr. David Gibson received.

"Primensis" writes us as follows:—"In most of the bills which have been in agitation for medical reform during the past year, one of the principal boons to practitioners in Ireland was generally conceded. I allude to a uniformity of privilege in practising in either country; but, upon reading over the first charter of the Royal College of General Practitioners, as published in the *Medical Times* of May 13, I find, in relation to Irish apothecaries, the following in the preamble: 'And divers other persons who are not authorized by law to practise either as surgeons or apothecaries in England or Wales, but who are legally qualified to practise either as physicians, surgeons, or apothecaries in some other part of the United Kingdom; and it appears expedient that such persons should, under certain conditions hereafter expressed, be admitted into such body corporate,' &c. Now, in section 5, in connection with the above, I find every party with any medical qualification from any licensing body (except the Apothecaries' Hall in Ireland) entitled to be enrolled—a manifest injustice, taking into consideration their seven years' apprenticeship, their two examinations—both of a severe nature, their curriculum of education, and their *status* as the general medical practitioners of Ireland. Surely, if the faculty man from Glasgow, and the M.D. of St. Andrew's, find admission, the portals of the new college should be opened freely to Irish apothecaries."

"A General Practitioner, Liverpool."—Communication received.

"Mr. George Miller, Emsworth."—No.

"The Surgeon Meeting."—So many nonentities have sprung from the same quarter, that we shall want something like ocular evidence before we can believe that there is anything, not only respectable, but even genuine, about these projects.

"H. B."—Mr. Skey, the distinguished surgeon of St. Bartholomew's, is likely to be the next.

"Alpha."—The book is now ready for the press.

"A Member."—The bill will be brought forward, we understand, next session.

"M. I. G."—Poetical communications are not admissible into our columns.

Letters and communications have also been received from A Surgeon in General Practice; Amicus; Anatomist; Mr. Thomas; Mr. Knight; Delta; J. B. M.; Clericus; Petens; Reformer; Mr. Edwards; A Poor Student; Microscopist; Quiz; A Medical Pupil; P. M., Boston; Ajax; M. D.; An Assistant-Surgeon, R.N.; A Member of the Edinburgh College; A Governor; M. R. C. S.; Alpha, London Hospital; A Licentiate of the London College of Physicians; An Old Subscriber; G. B.; A Senior Pupil; A Well-wisher; Beta; Bibliophilos; F. R. S.: Mr. Maynard: M. B., Lond.; A Constant Reader; A Young Surgeon; An Irish M.D.; Rusticus: T. C. D.; Omega; A Reader from the Beginning; J. L.; A Retired Surgeon; M. R. C. S.; A Country Surgeon; T. G. B.; A University College Student; B.; Mr. J. W. Turner, Lower Phillimore-place, Kensington; Mr. W. Bird Herapath, Bristol; Mr. Robert Brandon; An Assistant-Surgeon; Mr. Alfred Ebsworth, Bulwell, Notts; Mr. Nunneley, Leeds; A Surgeon, Glasgow; Primensis; A General Practitioner, Liverpool; Mr. George Miller, Emsworth; Alpha; A Member, &c. &c.

Charge of Manslaughter against a Surgeon.—Mr. David Gibson was charged before the High Court of Justiciary, at Edinburgh, on the 18th ult., with having given a false certificate, and of having led to the death of a convict by causing him to be removed, while in a diseased condition, from Glasgow to the Millbank Penitentiary. The evidence for the prosecution entirely failed to support the charge, and the jury, without hesitation, returned a unanimous verdict of acquittal.

No. 456. **SUMMARY.** June 24.

ORIGINAL LECTURES—
Lectures on the Races of Men, by ROBERT KNOX, M.D. 117

ORIGINAL CONTRIBUTIONS—
Progress of German Medical Science, by Dr. BUSHNAN 120
The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 122
Contributions to the Medical Topography of the Mediterranean, by WILLIAM THOMPSON KAY, Esq. 123
On the Physiological Local Effects of Anæsthetic Agents, by THOMAS NUNNELEY, Esq..... 125
Royal Medico-Chirurgical Society of London..... 126

PROGRESS OF MEDICAL SCIENCE—
Intra-uterine Peritonitis in the Fœtus..... 126
Cases of Secondary Fœtus 127
Filliform Vegetation 127
Phosphatic Deposit in the Urine of Children..... 127
Tincture of Iodine as Collyrium 127
Poisoning by Tartar Emetic 127
Indian Hemp in Facial Neuralgia 127
Cæsarian Operation 127
Urea in Humours of the Eye 127
On Certain Forms of Alkaline Urine 127
Treatment of Chronic Scrofulous Skin Diseases with Cod-liver Oil 127
Pathology of Intermittent Diseases 128
Stony Cataract 128
Morbid Appearances found in the Insane..... 128
On the Effects of Nichol's Apparatus 128

REVIEWS—
The Nature and Treatment of Epidemic or Asiatic Cholera, by R. VENABLES, M.B. 129

LEADERS—
Value of Medical and Surgical Diplomas in County Courts 130
New Remedy for Asiatic Cholera 130
Assistant-Surgeons in the Navy..... 130
GOSSIP OF THE WEEK..... 131
Central Criminal Court—Trial of a Medical Practitioner for improperly signing a Certificate of Insanity..... 131
Sanitary Reform 131
Emigrant Ships 131
MORTALITY TABLE 132
TO CORRESPONDENTS 132

ORIGINAL LECTURES.

LECTURES
ON
THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,
Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from page 99.)

THE GIPSY RACE.

On the southern border of Scotland, not far from the sources of the Beaumont Water, and in a secluded valley communicating with that vast range of mountain country, of which the Great Cheviot may be considered the centre, there stands a village inhabited by at least two distinct races of men:—1. The common Saxon race of the south of Scotland; 2. The race of gipsies. These, the gipsy people, reside during the winter months in this village, decamping, like the Arabs, I presume, as the summer advances, late in April or early in May, like migratory birds or quadrupeds seeking other lands, to return again with the first snows to their winter dormitory. They neither toil nor think; theirs is the life of the wild animal, unaltered and unalterable; confine them, limit their range, and they perish. Their ancient history is utterly unknown: in the meantime, the climate of Britain has had much less effect on them than on surrounding Cheviot; swarthy in complexion, with dark long eyes, black hair, a somewhat oval face, an Eastern physiognomy, neither Jewish, nor Coptic, nor Arab; mouth larger than in the European; nostrils somewhat expanded; stature moderate. Their history is unknown; they prefer the tent to the hut, and, but for our climate, would probably never settle down anywhere; in England, I understand, they never do so, even during winter. Their modern position in Spain has been sketched by a vigorous but somewhat romantic pen. Let me state to you calmly the facts I have myself witnessed, the few observations I have made on this race, which we in ignorance call singular, merely because their animal nature, their instincts, their whole views of life and its objects, differ essentially and eternally from ours. That they remain as they are in physical form, is simply because climate and the other external agencies to which Hippocrates assigned such importance really have no permanent effects on man nor on any other animal, so long as the existing media and order of things prevail. They do not intermarry with other races: this is the grand secret. To Saxon and white races they have the same horror that the Saxon has for the Negro; the singularity, then, applies as well to one as the other; in fact, there is nothing singular in it, seeing that it merely amounts to the dislike which one race bears to another.

But if the gipsy woman will not intermarry with the Saxon, the gipsy male has no such dislike to the Saxon fair, as is proved, I think, by the following anecdote. Early in May, or late in April, our academic seminary closes, and I promised a friend that we should, for the sake of fresh air and relaxation, visit the gipsy country. Town Yetholm is the name of a village occupied in part as a winter habitation of the race, and to this we repaired. Crossing the Tweed at Kelso, and entering the valleys leading southwards towards the border and to the Great Cheviot, we were in hopes that we should still be in time to see the great gipsy family in their winter encampment, and these hopes were increased by my seeing on the roadside, about a mile from the village, a young girl, some ten or twelve years of age, tending cattle. I pointed her out to my friend as a *gipsy* girl, but not a good specimen of the race: there was a something in her colour which made me doubtful; I offered nor attempted any explanation of this, but assured him we should find much better specimens of the race, which, you perceive, I do not call singular any longer, seeing that they are not more so than the Saxon, Celt, or any other race of mankind. On reaching the inn of Kirk Yetholm, our first care was to inquire for the gipsies, but the landlord assured us that some three days ago, like a flight of cranes or storks, they had collected together, and, taking their departure from the village, scattered themselves over the country. He further told us that, on such occasions, they *never leave a single individual of their race in the village*. I now informed him that about a mile from the village I met a young girl tending cattle, whose race on oath, if required, I should have maintained to be gipsy. He then related to me the following curious history.

The girl we had seen was an illegitimate child, and had given rise to an action against the reputed father. The mother of the girl was a Saxon woman, the presumed father was of the gipsy race. He refused to acknowledge it as his; but of this there could not be a shadow of doubt, namely, that the girl was of the gipsy race by the father's side. Saxon women do not carry gipsy children, nor Jewish-looking sons and daughters, to Saxon fathers; persons who believe in such things must have a strength of belief in the doctrine of chances which passes all comprehension.

Foiled in this endeavour to see the gipsies collected, I returned, on a subsequent occasion, with my brother. We were now more fortunate; the gipsies were at home, if home it could be called; but on walking through their street scarcely any showed themselves at the doors of their hovels. Timid and sensitive, like wild animals, they shun the contact of the Saxon. The expedient I fell on, to see at least one of them, was this:—Knocking at the door of one of the gipsy hovels, a young and extremely beautiful woman came out; she might be about sixteen or seventeen; her features admirably regular, eyes and hair dark, and her whole form seemingly corresponding. She was, I think, the finest of the race I ever saw; for even in the best specimens the mouth is too large, and the upper jaw, as in the Jewess, quite disproportioned to the lower jaw and to the rest of the features. The lips also of the gipsy are large, partaking, in fact, of the African character. But in this young person age had not driven away the beauty of youth, nor decomposed the features and disturbed their proportions; nor had the features as yet sympathized with the respiratory, digestive, and reproductive systems.

To detain her at the door, I inquired our way to the sources of the College Water; she raised her fine arm to point out the mountain path which led to it, exposing the part above the elbow. On the inner side of the arm there stood a circular leprous spot, not to be mistaken. Quick as thought she observed, by a look I made to my friend, that the spot had been noticed by me, and as suddenly withdrew her arm, retiring within the hovel immediately.

To what extent the dreadful lepra afflicts the race I know not; the Jew is, I think, also somewhat subject to it; races, no doubt, have their peculiar diseases, which, although they may not afflict them exclusively, are yet of more frequent occurrence than in other races.

Strange to say the leader of the gipsy tribe here seemed to me not pure—I fancied him an impostor as a gipsy. Their own feelings connect them with the *dark races*, as is evident from the following brief narrative:—

On the banks of the Yarrow, a mountain stream much celebrated in Scottish song, at the base of that bleak and desolate range of mountain country called Minch Moor, there is a small colony of mulattoes. This swarthy colony originated in this way. A gentleman, to whom a portion of this valley belonged, returning from India, as I was informed, brought with him two servant-men of a dark race; not Negroes, but of a meek African look, and bronze colour. These men settled in this valley, and they married two Saxon women. Of these two one only had a family, who, marrying other Scotch Saxons, gave rise to several families of mulattoes, more or less deeply coloured. In one instance two mulattoes had married, and they also had a family; but I do not believe that any mulatto race can be maintained beyond the third or fourth generation by *mulattoes merely;* they must intermarry with the pure races, or perish. Nature creates no mules, nor will she tolerate them. This point we shall illustrate when speaking of the Peruvians and Mexicans.

Now, these persons informed me that when gipsies came into the valley they uniformly encamped near the dark colony, and spoke of them as "our people."

But to return to the gipsies. They are found all over Europe, or at least in France, in the Peninsula, in Germany, and Russia. Their history and origin could, I think, be discovered, were a few practical scholars and scientific men to proceed eastward, tracing them from one country to another. My own opinion is, that they are of vast antiquity, and are dying out. I never heard of their being considered any of the ten lost tribes, who, no doubt, must have gone into the interior of the globe by the opening

which Captain Symmes discovered near the Southern Pole. There let them remain, whether gipsy or Jew. Of races which cultivate not the earth, which manufacture nothing, which progress not in art nor in science, we have already enough upon the surface: their absence or their presence must in the history of man go for little. The inhabitants, for example, of Central Africa have no history any more than if they had been so many bales of cotton, or spinning-jennies, or spindles, or spindle-drivers. "Nati consumere fruges" was the expressive phrase of Horace: it were vain to attempt one more apt. Regret them not. Athens, and Corinth, and Syracuse, and Rome live within our remembrance; their fame must endure whilst men having pure reason inhabit the earth; but were Central Africa, from the edge of the Sahara to the Cape of Storms, sunk under the ocean wave, and with it the gipsy race, what should we lose?—nothing which can or ever will adorn humanity; no inventions nor discoveries, no fine arts, no sublime thoughts, nothing to distinguish man from the brute.

In the autumn of 1846 I resided for a considerable time in Derbyshire, which I found to be a county, I was about to say, occasionally, or rather pretty frequently, infested with the gipsy gangs, and with them other lawless gangs composed of persons evidently of Saxon and of Celtic origins. These gangs, or families, remain distinct in so far as I could discover; and it was curious to observe, independent of a difference in physical, structure the different characters of the races; the gipsy has made up his mind, like the Jews, to do no work, but to live by the industry of others. The tramping, vagabondizing Saxon made a show of work. They, as a race, and seemingly from instinctive feelings, have sworn as a race that they never will do any work whatever; and that, in so far as they are concerned, the great curse on mankind is to be wholly inoperative. I do most solemnly believe that, rather than labour, they would willingly starve—a character not uncommon amongst the Celtic race; the money they get by begging and telling fortunes they seemingly conceal; back from their hands again it never seems to return into society;—at least, I never heard of an instance of their purchasing anything. They have discovered the grand secret, that they can live by the labour of others. I suppose they look on the Saxon as some Celts do—the Saxon, to whom the soul-consuming, body-wasting labour is a natural instinct; him they look on as a mean-spirited, low-minded scoundrel, who would work the soul out of himself for a few shillings, instead of acting as they do—I mean the gipsy and the Celt—never doing any labour which you can get another to do for you; thus living a fine, dashing, do-nothing life, like a real-born gentleman. This is the gipsy—a race without a redeeming quality. Their men are well enough made, small and active; the women look well for a short time, but they have not the elements of beauty, or at least very few of them: they will not bear a close inspection. Dirty and coarse in language beyond belief, they are yet seemingly chaste; never well dressed,—they and their children are in rags; the middle-aged men, on the contrary, are generally well dressed, well shod, comfortably arranged in all their apparel. During the day they (the men) seemingly rest at full length in their tents, ever ready for a start at a moment's notice. They steal, no doubt, at night, and at a great distance from their then locality: the fox, it is said, has this sagacity in common with the gipsy. One thing is certain, they commit no depredations in their immediate vicinity; but, as they must live, they beg and steal. With unshaken faith in a kind and overruling Providence, superior to savings-banks, and stronger than the constable's baton, they trust to be fed and clothed like the beasts and birds of the field, taking no heed of to-morrow. In their language may be traced the roots of many Hisdostanee words, and they are obviously an Eastern race; but this is all which is known of them.

When the gipsies first appeared in England is not perhaps well ascertained; but one thing is certain, they early attracted the attention of a Legislature, half Saxon, half Norman; a race with whom property had its rights; a race perpetually called to perform duties and services to the state; hence, no doubt, originated some of the severe laws which have appeared from time to time for the suppression of the gipsy race; but all to no purpose, seeing that they are still in Britain in considerable numbers.

A most respectable and kind-hearted English clergyman told me that, during a whole winter, he had much intercourse with a gipsy family who had located themselves in his parish; he had formed a favourable opinion of them, and, having baptized a number of their children, had taken up the strange notion that by doing so they had become Christians: now, as circumcision does not make a Jew, neither will baptism make a Christian: an idea of this kind seems to me merely a vestige of Romanism. He told me, moreover, that they went occasionally to church, and were a very quiet kind of persons. I have no doubt that they are; the strength of the law is well known to them now. The gang was called Boswell, which must have been an assumed name; St. Boswell's Green, in Scotland, is a favourite haunt of the border gipsies. But to these notions of this well-meaning gentleman I reply—will the leopard change his spots, or the Ethiopian change his dye? When that happens, I shall then believe that the gipsy may become a labouring, industrious Christian man; supporting his family decently and quietly; taking his share of trouble as a parish constable, churchwarden, and vestryman; paying his rates, general and local; duly attending divine worship, and clamorous in support of high church or low church, free church or church and state! What mighty changes must have passed over the globe before all this happens! I will not pretend even to guess at it; but conclude my remarks on the gipsy race by the brief discussion of a philosophic question.

NOTE.—*Intermarriage of the Gipsy Woman with the Saxon.*—The chastity of the gipsy woman is well known, and her dislike to every other race is, I believe, fully admitted. Nevertheless, as I have already said, gipsy blood appears occasionally amongst Saxon families, which may be explained in this way. I attended a family composed of the father, mother, one son, and two daughters. The mother was an exceedingly beautiful woman, not fair absolutely, but yet of the Saxon race: her husband had all the features of the gipsy race—dark eyes and hair, large mouth and lips, oval face, nose prominent, eyes full and long, root of the nose extremely narrow, nostrils enlarged and full, colour of the skin darker than in the European. Of the two daughters of this most worthy family, the eldest had all the gipsy features, but the skin was fair; the youngest had also gipsy features, but less marked, the skin was also fair; the son had well-marked gipsy features, with a dark skin, much darker than in the European.

The only facts I could ascertain were that the husband's *mother* was of the gipsy race; she was remarkably dark-coloured when aged. When or why she had quitted her tribe I could not ascertain.

Queen Elizabeth passed some severe laws against those above fourteen who consorted with the gipsies—it compelled both to quit the kingdom.

Amongst the gipsies I observed in Derbyshire were some children with fair hair and blue eyes, characteristics, no doubt, of the Saxon blood. I spoke of this to the mother of the children, who took no offence at my remarks, but assured me, first, that the fair hair would ultimately darken; and that those with blue eyes resembled her own sister; who, though a true gipsy, had blue eyes; and that such occurrences were not uncommon. Let me here dispose of this physiological question, one of the most important which can be brought before any learned society.

1. It is a fact admitted that children occasionally do not at all resemble the parents, but rather the aunt, uncle, granduncle, grandfather, great-grandmother, &c.; this has been proved over and over again. Thus the influence of one parent extends to an unknown number of successive generations, crossing from one branch of the family to another, reappearing occasionally after the lapse of a century.(a)

Thus, the dark or fair blood, as the case may be, will extend for centuries, though no further admixture may in the interval have occurred. When mulattoes intermarry, they seem to die out in two or three generations, whether as being in direct violation of that specific law as yet so little understood by us, which determined the species of all things—the law of specialization, the law of hereditary descent; or that, having come within the tide of the *law of deformation*—that is, the law of viability of animal form—forms and structures are produced by the marriage of mulattoes which are not viable. The deaths, for example, of very young children, whose structures present so many varieties, even of the purest races, are extremely numerous; one reason of which with others, no doubt may be that their structure, being within the *law of variety*, may have rendered them *non-viable*, or or unequal to resist the bad effects of external influences. In a mulatto I examined, the nerves of all the limbs were a good third less than in a person of any pure race, fair or dark. But, however this may be, the facts I have stated to you are undeniable as facts, in whatever way they may be hereafter explained. Now, apply this to the gipsy family, some of whom had blue eyes, and you will see that, in order to explain the recurrence from time to time of fair hair and blue eyes, it was not necessary that there existed any late intermarriage or crossing, seeing that the Saxon blood might show itself a hundred years after its single introduction, and after all genealogical recollections had ceased.

The half-gipsy girl, for example, seen by me at Kirk Yetholm, when grown up might and probably would associate with the gipsy tribe in preference to the Saxon kindred of her mother. In this case, though strictly gipsy in appearance, and married to a gipsy man, there cannot be a doubt that many of her children, grandchildren, and great-grandchildren would show the Saxon blood of her *mother*. On the same plan we endeavour to explain the occurrence from time to time of Jewish features amongst other races; and of the occurrence of other features amongst the Jewish race.

But a totally different view of this matter has been taken by some; and it is proper that you hear both, or rather all, sides of the question; a second view, and an extremely curious one, has been suggested. It may be thus stated. As white sheep are born from black, and white cattle from black, and *vice versâ*, and blue-eyed and dark-eyed persons are born under circumstances such as I have mentioned without the slightest suspicion of crossing or intermarriage, may it not be that such is simply a law of nature? and that, in order to render such a variety a permanent one, all that is required is that they separate from their darker or lighter parents, as the case may be, and live apart—in a different quarter of the world, in fact? Hence on this view has been explained the origin of permanent varieties, as they are called, which I fear is just another name for species. Thus all sheep might spring from one pair and one species; the

---

(a) In one of the noblest families in Britain there is an admixture of dark blood, which reappears from time to time, although there have been no misalliances of this sort since the first, which must have been about 120 years ago. Yet even now the dark blood appears from time to time in one shape or another; and occasionally with a fair complexion Negro features may be distinctly observed. I have also met with a family in Berwickshire in whom the dark blood shows itself from time to time, after more than a hundred years.

black-faced horned sheep of our bleak and barren mountains might accidentally (for the whole is admitted to be *accidental*) produce a lamb or two without horns; and these, by being separated from their parents, would give rise to others, hornless also like themselves, and unlike their original race. Apply this to the gipsy; these blue-eyed gipsies were purely accidental; were they removed from their parents and settled in another country, their children would be comparatively fair-haired and blue-eyed like themselves, and unlike their race, and that this accident would constitute a blue-eyed race of gipsies; but then these would no longer be gipsies, but Saxons or Celts; and thus it may have happened that Saxons came from gipsies and gipsies from Saxons; thus were produced the permanent varieties of mankind, kept permanent, I presume, by insulation. That such a theory has not a single well-ascertained fact to rest on, is my most firm and solemn belief; and it is incredible that so flimsy a theory could ever have laid hold of philosophic minds. It would, I believe, have been abandoned but for the application of transcendental anatomy to explain the facts. When it was pointed out that, from the remotest historic period, animals had not deviated in form; that neither wolf nor jackal ever become dogs; that the wild boar never changes into the domestic, nor *vice versâ;* that although the species forming a genus do certainly, when arranged as I shall presently show, exhibit difference so slight as to be barely perceptible, still they remained distinct throughout all times, the answer was that the permanent varieties only were contemplated, and not species; that permanent varieties were the product of accidental birth, and that the present varieties in the races of man and domestic animals, though permanent, were the product of *accidental circumstances.* Transcendental anatomy was next called in to the aid of the accidental-variety theory—transcendental or philosophic anatomy—by whose aid it has been attempted to raise natural history and physiology to the rank of a science; to remove them from that prosing twaddler of detail, the professed naturalist; to elevate geological research; to connect the past with the present, and to push still further from us the region of fable and of romance. This science,—whose object it is to explain in a connected chain the phenomena of the living material world; to connect the history of living plants and animals with those which now lie entombed in the strata of the crust of the globe; to explain the mysterious metamorphoses which occur in the growth of animals and plants from their embryonic state to their maturity of growth and final decay; to trace a plan of creation, and to guess at that plan,—these are the objects of transcendental anatomy—an appellation first given to the doctrine by my esteemed friend and teacher the illustrious De Blainville, but a doctrine invented, no doubt, in Southern Germany, by Oken, and Spix, and Von Martius, and others. To the South German, or, in plainer terms, to the mixed race of Sclavonian and German origin, we owe this doctrine of transcendental anatomy; to that imaginative race to whom we owe all that is imaginative, romantic, and transcendental in the so-called German language and German people. To the true Saxon, the classic German, the Swede, the Dutchman, the thorough-bred Englishman; the Saxon, when pure; the men of material interests; the men abounding in common sense, and occupied with the business of the day, what signifies to such men the metaphysics of Kant, the reveries of Schiller and Schlegel, the music of Beethoven; the transcendentalism of Oken and of Spix, of Goethe and of Humboldt? In a vertebra the matter-of-fact Saxon mind sees merely a vertebra; beyond this it seldom proceeds,—uninventive, unimaginative. Nor is the Celtic mind very peculiarly gifted in this respect; the doctrines of Goethe and of Spix, of Oken and of Geoffroy, were resisted to the last by Cuvier and by the academy over which he held sway. Sir Charles Bell could never comprehend the import of the transcendental doctrine; he stood by the doctrine of Paley, which with him was the *ne plus ultra.* Thus it was that a theory originating unquestionably with the mixed Sclavonian and German race, inhabiting South Germany, made no progress with the would-be philosophic heads of Paris and of London. But the era of Cuvier—the *siècle de Cuvier*—is gone; it embraced spiritual France and imitative England. His narrow, empirical view of the philosophy of animal beings was adopted as a matter of course by the universities, who, dovetailing it with scraps from Derhan and Paley, wrought it up into a *body of doctrine* which they trusted might serve them as long as the Aristotelian philosophy had done; save much thought, squabbling, and doubt; become orthodox and established. A witty divine furnished them with a new version of the Mosaic Record, and all parties seemed happy and satisfied. Cuvier and orthodoxy were triumphant; when all at once, in the bosom of that very scene of Cuvier's greatest triumphs, a colleague, M. Geoffroy, called in question his determinations: all Western Europe—I speak of the philosophic world—stood astonished; but, being confined to the scientific world, the prudence, at all times remarkable in the English geologist, suffered it to pass unnoticed. At last a popular writer, an adept at plagiarism and at arrangement, selected from Humboldt, Geoffroy, Oken, and others, the leading doctrines of the transcendental doctrine or theory of progressive development in time and space, thus enabling the *unscientific* portion of the public to guess at the jar in the philosophic world.(a) Then burst out the flame of disputation and abuse—churchmen and geologists, botanists and chemists, furious in support of orthodoxy and Cuvier. Times are said to change, but men do not; it was the old war-cry of Aristotle and the church. In a dispute unto which even the great master of Trinity condescended to enlist his name it must be that the audience may also feel an interest. Nor is that interest likely to cease. It is the struggle which science and scientific men have always held since the remotest times with those men in office who "in the law see justice and equity, and in the diploma see science."

BRIEF OUTLINE OF THE DOCTRINES OF TRANSCENDENTAL ANATOMY.

All animals are formed upon one great plan; this constitutes the doctrine of the unity of the organization: nor is there any reason to suppose, in so far as research has gone, that since the first formation of the globe, millions of years ago, that plan has ever been essentially altered, or any new scheme or plan of creation substituted for the first.

The extinct races of animals and plants found imbedded in the crust of the earth, in various strata, obviously of different ages, and in the diluvial soil, seem to have appeared at certain distant periods, more or less remote from each other, and then to have perished—some slowly, by apparently natural causes; others suddenly and violently; and others in a mysterious manner, their place being occupied by a new formation of strata, and by a new formation, or rather by the appearance on the surface of the earth of animals and plants differing specifically and generically, as the terms go, from all which preceded them.

In these successive changes or formations, as they have been termed, an order appears to have been observed. That order was, that the most ancient strata contain the simplest forms of life; and the more recent strata, the more complex forms of life, as if animals and plants, simple in construction, had first occupied the surface of the globe, and, as they perished, others more highly organized appeared; first came animals lowest in the scale, aquatic chiefly; then the mollusca and shellfish; then fishes, next birds; then quadrupeds, and, lastly, man.

(a) Vestiges of Creation.

It was at first supposed by the theoretical geologists preceding Cuvier and his era, that these extinct animals were of the same species and genera as those now existing. Bones of elephants were exhibited in Germany as human bones; fossil salamanders mistaken for men drowned at the deluge, &c. These miserably erroneous notions were upset at once by a single anatomist, by a lover of truth, a scientific man. This person was Cuvier; he showed that the extinct fossil remains belonged to animals specifically and generally distinct from those now existing on the surface of the globe. The scientific world bowed to his verdict, and his views became "the law." But he also remarked that *fossil man* had not been found, and he concluded, or rather he left others to do so for him, that man appeared late on the earth, after the extinction of all the other preceding races of animals, and that his advent belonged to the present era and to the now existing races of animals. There were then at least two creations, or rather there may have been some hundred successive creations, since the first formation of the globe. The last (by Dr. Buckland) spelling of the Mosaic Record offered no obstacle to this view.

But scarcely had all these difficult points been agreed on when M. Geoffroy, availing himself of the views of Herschel, Humboldt, Oken, and others, adding thereto the history of the embryo, brought forward another bold theory to the French Academy; that theory was based on transcendental anatomy.

When we look into the interior structure of the grown-up animal, or man, it matters not, we perceive structures which are of no use to him or to them individually. These structures must have a reference, then, to some other stage of his existence as an individual or as a race, or they must have a reference to some great plan of creation preceding and presiding at his formation, and so connecting him with everything living—past, present, or to come. Moreover, it not unfrequently happens that man himself is born and grows up with anomalous structures, as they are called, such as webbed fingers and toes, the deformity called harelip, &c.; or the two sides of the heart communicate with each other, giving rise to the formidable complaint called the blue disease; or the arms or limbs are wanting at birth; or, finally, he grows up with forms evidently not natural to the well-formed, finely-proportioned, fully-developed person. How are these anomalies to be explained—what, in short, is their signification?

There was a period, and that almost within my recollection, when all such phenomena were called *lusus naturæ*—sports of nature—anomalies. It was not deemed prudent to proceed further; but Goëthe, and Spix, and Oken, and Humboldt, and Carus, and, lastly, Geoffroy, have decided this question. They have shown the modern anatomist that mere details are not philosophy; that we require *laws*, not *details.* They have proved that in the embryo of man and of all the higher organized animals elementary structures indicative of one great plan exist; that the embryo even of man himself, whilst growing from a mere point, as he is at first, passes through many metamorphoses, shadowed forth in the grand scale of the animal creation, past and present; that at certain periods he shows quadruped or even ichthyological forms; that his fingers are at one period of his growth webbed like aquatic animals; that when he is born and grows up with them thus webbed he merely exhibits a want of development—a persistence, in fact, of an embryonic form; and that these embryonic forms are a counterpart of those structures observed in some adult animal lower in the scale, or, in other words, that anomalous forms in adult man and animals represent merely those forms which they pass through during their embryonic life. Hence the law of the arrest of development; hence the statement of the philosophic anatomist, that whatever is irregular in man is a regular structure in some lower animal, and was in him a regular structure during his embryonic life. This law, with certain modifications, applies to everything living. It

is the basis of the law productive of irregular form in man—the law of deformation; productive of all those varieties in individuals, from the slightest change to the most striking; connects man with all creation, past, present, and to come; and it no doubt led Geoffroy to oppose the Cuvierian doctrine of successive creations. A few words will here suffice to state the outline of his great views. We shall afterwards return to them in a separate lecture.

The transcendental doctrine of development or progress endeavours to explain away our existing notions of species and even of genus. We mistake, says Humboldt, or we may mistake, a merely historical event for a new organism. The animals now existing on the surface of the globe may, after all, be the direct descendants of the animal and vegetable fossil world; the modern crocodile may be the direct descendant by generation of the ancient saurians; the modern elephant of the mammoth; the horse of the anaplatherium. Nay, more, what difficulty is there in imagining that with time—to which may be added the unknown law of progress and development, and a change in the external media, the air, the waters, the temperature, with time, the simple animals of the *early world* (called old by mistake) may have produced by continuous generation the more complex animals of after ages; that the fish of the early world may have produced reptiles, then again birds and quadrupeds; lastly, man himself? Give us time, said the anatomist—the geologist could not object to this—and with time and progress in time, and a change of external circumstances, it will not be difficult to show that there was only one creation; that living matter is as eternal as dead matter; and that all living matter is capable of assuming every possible viable form of existence, that form varying merely in accordance with the nature of the media it then inhabits—in short, with the essential conditions of its existence.

To apply some of these theories to man himself would greatly extend the purposed limits of this lecture. I shall reserve the application, therefore, until I come to speak of the positively dark races of men — the Negro and the Tasmanian.

ORIGINAL CONTRIBUTIONS.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By Dr. BUSHNAN.

(Continued from page 377, vol. xvii.)

9. Microscopical Examinations of the Mucous Membrane of the Stomach and Bowels in Cholera.—Dr. Ludvic Boehm, who has received the appointment of successor to Dieffenbach in the surgical klinik at Berlin, devoted considerable attention to the microscopical anatomy of cholera, when raging in Germany; and since the subject must necessarily be of the greatest interest, and the present not an inappropriate period to introduce it, I will endeavour, as briefly as possible, to give a *précis* of the seven chapters in which he has described the results of his examination of more than one hundred bodies of patients who had died of that disease.

Chap. I.—On the Loss of Intestinal Epithelium by Excessive Desquamation.—The author shows that the chief pathological alterations of the mucous membrane in cholera consist in a desquamation of the epithelium, by which it is often altogether thrown off. This process he accurately examined. Although its seat is the whole mucous lining of the intestines, it is most clearly seen, and the vessels, too, are more injected, in the lower portion of the ileum, and there Dr. Boehm concludes that it commences; the stomach and other portions of the bowels are less affected. The generally isolated spots in which the process of desquamation has commenced are characterized by a whitish colour and a soft velvet-like appearance of the surface, as if the villi were much more raised and developed than natural; and such a villus, brought under the microscope, shows its epithelium much thickened and divided by concentric lines, marking the beginning of the process by which it is reduced into its elementary parts, or cylindrical cells, which soon become detached and altogether thrown off. In this state a villus appears denuded of part of its epithelium, and that which remains as consisting only of a few simple cells. Ultimately the denuded portion appears covered with small white depressions, the points by which the cells of the epithelium had been attached to it, and it may not unaptly be compared to the top of a thimble. Another mode by which desquamation takes place is somewhat similar to the formation of bullæ on the cutis, the epithelium becoming loosened from the villus, and thrown off entire from it, as in a common blister, and the sheaths of the villi falling off as little sacs. In one or other of these modes the mucous membrane is denuded of its epithelium, leaving an abraded surface. Large portions of epithelium are often thown off, and these exhibit on one surface the casts or rather moulds of the cylindrical and elevated villi, and on the other their corresponding foramina. The denuded villi become reduced in circumference, more flaccid, and subjected to a complete process of maceration. Their former rounded apices become cleft and brush-like, and in this way they are soon destroyed. The cryptæ mucosæ or glandulæ lieberkuehnianæ being destroyed, the abraded mucous membrane becomes fissured, and then extravasation of blood takes place. The desquamation of the epithelium can take place in a very short time. Boehm asserts that he has seen that process terminated, and deeper destruction of the mucous membrane commenced, in the bodies of patients who, six hours previous to death, had been in health.

Chap. II.—Microscopical Observations on the Contents of the Stomach and Intestines.—The contents of the stomach and bowels, being poured into a convenient glass vessel, soon separate into a semi-transparent fluid, and an opaque whitish-yellow sediment. This upper semi-transparent fluid Dr. Boehm thinks is the real pathological secretion. The lower sediment is shown by the microscope to consist of an immense number of epithelium-cells. The more violent the disease has been, the clearer is the upper fluid, the whiter the sediment, and the more perfect the cells. When the disease has been lingering the contrary is the case. The appearance of the contents of the stomach and bowels is much modified according to the quantity of epithelium it contains, and the integrity or the disintregation of its cells: thus it is milky, purulent, creamy, gruel-like, or mucous. In the colon the epithelium is generally so much destroyed that its cells cannot be distinguished. The flocculi which have been described by others consist merely of larger and more perfect portions of epithelium.

(*a*) Bilious Contents.—The functions of different glands, as the kidneys, the salivary glands, those of the eye and liver, &c., are discontinued during an attack of cholera; therefore, and sometimes for days, no secretion of urine takes place, the mouth and eyes are dry, and the biliary ducts are found to be empty and collapsed. When the gall-bladder is found full, its contents are to be referred to the previous period of health. A desquamation of the epithelium takes place in the biliary ducts in the same manner as in the intestines. According to Boehm, the yellowish tinge of the contents of the stomach and intestines must not be attributed to fluid bile, but to epithelium-cells tinged with its colouring matter, and the fluids so coloured do not become putrid as soon as those that are not so coloured. In one third of the cases examined, and remarkable for the acute and rapid progress of the disease, no bile was found in the intestines; in another third, the patients had died at a period when the bile was generally effused; and, finally, in very protracted cases a superabundance of bile was found. Cholera patients very rarely vomit green and bitter fluids. In the vomited matters a sediment is generally found of a dark, nearly black, and mud-like character; and in dissection similar masses strongly adherent are found, as flocculi and streaks between the prominent wrinkles of the mucous membrane of the stomach. Treated with nitric acid these become of a reddish-brown colour, and caustic potash dissolves them into a green fluid. Dr. Boehm thinks them an altered condition of the bilious pigment.

(*b*) Bloody Contents.—Intestinal hemorrhage, although rarely profuse, is always a fatal symptom. In this blood few corpuscles are found, and those always altered in form; according to its extent, the contents of the stomach and bowels are either reddish, chocolate colour, or red brown. The fæces are very offensive; and, when examined, the mucous membrane is found ecchymosed and marbled with red lines and spots.

In this chapter Boehm also describes the fæces of cholera patients, which sometimes in the first stage have a slight bilious tinge, but more generally consist of the well-known rice-water description, abounding in flocculi or portions of thrown-off epithelium, which sometimes include minute rhomboidal crystals.

Chap. III.—The Flocculi found in the Urine of Cholera Patients.—With the commencement of convalescence the secretion of urine is restored. It has a sediment of white and loose flocculi, and investigation has shown these to consist of epithelium thrown off from the mucous membrane of the uropoetic organs. A thick whitish fluid, consisting chiefly of epithelium-cells, is found in the renal pelvis; and desquamation, as in the intestines, in the canaliculi renalis, ureters, and bladder.

Chap. IV.—Oily Fluid found in the Intestinal Villi of Cholera Patients.—Dr. Boehm's inquiries on this subject show him to be a most accurate and indefatigable observer; but, as it is already known, I need not dwell long upon it. It is remarkable, however, that the villi filled with oil, and seen with the naked eye, give the intestine an appearance as if it were sprinkled over with many yellow transparent globules.

Chap. V.—A Vegetation similar to the Saccharomycis Cerevisia found among the Contents of the Intestines of Cholera Patients.—Dr. Boehm has found in the contents of the intestines microscopical, colourless corpuscles of a regular and mostly oval form, connected into longer or shorter chains, giving off lateral branches, and resembling a ramificated figure. In the stomach they are developed into far-spreading, tree-like ramifications, generally enveloped in mucus. He found a large number in the small intestines, fewer in the colon, although in some cases only there. They were also in the fæces and vomited matters.

Chap. VI.—The Cryptæ Mucosæ in Cholera.—The apertures of the glendulæ liberkuehnianæ, or mucous crypts, seen in the healthy subject as black points, are in cholera filled by white corpuscles, sometimes so prominent that they can be removed by a needle, in the form of long stopper-like coagula. When these are taken out the apertures of the cryptæ are as round and unchanged as in the healthy subject; sometimes they are a little larger, and when so altered in a high degree the mucous membrane is seen covered with white spots or punctures, in consequence of the desquamation of the epithelium of the cryptæ. The progress of this desquamation is very peculiar and interesting. It appears that after desquamation of the epithelium in the crypta new epithelium is formed at its base, which in its turn is again loosened and protruded. Thus a crypta very soon resembles a villus from the cylinder of epithelium which is protruded from its aperture, and the number of villi seem to be considerably increased.

Chap. VII.—The Changes in the Glendulæ Solitariæ and Peyerianæ in Cho-

LRRA.—As in severe diarrhœa so in cholera, the capsules of the glandulæ Peyerianæ are softened, and their tops or apices ulcerated, so that their contents are evacuated, and the capsules as so many open mouths, or fossæ; they also lose their granular, and assume a reticular, appearance; besides which they become elevated or protruded by exudation taking place in the subjacent cellular tissue. Real ulceration is not found in these glands. A third alteration of form consists in their surface becoming much wrinkled, but this generally in young subjects only. The glendulæ solitariæ are also more distinctly seen in cholera, in consequence of their capsules being more distended, and the exudation occurring in the subjacent cellular tissue.—(*Die Kranke Darmschleimhaut in der Asiatischen Cholera Mikroskopish Untersucht von Dr. Ludwig Boehm.*)

10. ON MALARIA.—As an appropriate pendant to the above, and in these times of sanitary reform interesting alike to the medical man, the general reader, and the philanthropist, I add the following lengthened sketch of a paper on malaria, lately published in the "Nuremberg Miscellany," edited by H. J. Whitling. Every individual of the great human family must feel a deep interest in this subject; for, if the sword has killed its thousands, malaria has slain its tens of thousands. It is the destroying angel, the real pestilence that walketh both at noonday and in darkness, and to which all the other causes affecting human life are but as feeble auxiliaries in the work of destruction. It is capricious in its action, mysterious in its nature, and appears to be under the influence of no uniform laws. It has been said to arise from the decomposition both of animal and vegetable substances, and to be always found in marshy districts; but it also makes its appearance where no such decomposition can be detected, and where no marsh exists. The principal diseases it is said to produce are intermittent and remittent fevers, yellow fever, influenza, cholera, and the plague; and we may form some idea of its destructive effects on the human system by comparing the mortality in countries free from its influence, with those where it is known to exist in all its malignity. Thus the average duration of life in England may be said to be 51 years. In Holland it is about 35. There are districts in France where the average is but 22, 20, and even 18 years! The depopulator is malaria. Turn to the fairest portion of Italy: they are a prey to this invisible enemy; their fragrant breezes are charged with poison, and their dews are death; the banks of its rivers, its rich and flowery meadows, the borders of its beautiful lakes, the luxuriant plains of its overflowing agriculture, the emerald-green valley whose aromatic shrubs regale the eye and perfume the air—there death walks hand in hand with the scenes of life, sparing none. Nor do the houses and towns of the Italian afford him shelter from this all-prevailing pestilence. It enters with him into his chambers, and stalks with him through his streets. Imperial Rome herself is its chosen seat; and there the miasmata appears to be dangerous in proportion to the warmth and moisture of the season; especially is it felt in that part so much frequented by strangers, the Piazza del Popolo and the Strada del Barberino. Dreadful as is the picture that might with truth be drawn of the effects of malaria amongst the inhabitants of the Campagna di Roma, it is not so appalling as that of the ill-starred inhabitants of Basse-Bresse, Brenne, Sologne, and Dombes; and which Fodéré ascribes to the manner in which the land is cultivated, by being alternately made into ponds and subjected to tillage; and "il est rare," says he, "que de quatre travailleurs deux n'y succombent pas." The condition of the inhabitant of these pestiferous localities is deplorable. From his early infancy he is sallow and has bilious-tinted eyes; his growth is arrested; he attains, perhaps, his seventh year, but with difficulty, and after that he may be said rather to vegetate than to live. At 20 to 30 he begins to retrograde, and 50 is a great and unusual age to attain. Though generations quickly pass away, population nevertheless maintains its equilibrium, for all marry early and repeatedly. Fodéré mentions three brothers named Dupont who had married amongst them no less than fifteen women, and one of them was again a widower.

It has been endeavoured to ascertain what is the degree of elevation in the neighbourhood of marshes that will afford entire protection from the influence of malaria. The Monte Mario, adjoining Rome, is 165 yards above the Pontine Marshes, and is yet extremely unhealthy. Tivoli, 230 yards above the same level, is more salubrious. Humboldt says that yellow fever is unknown at the height of 2500 feet above the level of the sea. Dr. Fergusson states that he has seen sentries, in perfect health, stationed among the marshes of Antigua, expire in all the horrors of the black vomit within thirty hours of the first attack, while not a case occurred at Monk's-hill, 600 feet above the marsh level; and this, as is supposed, in consequence of the difference of temperature in low and elevated situations—more malaria being set free in the former than in the latter position. Brocchi asserts that to reside 300 yards above the marsh level is sufficient protection.

It will be interesting to notice the geographical position of some malarious countries, their soil and atmosphere, and the means of checking an enemy so destructive to human life. England has many districts which produce much disease and suffering; for instance, the lower parts of Essex, Cambridgeshire, Lincolnshire, and the East Riding of Yorkshire. Holland is but another name for a malarious country; and in France there exists at this moment nearly a million of acres of undrained alluvial soil, the inhabitants of which are liable to cholera and severe fevers. A similar country exists about Seville, Cadiz, and many towns on the south coast of Spain; and in Italy are the Mantuan, the Florentine, and the Roman territories, the whole tract of the Portine Marshes, Minorca, Sicily, and Sardinia. The West India islands are notorious for their unhealthiness; and the cause of all is the same that affects our own towns and cities, namely, the insalubrity of the inspired air. It has been proved that the 666 cubic feet of air a man expires during the day would, if collected, kill many animals; and when we add to this that which is produced in various ways by the decomposition of animal and vegetable substances, the poisonous emanations from houses, workshops, dirty and confined streets and courts, imperfect sewers, uncleansed and open drains, we shall have no difficulty in understanding how a large and badly ventilated town may become as fatal to its inhabitants as the most marshy district. All gases, all effluvia, are diffusable; and all emanations from human beings and human habitations mingle, almost as soon as they escape, with the current of the atmosphere. Enclose 100,000 human beings within a town, and the evil is increased 100,000-fold. Intersect the space with narrow streets, excluding the rays of the sun and impeding the action of the air; let the refuse of vegetables, the blood of slaughtered animals, the filth produced in every way, stagnate in the kennels of the streets; and the atmosphere will soon destroy, as it does in Constantinople, from five to seven per cent. of the inhabitants, and, when the temperature is high, generate pestilence of the most destructive character. The only method of diminishing the mortality of cities is by purifying the air, by cleansing the streets, houses, and drains, and removing all poisonous exhalations. Fire, whether of wood or coal, is, however, a great protection. Napoleon, when in Italy with his army, employed fires to a great extent, and with the best success, to keep away malaria; and Dr. Ford has shown that a ship of war, off the coast of Guinea, in which the smoke from the fire filled the decks where the men slept, was far less unhealthy than another in which there was no such smoke between decks.

Moisture, heat, and decomposing vegetable matter are essential to malaria: but the notion that malaria exists in proportion to the degree of moisture present is fallacious: thus the fishermen on the Newfoundland Banks, who live for months in dense fogs, are not subject to intermittents; more rain falls on the western than on the eastern coast of England, yet the inhabitants of the former are not more subject to ague; the same as regards rainy Wales and Cumberland; and in the West Indies and the Malabar coast mortality from malaria is not at its maximum where most rain falls. Double the rain falls in British Guiana than in Jamaica, but the mortality of the troops is only half as great in the former as in the latter.

The putrefaction of vegetable matter is, however, indispensable to the presence of malaria: while crops are growing, malaria is not generated; but when the harvest takes place, and large quantities of vegetable matter are left on the ground, these, upon undergoing decomposition, give rise to destructive diseases, as is often the case where flax is steeped in stagnant water; or in India after indigo has been extracted from the plants and the detritus is thrown into large masses; or as on board the Priamus faigate, where chips and shavings are allowed to remain mixed with the bilge-water. The most unhealthy cargo a ship can carry is sugar, a vegetable product. In the same way new countries are free from malaria until the land is cleared and the soil cultivated; and thus moats, ditches, and milldams are not unfrequent sources of malaria. Indeed a whole family has been attacked with intermittent and remittent fever produced by malaria generated in a small basin of water, in which vegetable matter has undergone decomposition.

It is not true that animal matter in a state of putrefaction yields malaria. Of five hundred students dissecting in Paris in one year sixteen hundred subjects, and breathing for about five hours daily a tainted atmosphere impregnated with animal matter in a high state of putrefaction, not one was known to suffer from bad health.—*Londé: Journal de Faculté de Médecine.*

The plague has its great nidus at Cairo. It has been considered to result from the crowded population, poverty, narrow streets, hot climate, and filth of the canals of that city. But some other cause must be sought, for most of these elements are present in other cities, where the plague does not exist. The Jews' quarter at Rome, the Judaicum, the most filthy portion of the city, is singularly free from malarious diseases, while the elegant streets of the neighbourhood suffer very severely: and though Lisbon has been immortalized for its dirt, and the various uncleansed abominations which are there so profusely met with, yet there we find no plague.

Malaria is not confined to low or flat countries. The Himalaya Mountains of India are surrounded during two-thirds of the year with an atmosphere more pestilential than the Sunderbunds, or the Grotta del Cana, which the natives fear to encounter, and even the monkeys are said, by Bishop Heber, to abandon.

The poison of malaria, which is said to be much more destructive by night than by day (Dr. Trotter), has been known to extend many miles from its source. (*Lancisi: De Noxiis Paludum Effluviis.*) It often unites with fogs and clouds, and is carried to immense distances, and it seems as if its influence was regulated by certain currents of air; for Dr. Bancroft tells us that only one side of a street in Rome was affected by it, and Baglivi, that the healthy spots of the same city are separated from the unhealthy by a wonderfully short distance.

I will avail myself of another opportunity of relating the author's views as to the nature of malaria.—(*Miscellany. Edited by H. J. Whitling. F. Campé. Nuremberg*, 1848.)

(To be continued.)

On the motion of Lord Morpeth the Public Health Bill was read a third time. Some clauses were added to it as a rider, and the bill was passed.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 107.)

But two cases are now especially before my mind, and which, but for the timely discovery of their real character, would, in all probability, have ended in death in a few hours, whereas the discovery of the true cause of the obstipation was the means of saving the lives of both patients. The first instance was in that of a female, who was admitted into St. Bartholomew's Hospital under Dr. P. M. Latham for constipation of three days' duration; there was no great suffering, nor did she experience any inconvenience beyond the uneasiness in not having a due action of her bowels. The Doctor prescribed some aperient medicine, and she was left until his visit on the following day, when it was found that the bowels had not acted, and that there was some nausea and distress over the abdomen. On examination of the inguinal and femoral rings, there was discovered over the latter a small, hard, cob-nut-like swelling, not painful, and yielding no impulse on coughing. She knew nothing of its origin, nor even of its existence. A consultation was immediately called, when Messrs. Earle and Stanley proposed cutting down upon the swelling, under a strong conviction that it would prove a glandular body; the former gentleman was the operator, and, when he had exposed the foreign lump, it was discovered to be a knuckle of intestine, just like a red cherry in colour and in size. It was returned, and everything went on favourably until her convalescence.

The second instance occurred a few years afterwards in this hospital; the patient also was a female. She had walked from the suburbs of London, I think it was Chelsea, to visit her sister, one of the day-nurses in the surgical wards in this building, to request her to seek some advice for her with one of the resident officers of the charity. She accordingly brought her to me,—it was on Saturday afternoon,—and informed me that she was sick at stomach, bilious, and costive in her bowels. Here, also, it may be remarked, the patient apparently suffered very little; the features were placid, and the pulse was tranquil. As she had walked a long distance, and was tired, I suggested that she should stop here for the night.

She was accordingly sent to the medical ward, and was ordered some calomel and colocynth at night, and an aperient draught in the morning. On Sunday, at eleven, I visited her, and found that she had rejected the draught, and was somewhat uneasy in her bowels. I now carefully examined the several rings, and found a nodule, the size of a small walnut, over the femoral ring, which she urged was of no consequence, as it had been there for many months, and was no inconvenience to her. However, I casually heard Mr. Arnott's voice on the staircase, and called that gentleman to examine the tumour, when he immediately decided on cutting down upon it, and after summoning his colleagues, and gaining their assent, the tumour was laid bare, when it proved to be a knuckle of intestine, as black as a pickled walnut. The stricture was divided, and the intestine sloughed; artificial anus was formed, fæcal matter was wholly discharged from the wound for six weeks, when it gradually ceased, and the evacuations passed along the natural channel; she had healthy actions of the rectum, and the wound now rapidly healed, and she was discharged quite well, and is now still living in the neighbourhood of London.

GASTRALGIA.

The *stomach* is the seat of disorder, or of disease; the former may exist without the latter, whilst the latter cannot exist without disturbing the natural functions of this organ.

A pale, sickly female applied for admission into the hospital. She was lady's maid to an officer of high rank in the army, who was in India, but who had sent his family home to England; at the Cape the children were seized with measles, and she was much worn down by constantly attending them. During her passage home she lost her appetite and her strength, and was unable to keep any food upon her stomach except a little bread soaked in tea, which had been her only nourishment for six months. She took tea morning and evening, and enjoyed it, and nothing else; in fact, she dared not venture to take any other food, having suffered so much from the repeated attempts made to nourish her by generous diet. Did not this look like scirrhus of the pylorus? But there was no yeasty matter vomited either after food, or whilst fasting, as is invariably the case in true pylorie disease, when it is attended with sickness.(a)

I asked her if she would think it a hardship to leave off tea, and try cocoa-shells and Naples biscuits, to which she readily assented; and wonderful indeed was the change which followed, for in ten days she said, "I really do think, Sir, I could eat a chop." It was allowed her, and in three weeks from that time she ate the ordinary hospital diet. She went out evidently fattening, resolved never again to touch tea; and returned to see the nurse six months afterwards, when I saw her so plump, fat, and rosy, that I could scarcely recognise the same features.

Whilst, in another instance of a female, there was a distinct tumour in the epigastrium, moveable and circumscribed; but she presented the appearance of health, and had no sickness after food, and enjoyed a very good appetite. We looked upon the tumour as a fæcal collection in the arch of the colon; but all purgatives were unavailing, and made no impression upon its size, except that large enemata thrown up drove it from our view and touch. She suddenly became very ill, and rapidly sunk; when the tumour proved to be a large mass of scirrhus pylori, lying behind a flatulent and distended colon.

I must now allude to a disordered state of the stomach, which may be called a diseased nervous condition of this organ, but which reacts upon the heart and liver so as to induce such a peculiar train of symptoms that the patient and the medical man are often misled into the supposition that one of the latter organs is the seat of disease. The following instance will point out this disorder very manifestly.

A medical gentleman, lately an officer in this establishment, was very fond of taking coffee in the evening, and had always done so with impunity, whilst he led an active and bustling life, with much exercise in the open air; but after he had become immured within the close walls of this hospital for six or nine months, he complained of being watchful at night, of having palpitation and restless dreams; he left off smoking, but still he was troubled with disturbed nights. His liver became torpid, his bowels sluggish, and his appetite capricious; he was now in robust health to all appearances, yet he was always complaining of one unpleasant symptom or another. I recommended him to leave off coffee at evening, but he could not be prevailed on so to do; however, finding himself worse and worse at night, he resolved on substituting tea. This made matters still worse, until a severe attack of palpitation, horrid dreaming, and cold perspiration alarmed him to such a degree that he was glad to leave off tea and take to cocoa-shells. His liver being unloaded, he soon gained temporary relief. His imaginary cardiac disease was gone, his nights were sweet and refreshing, and he continued the cocoa for some weeks. However, thinking himself strong and hearty again, he ventured upon tea, and upon coffee on several occasions, and whenever I heard him describing his uncomfortable dreams intermissions of heart, &c., I could always trace it to his having left his cocoa, and taken to tea or coffee. I have heard from him since he entered again into public practice, and he has had several attacks of a more formidable kind, as he apprehends, and thinks he now has confirmed cardiac disease; whereas, if he is moderate in his diet, and careful in the beverage he takes morning and evening, this nervous excitement of the stomach wholly disappears, and he is strong and hearty.

Far different, however, is the case of a medical gentleman who occasionally visits me for an opinion as to the state of his chest. He has been much on the Continent, but has not lived an irregular life; neither has he ever had rheumatism; yet has he one of the most irregular, intermittent, tumbling hearts that I ever remember to have listened to. Indeed, it cannot be said to be heard to contract at all; it is one confused rolling and tumbling; there may be a slight diastolic murmur. But the most extraordinary part of this gentleman's case is this, that he is not sensible of any uneasiness in his chest, or of any irregularity in his heart, and was surprised when an eminent physician recommended him, after listening to his chest for a slight cough which he then had, to go and consult another medical friend and relative, also a physician; but as the latter declined to give an opinion, and, being rather alarmed at the singular action of the heart, he requested me to listen and inform the young man my opinion. His nights are good, and his appetite equally natural; and, although I have seen him now several times over the space of two years, yet I always find that he expresses himself as he did on the first visit, and feels that he has nothing the matter with him that he is aware of. Of course I declined prescribing or recommending any line of medical treatment, as he suffers from nothing.

The only clue I can possibly get to this extraordinary state of circulation is this, that whilst in Berlin some medical acquaintance suggested his trying small doses of belladonna internally for the purpose of watching its effects; he accordingly undertook the experiment, and commenced with one-eighth of a grain, until he arrived at two grains as a dose, when he became comatose, delirious, and was very ill for several weeks, but was not aware that he had anything wrong in his chest. He is sure his heart was regular before he left England for the Continent.

Again, there is a class of diseases of the stomach which so assimilate that it is almost impossible to detect the serious from the trifling, the organic from the inorganic changes, or the disordered from the diseased functions. A female applied, amongst many such, complaining of acidity of stomach, distress after food, sluggish bowels, and tender epigastrium, with flatulent abdomen. As soon as her food was in her stomach her distress commenced, and oftentimes she could obtain no relief until its contents were thrown up, and in order to obtain this relief she has irritated the fauces and brought on sickness. There was pyrosis also. Now, a warm aromatic draught, with a full dose of alkali in it, administered an hour before meals, and a brisk purgative of calomel and colocynth at night occasionally, removed these unpleasant symptoms very shortly. They depended upon an excessive and, therefore, morbid secretion from the coats of the stomach (hydrochloric acid), which is only relieved by an antidote to its irritating character.

But, on the other hand, a young woman applied here, having just the same symptoms, and was treated in much the same way, at least upon the same principles, when she suddenly became worse, and died in a few minutes. Here was found a large ulcer, the size of a shilling, on the dependent or larger arch of the stomach, which it had perforated, and the contents of the stomach were in the peritoneal cavity.

It has been a matter of question amongst several eminent pathologists of late years whether this singular and fatal disease is more common to the male or to the female sex. The practice of this hospital, and the experience of

(a) Dr. Baillie, in his work on "Morbid Anatomy," mentions the rarity of sickness as a symptom in scirrhus of the pylorus; this observation has been authenticated by subsequent pathologists.

our experienced lecturer on pathology, Dr. Seth Thompson, tend to prove that the proportion of fatal cases in the females is as ten to three in males.

I need scarcely touch upon the form of *malignant cholera*, as the disease, through God's mercy, is no longer a fearful scourge in this land; and, although I had to witness very many painful instances of this formidable epidemic, yet the knowledge which I possess of its treatment is so shallow that I would not attempt to offer any observations upon the subject.

I have thrown this disease, together with ascarides, in the group of Class III.; but the latter form of entozoa are so well known when they infest the lower bowel, and may be easily attacked, that the practitioner needs no elucidation of the subject.

(To be continued.)

CONTRIBUTIONS TO THE MEDICAL TOPOGRAPHY OF THE MEDITERRANEAN.

By WILLIAM THOMPSON KAY, Esq., Assistant-Surgeon of the Plymouth Division of Royal Marines.

"THE GRAND OBJECT OF ALL TRAVELLING IS TO SEE THE SHORES OF THE MEDITERRANEAN: ON THESE SHORES WERE THE FOUR GREAT EMPIRES OF THE WORLD—THE ASSYRIAN, THE PERSIAN, THE GRECIAN, AND THE ROMAN. ALL OUR RELIGION, ALMOST ALL OUR LAWS, ALMOST ALL THAT SETS US ABOVE SAVAGES, HAS COME TO US FROM THE SHORES OF THE MEDITERRANEAN."—*Samuel Johnson.*

SYRIA.—*Its Situation, Name, Extent; Divisions, Ancient and Modern; Physical Characters; Productive Industry; Manufactures; Civil and Social State; Climate; Diseases; State of Medicine and Surgery; Works on the Topography, Natural History, &c., of Syria.*

(Continued from p. 446, vol. xvii.)

THE WANDERING TRIBES.—The *Koords*, Kúrds, Curds, Coords, or Khúrds, natives of Kúrdistan, belong to the first class of the wandering tribes of Syria. Volney considered that *Gord* and *Curd* were synonymous, and it is supposed by some writers that they are the Carduchi mentioned by Xenophon, as the people who opposed the retreat of the Ten Thousand.

They are related to the Medes, Assyrians, Persians, and even Parthians, and consider themselves as descendants of the ancient Chaldæans of Assyria.

They are dispersed in the Diarbekir and over the plains of Kefften and El Ghûtah.

In *personal appearance the men* are generally spare and muscular, with very small black eyes, large wide mouths, black coarse hair, dark complexions approaching to a mahogany colour, fine regular teeth, and a fierce, forbidding countenance. They are capable of enduring great fatigue, but less so than the Bedauwi, nimble, seldom become corpulent, and do not often attain a greater age than sixty.

The *women* differ little from the other wandering tribes, except that the nose is more aquiline, the forehead higher and retreating, the lips a moderate size, the brows closer than usual, and the countenance generally more masculine.

The *stature of the men* averages about five feet four inches; some measure as much as six feet, but such instances are rare.

The *stature of the women* averages five feet two, and it is very seldom that they exceed this.

Their *language* is a slightly corrupted dialect of the Aramæan, or Syrian, of which there are three dialects. It has neither the aspirations nor gutturals of the Arabic, and Volney says that it does not resemble the Persian.(a) There are some papers by Professor Roedeger, of Halle, in the "Zeitschrift für die Kunde des Morgenlandes;"(b) and Karl Ritter, in the "Monatsbericht über die Verhandlangen der Gesellschaft für Erdkunde," in Berlin, on the subject, which may be consulted.

(a) Volney's Travels, vol. i., sec. 2.

(b) Band. 2, Heft. i., s. 77—93; and Heft. ii., s. 314. 1838.

The *dress of the men and women* resembles that of the Bedauwi so nearly that I shall refer the reader to the description of it given under that head. The children, however, go almost naked, even in the coldest weather, and in the words of Lucretius,(a)

"Terra cibum pueris, vestem vapor, herba cubile
Præbebat, multa et molli lanugine abundans."

Their *habitations* in the summer consist either of temporary huts or tents. The former are arranged in a square, with the residence of the emeer in the centre, the intervals between them being fenced in with stakes and ropes,(b) for the accommodation of the cattle by night. These *huts* are generally constructed by the women, in a very short time, by means of cane hurdles, a matted floor, and a coarse brown cloth, which covers the whole. The *tents* are large, and formed of the coarse brown cloth thrown over a stake driven into the ground, the four corners being pegged down.(c) They live in villages during the winter months, in huts of mud, or stone houses, which are generally very badly built, being close, low, and infested by myriads of fleas.

Their *chief occupation* consists in plundering the caravans and travellers. They are pastors and wanderers, and whilst the men are in quest of plunder the women make butter and cheese, milk the flocks, saddle the horses ready for a fresh expedition, weave, &c. It is rarely they apply themselves to the cultivation of the ground; the most they ever rear is tobacco and a few vegetables for their own use.

Their *salutation* consists in the Eastern custom of kissing(d) the cheek and touching their breasts with the hand, which is then brought up to the forehead, accompanied by a slight inclination of the head, and the words, "Peace be to you."

The *food* of the Kúrds consists chiefly of flesh, sour milk,(e) or *lebban*, and rice.

The chief *manufactures* are the coarse brown cloth for the tents, and various kinds of cloth for their own wear, all made by the women.

The *domestic animals* of the Kúrds are camels, horses, goats, and sheep. Their breed of horses is small, but hardy, active, full of spirit, and considered very surefooted.

Their *religion* is partly Christian and partly Mahometanism, but they reject many of the practices and precepts of the Koran. They have no mosques, for God, they say, is more appropriately worshipped in his own great temple beneath the sun. Many of them profess an indiscriminate reverence for Moses, Christ, Mahomet, and the prophets. It has been said that they worship Satan (Shaitan), and offer a cock as a sacrifice during their rites.

Customs.—They pay great respect to nobility or antiquity of extraction. When a woman is married, the parents receive a certain amount of money for her from the bridegroom. No man will molest a stranger with whom he has eaten, nor suffer him to sustain any injury in property or person under the protection of his roof.

The *character* of the Kúrds is thus described in a proverb of the people who inhabit the country in the neighbourhood of Antioch and Aleppo:—"The Kúrds are worse than the Arabs; the Arabs are worse than the Yezidees; and the Yezidees ere worse than the Eblis."(a)

The *Bedauwi*, or *Bedouin Arabs*, are hordes of petty, wandering merchants, trading with what they carry from place to place. They are spread over the whole frontier of Syria, adjacent to the deserts and plains of the interior, viz., Bekaa, Galilee, and Palestine.

The words *Bedavi*, *Bedouy*, and *Bedeve* signify, according to D'Arvieux,(b) "an inhabitant of the desert." It is written sometimes Bedoween, Bedowin, Bedwin, Bedaween, Beduin, and Bedouin. They were anciently called Scenitæ, because they lived in tents in the deserts, (c) and are descended from Ishmael.(d)

The *Yezidees*, Yazdis, Yezidis,(e) or Izedis (the more correct orthography), like the other wandering tribes, live by plunder. They are spread over the plains of the interior, and among the heights of the mountain ranges.

They are supposed to be descendants of the ancient Mardians,(f) whom Arsaces, King of Persia, transported into Mesopotamia, and who gave their name to the city now called Mardin. The name of Izedis appears to be derived from Ized Ferfer, one of the attendants, according to the Parsees, upon Satan. Major Rawlinson and Dr. Grant assert that they are of Hebrew descent, and the latter adduces in proof the testimony of ancient Syrian authors found in a book written A.D. 1253.

In personal appearance the men are well made and slim; their bones large, and features spare, but marked with much earnestness and decision; their teeth regular; the eye black, mild, and languishing; the mouth small, lips moderate; forehead high and retreating; nose prominent, and slightly aquiline; and complexion olive colour.

The *women* differ little from the men in their personal appearance, with the exception of being rather stouter.

The *stature of the men* averages five feet nine or ten inches. I have seen many of them upwards of six feet.

The *stature of the women* averages five feet two inches; some of them measured five feet four and five inches, but not very often.

The *language* of the Izedis is the same as the Kúrds, from whom they differ little in their *dress* and *habits*.

Their *villages* on the mountains are generally distinguished by the tombs, which are built in the form of a fluted cone standing upon a quadrangular base, or a circular pediment, and rising to a height of from ten to thirty feet. This form is said to have been adopted to propitiate the devil.

(a) De Rer. Nat., v. 803.

(b) Isaiah liv. 2.

(c) Judges iv. 21.

(d) To kiss was the ordinary manner of salutation throughout all ages. Plutarch relates that the conspirators, before they killed Cæsar, *kissed* his face, his hands, and his bosom. The *kiss* of Judas has become a proverb. Joab, one of the captains of David, said to Amasa, "Art thou in health, my brother?" and took him by the beard with his right hand to *kiss* him, while with the other he drew his sword and smote him, so that his bowels were "shed upon the ground." Judith kissed Holofernes before she cut off his head.

(e) "Jael brought him (Sisera) a draught of *sour milk*, which he took down very heartily, and so fell asleep."—Josephus, book v., c. 6.

(a) The devil.

(b) Voy. dans la Palestine, p. 112.

(c) The Bedouins pique themselves on their nobility. They call themselves descendants from the tribes of Saleens, which passed from Arabia-Felix into Africa, conducted by their king, Melie-Ifrique, who is said to have given the name to Africa.—See, also, Pliny, l. vi., c. 32; Diod. Sieulus, l. ii., c. 136.

(d) It was foretold, 3000 years ago, that the family of Ishrael should dwell in the presence of their enemies: their hand should be against every man, and every man's hand against them. (Genesis xvi. 10—12; xvii. 20.) The Bedauwi, descended from Ishmael, are the only people in the world who remain unconquered, although Sesostris, Cyrus, Pompey, Trajan, and the Turks, in the height of their power, attempted to conquer them. For 300 years the exercised dominion over the most civilized and fertile portions of the earth, and yet their own habits have not been altered. In the midst of the civilized world they have continued uncivilized.

(e) The name of Yezidi is said by the Turks to be derived from Yezid, the second of the Ommiade Kaliphs.

(f) Strabo, Arian, and Pliny mention the Mardians as an indomitable race of men belonging to a Persian sect who worshipped the Evil Principle—Ahrimanes.

The *religion* of this people is veiled in much obscurity, and all the knowledge we possess of their doctrines and rites is derived wholly from the reports of their Christian and Moslem neighbours, who are almost as much in the dark as ourselves; but it appears to be the remains of the Mardian tenets. They are divided by the natives into *Shemsies*, worshippers of the sun; *Sheytanies*, Satanists; and *Cathelees*, cutthroats. They venerate Moses, Mahomet, our Saviour, and the Christian saints. They practise circumcision and the rite of baptism, make the sign of the cross, keep the Passover, put off their shoes and kiss the threshold when they enter a Christian church, and never pass a Christian monastery without stopping there in pious meditation, They hold a grand festival on the 10th of August in honour of the *being without name* near Abdoul Azis, thirty leagues south-east of Mardin, when they give themselves up to the most diabolical excesses.

Their chief *occupation* is in tending cattle, and manufacturing some of their own clothes.

Their *character* is a singular combination of good and evil. Their *good points* comprise courage, candour, civility, and cleanliness, domestic affection, industry, integrity, religious toleration, and a friendly disposition to Christians, manly pride, and hospitality. Their *bad points* are a love of plunder, war, and rebellion, fierceness towards strangers, cruelty towards the Turks, and an intense hatred to Mohammedans in general. They are, on the whole, a noble, good-humoured, brave, and hospitable people, much belied by their Moslem neighbours.

The *personal appearance* of the *male Bedauwi* varies with the climate, tribe, occupation, &c.; but, generally speaking, they are a middle-sized and rather thin race of men, with brown complexions, and strong, crisp, black hair. The muscles of the limbs, particularly the legs, are generally strongly developed; their strength is considerable, and their activity and alertness still greater; but their powers of abstinence and endurance of fatigue are more remarkable, and are hardly exceeded by those of their own camels. Their teeth are good; their deep black eyes at times appear to want animation, but, when excited, glare with an intensity never to be forgotten when once witnessed. It is a rare thing to see a tall man among them, and still more one that is corpulent.

The *women* have very dark complexions, almost black; deep black eyes; very white teeth; and, when young, are pretty, but, when old, are frightfully ugly. They have a custom of scarifying their faces, particularly their chins. They rub the wound with gunpowder immediately, so as to leave a black mark afterwards. Many of them tattoo their lips, hands, and feet; in fact, there is no limit to their love for this barbarous embellishment.

The *stature of the men* average about five feet two inches; some of them are more than five feet five or six inches. They rarely attain to the height of six feet.

The *stature of the women* aveages four feet eleven inches; many of them are five feet one and two inches, but very few indeed are taller than five feet three inches.

The *dress of the men* is very striking, consisting of a shirt, a headdress, and a cloak of thick, dark brown wool, called a *baracan*. The *baracan* is five or six yards long, and about two wide. This serves him as a dress by day, and a bed and covering by night. It is put on by joining the two upper corners with a wooden or iron bodkin, and, these being placed over the left shoulder, they afterwards fold the rest round their bodies. These *baracans* are manufactured by the women. The headdress consists of a stout square kerchief of silk and cotton mixed, or of the same texture as the *baracan*, folded triangularly and so placed on the head that one corner hangs down the back and the other two fall on the fore part of the shoulders; this is confined to its place by a long and thick rope of camel's hair or brown worsted, which is wound several times round the head. This headdress serves to shelter the face from the sun, rain, wind, and observation.

During the winter months, in the more northern districts, the *baracan* is worn closer round the body, and sometimes a jerkin of sheepskins is added to their dress.

The *dress of the women* closely resembles that of the men, viz., the *baracan* and a shift. They ornament their hair with bits of glass, tin, and coins, and many of them wear nose-jewels. They are very particular in dyeing their eyelashes black, painting their eyebrows and trimming them to an equal thickness.

Their external senses are very acute. "Their *smell*," says Niebuhr, "is so acute that, if they are carried to the spot from where a camel has strayed, they will follow the animal by smelling its track. This may arise from an unusual development of the olfactory nerve. It would be an interesting inquiry to determine this, but the chances of dissection are very slight, and a few cases would be of little value;—even those few, alas! for science, may never offer themselves. *They see over* a very extensive range, and *hear* at great distances.

The skill of the Bedauwi in tracking footsteps is proverbial in the East, and is well known, I believe, in Europe. The most experienced of them can determine from the inspection of an impression in the sand, whether the man belong to his own or some neighbouring tribe. By the depth of the impression he judges whether the man carried a load or not; by the distinctness of the tread he knows whether the man passed that day or one or two days previously; by the regularity of the intervals between the steps he knows whether the man was fatigued or not; by the impression he decides whether he be a stranger (Frank), on account of the shoes: by the print of the naked foot of a European being less full than that of an Arab he is enabled to settle that point. He can also tell, from the impression, the footsteps of his camels and those of his nearest neighbours; whether the camel was pasturing and not carrying a load, mounted by one person only or two, or heavily laden. If the marks of the two fore feet be fainter or deeper than those of the hind ones he judges of the animal's health; in fact, the knowledge displayed by them appears almost supernatural, so great is their observation of the most trifling circumstances.

They generally encamp near some rivulet or well, where they remain until their cattle have consumed the herbage. But when, as sometimes happens, there is good pasturage but no water near, they abstain from drinking anything but milk for several weeks together, and their camels, so long as they can obtain good herbage, follow their example; but the horses suffer very much on such occasions. The encampments vary, in the number of tents and the form in which they are arranged, according to circumstances and the season of the year: when the tents are few in number they are usually pitched in a circle, but more commonly in straight lines, especially when near a rivulet. When the fine weather and corn fail them in one spot they remove to another. All the cattle of each family stand close by the tent, arranged in a row, under a shed made of date leaves; and one thick straw rope passed along the bottom of their fore legs fastens them all together.

Their tents are from twenty to thirty feet long, and twelve or fifteen broad, divided into two compartments by a woollen cloth; one of these is for the men, the other for the women. The men's compartment is spread with carpets, and the corn-sacks, camel-bags, and pack-saddles are piled up for the men to lounge against as they sit on the ground. The compartment for the women contains the lumber, provisions, and domestic utensils of the tent. The covering of the tent generally consists of stuff made of black goats' hair, and when in good condition protects them as much from the rain as the sun. At the foot of Mount Tabor, on the plains of Jericho, and the plain of Baalbec, these peculiar black tents may be seen. They are probably similar to those mentioned in Holy Writ,(a) and the "Marpalia" of the ancients.(a)

The *furniture of the tent* consists of pack and riding saddles, for camels and horses; bags, buckets, bottles,(b) and pitchers of leather, and hair bags; a wooden mortar for pounding coffee, a hand-mill, coffee-pot, copper or brass pan, wooden bowls and dishes, with a number of ropes.

The chief *manufactures* are the woollen *baracans*, and the covering for the tents; they are made by the women, who conduct every thread with the fingers (not having any shuttle), and then with a machine made of wood, like a comb, they press down each thread as they lay it across; the texture by this means acquires a degree of strength and thickness peculiar to their manufacture, and well adapted for the desert, being impervious to the rain and sun.

Their *mode of salutation*(c) is singular, they lock their right hands(d) fast together and kiss(e) each other's cheek, saying between each salutation, "Salam alekoom," Peace be to you! To this the other replies, "Alekoom salam." If on horseback, they ride furiously up to the party to be saluted, couching the lance and yelling fearfully, as if about to slay him, then, suddenly halting and dropping the lance, greet the party with the old salutation.(f)

The *domestic animals* of the Bedauwi are camels, horses, goats, and sheep. The camel has been called "the ship of the desert," and it will not, I trust, be foreign to the subject-matter of this journal if I give a slight sketch of both the camel and horse.

The *camels* in general use in Syria are originally brought from Nejed, in Arabia, and after remaining in the Syrian deserts for a certain period are sold to the Kourds and Turkmans, who purchase from 9000 to 10,000 a year. It is most patient in its habits, requiring no whip or goad; delighting in the song of its driver, however unmusical it may be; capable of enduring great fatigue with little for its sustenance, and being even for days without food or water; and formed by nature for the desert and the use of its inhabitants.

They require very little training beyond that of proportioning the burden to the age, and this the Arabs do in a very ingenious way. Soon after a camel is born, the feet are tied under the belly, a cloth is thrown over the back, and heavy stones placed on each of the four corners, which rest on the ground. The ordinary load of a camel is about six hundredweight, yet they will carry a thousand. The birth of a camel upon a journey is looked upon by the Bedauwi as a most fortunate circumstance; they place the little stranger on the back of its mother until they arrive at a station or halting-place, after which it follows unassisted. At the commencement of the second year the young camels are weaned, and two years after begin to breed. In scarce years they are barren.

The chief food of the camel consists of whatever the desert affords, whether it be thorns or the delicate shoots of tender plants, thistles or blades of corn, beans, barley-cake, dates, or pounded date kernels.

The ordinary pace of the slow-travelling camel is twenty miles a day; those that carry only passengers proceed at about fifty miles; and the fleet messenger-camels have been known to travel from one to two hundred miles(g) in the course of a day.

(a) Gen. iv. 20; ix. 27; xxvi. 17; xxxiii. 18; Exod. xvi. 16; Numb. 1. 52; xi. 10; xxiv. 2; 1 Kings viii. 66.

(a) Lucan, l. iv., 684; Jil. Ital. l. xvii., 90.

(b) Matt. ix. 17; Josh. ix. 13; Psalm lvi. 8.

(c) "Salute no man by the way."—2 Kings iv. 29; Luke x. 4.

(d) Coloss. iv. 18.

(e) 1 Corinth. xvi. 20; 2 Corinth. xiii. 12; 1 Thess. v. 26; 1 Peter v. 14.

(f) "Peace be to thee."—1 Peter, v. 14; 3 John 14.

(g) Incredible as this may appear, yet it is related on good authority, that an Arab lover travelled from Mogadore to Morocco between

When the camel is to be loaded, the master makes a peculiar sound, the animal kneels or rather crouches; a wooden framework is fastened on the highest part of the back, to which a network of ropes is attached for containing baggage; it is then heaped on until thought sufficient, and a covering to protect it from the rays of the sun thrown over all.

The Arabs say that "the camel feeds on its own hump," and before commencing a journey they always consult the state of the hump. This animal is unquestionably most invaluable to the Bedouin: its milk supplies his family and horse with nourishment, is converted into cheese, curds, and butter; the flesh is eaten when young; the skin provides slippers and harness; and the hair is made into clothing(a) and tents.

The Horse.—Aristotle says that wild horses were to be found in Syria in his time; Marmot(b) and Leo Africanus(c) confirm his statement, and add that the present race are descended from them, and from the earliest time Syria has been famous for its breed of horses, which were remarkable for lightness and fleetness.(d)

When of pure breed the horse is of a slender make, about fourteen hands high, beautifully limbed, very fleet, docile, perspiring little, capable of enduring great fatigue, surefooted, good-tempered, living to a great age, and seldom having any disease.(e) It is by the Bedauwi that nearly all the horses are bred. They are, according to Burckhardt, of three kinds, viz.: the true Arab breed, the Turkman, and the Kourdy—the last being a mixture of the two former; but they are generally known only under two denominations: *Kadeschi*, or horses of an unknown race; and *Kochlani*, those whose genealogy is known for 2000 years—this race, they assert, originated from the stalls of Solomon. To establish the genealogy of a Kochlani, the most rigorous vigilance is exercised, and certificates with attestations required to verify it. The natives know all the races of their horses by long experience, their names, colours, peculiar marks, &c. When a stallion covers a mare, it is performed in the presence of witnesses, who attest it; when the mare foals, the same ceremony is observed.

The best horses for the Djerid exercise are chosen from the Kochlani, the chief requisites being fleetness and a capability of turning round upon their hinder legs without placing the fore feet upon the ground, or even touching it with them, while at a full gallop.

The colts remain with the dam thirty days, after which they are weaned and reared on camel's milk. For the space of one hundred days after the colts have been weaned, they are not allowed to have any other food than camel's milk, not even water. After that time the colt receives a daily portion of wheat moistened with water; at first a handful, which is gradually increased, but the milk still continues to be the colt's principal food for *one hundred days more*, during the latter part of which he is permitted to feed on grass. The second period of one hundred days being elapsed, barley is given, and, if camel's milk is abundant, a bucketful every evening with the barley. During the whole year the horses stand in the open air, and are seldom groomed except after long rides.

When they grow older, and are able to endure the fatigue of the desert-life, they are fed upon dates and camel's milk in the morning, which the Bedauwi assert makes them fleet, nervous, and meager. In the evening a bag, containing about half a bushel of barley or chopped straw, is passed over their heads, and fastened to their necks; but they are never allowed to eat from the ground or racks. They are turned out to pasture in March, when the grass is good. "The manes are cut when a year old; at two or three years they are mounted, but not before, and until that time they suck the camels of the camp."(a) Thevenot says that "the Bedauwi litter their horses with their own dung dried and powdered, and only allow them to drink once in twenty-four hours."(b)

The faulty points in Arabian horses are, that their heads are apt to be badly set on, or abruptly joined to the neck—a very great objection to a saddle-horse; they are given to be slovenly in their *slow* paces; their shoulders, though muscular, are often short and upright; and their hoofs (though sound) small, which circumstance operates against their action over soft ground; and they are not so good in their postern joints as our well-bred horses—a most material point in a horse.

The Arabs prefer the mares to ride upon, and sell the stallions. The price of a horse varies from £20 to £200, and a mare from £60 to £500 or £700, and even then it is a most difficult matter to procure one.

It has been estimated that the total number of horses in Syria does not exceed 60,000.

The *food* of the Bedauwi consists chiefly of a few dates soaked in butter made from camel's milk, a little fresh milk or curds, and sometimes a little baked rice or parched maize. Occasionally a wealthy sheik kills a young camel, which is served up with baked rice; but generally the daily amount of food consumed by a full-grown man does not exceed six ounces; they can do without water for five days, or even more. In times of dearth they eat rats, lizards, serpents, and locusts, which they broil.

There is a substance resembling manna, procured from the tamarisk, which is used as food by the Bedauwi in the region of Mount Sinai. They gather it before sunrise, because, if left in the sun, it melts: they use it as we do sugar, principally with the flour of parched maize. Burckhardt says, "Whenever the rains have been plentiful during the winter it drops abundantly." (c)

The *religion* of this singular people has been the subject of much discussion in the East; but it is now a well-established fact that, though openly professing the religion of Mahomet, they have none. There are neither priests nor temples belonging to them. They say that the religion of Mahomet was not made for them; for they ask—How can we wash, who have no water? How can we bestow alms, who have no money? Why should we fast at Ramadan, when we do so all the year? Why should we make a pilgrimage to Mecca, if God is everywhere? Can we not worship our Creator in the air, what need, then, have we of mosques? If we can pray ourselves, why should we pay priests?

The *arms* of the Bedauwi are the long gun, lance, sabre, club or mace, the curved dagger, and the hippopotamus target or shield.

dawn and sunset, to procure a few oranges for the "houri" who had bewitched him.

(a) "And the same John had his raiment of *camels' hair*," &c.—Matt. iii. 4.

(b) L'Afrique de Marmot, tom., p. i. 50.

(c) Leo Afric. de Africæ Descript., tom. ii., p. 750.

(d) Aldrovand. Hist. Nat. de Soliped., p. 48, &c. &c.

(e) Cases of glanders are very rare indeed, being almost unknown.

(a) Voyages de Marmot, tom. i., p. 50.

(b) Les Voyages de Thevenot, tom. iii., p. 129.

(c) Travels in Nubia. Introduction, p. lxviii.

ON THE PHYSIOLOGICAL LOCAL EFFECTS OF ANÆSTHETIC AGENTS.

[To the Editor of the Medical Times.]

Sir,—At the meeting of the Yorkshire branch of the Provincial Medical and Surgical Association, held on Thursday last at the Philosophical Hall, Leeds, I made a communication of which the enclosed is a summary of the leading particulars. The subject has been for many months under my consideration, and, though much remains to be done, the facts I think I have arrived at appear to me to possess sufficient interest and importance to warrant me in stating them to the profession. This I did not in the shape of a formal essay, but in a conversational manner, without notes. Mr. Braithwaite, who wished the subject to appear in the forthcoming number of his "Retrospect," took down the substance of what I said, and, having furnished me with a few of the proof pages, I forward one to you, thinking you may consider it worth appearing in the next number of the *Medical Times*.

Whether the local application may ultimately be proved to be practical for the larger operations remains to be seen; for the smaller I feel little doubt; and in any case I think light is thrown upon the *modus operandi* of anæsthetic agents which may lead to still more precise results. These I am pursuing, and may hereafter take the liberty of communicating to the profession.

I have the honour to be, Sir, yours obediently,

Thomas Nunneley, F.R.C.S.E.

Leeds, June 12.

(From "Braithwaite's Retrospect," vol. xvii., July, 1848.)

In concluding our remarks on the use of anæsthetic agents in medicine, we cannot help adverting to some very important and novel views on this subject, brought before the branch meeting of the Provincial Association at Leeds, on June 7, 1848, by Mr. Nunneley, of that town. This gentleman stated that for many months he had been engaged in making experimental researches on those agents, with a view to ascertain, as far as possible, the *modus operandi*, the doses which may be borne with impunity, and the different modes of application: as well as, in case of an overdose, the best means to be adopted to counteract it. His experiments have not merely extended to the common anæsthetic agents employed, such as ether and chloroform, but he has been endeavouring to ascertain whether or not there may be some others, which may either be more safely administered, or may possess still greater advantages, than the usual agents employed, which he thought might likely enough be the case, considering that the employment of those now in use appeared rather to have depended upon accident than to have resulted from deduction founded upon experimental researches. He stated that he believed it not improbable that it would ultimately be found that all those preparations which have a radical basis (in the language of modern chemistry), such as acetic ether, bisulphuret of carbon, aldehyde, and many others of an analogous character, upon some of which he had made extensive experiments, would be found to possess similar properties on the animal economy. He did not intend to enter on this important question generally, which he reserved for another occasion.

This much Mr. Nunneley was prepared to state, that chloroform appeared to be the most deleterious to life, to require the greatest care in its administration, and that the boundary up to a fatal dose is by no means well marked; that of two animals, in apparently the same condition, the same dose being given in precisely the same way to both, the one will speedily die, while the other will bear it with impunity; that, from the effects observed, he has reason to think the ultimate effects are in some respects not dissimilar to those produced by prussic acid; that to some animals, as, for instance, the newt, the frog, the toad, some fish, slugs, snails, and some insects, the effects are more rapidly fatal than prussic acid of Scheele's strength; and that even in higher animals, when under the influence of an incomplete dose, or recovering from the effects of a large dose, of either chloroform or prussic acid, the phenomena are in many respects very similar; and further, that the numerous *post-mortem* examinations which he has made fully corroborated this opinion. He stated that acetic ether, with which he had made numerous experiments, possessed very considerable anæsthetic powers; that bisulphuret of carbon does also, to some extent, possess similar power, and, so far as his experiments go, it is very important to add, that this power is of a safe character, the animal speedily recovering.

But of all these remedies he believes that sulphuric ether will be the safest and least noxious

to life. On these points Mr. Nunneley intends hereafter to lay his experiments, already very numerous and varied, before the profession. His chief object on the present occasion was to call the attention of the profession to experiments proving, as he thinks, the value and safety of a new mode of administering these agents.

His object on the present occasion was to show the action of all, or most, of these agents might be produced locally by local application, the sensorium being unaffected, consciousness being retained, and the limbs not subjected to their influence being unaffected. He stated that either by immersion in a small quantity, or by the vapour applied merely for a limited period, a lamb may be rendered perfectly motionless and senseless, and, what may be an additional advantage, fixed in any desired position. He stated that he had immersed his finger in these fluids for about half an hour and an hour, and at the end of this period the finger was nearly powerless and insensible, and that it was forty-eight hours before the effects entirely disappeared, a sensation of heat and discomfort extending along the tract of the nerves to the axilla; that, before operating on a difficult case for artificial pupil, he had applied for twenty minutes a small portion of the vapour of chloroform to the eye, by means of a small jar which accurately fitted the orbit, with the effect of rendering the parts nearly insensible. The first effect of these agents when locally applied is to produce redness, heat, and smarting, which subside, followed by swelling and redness of the integuments, which remain for some time. Mr. Nunneley stated that he could completely paralyze any limb of frogs or toads by immersion or exposure to the vapour in about five minutes or less; and he mentioned, as a curious fact, that if the exposure to the influence were continued longer than was sufficient to produce a local effect, this influence extended to the corresponding limb of the other side: thus, for instance, if one hind leg became too much influenced, the other hind leg partook of the same effect; if the fore leg were too much affected, then the other fore leg became so likewise, and subsequently the whole body—a result which Mr. Nunneley mentioned as strongly corroborative of his experiments with prussic acid, as detailed in the last volume of "The Provincial Transactions," and strongly supporting the opinions of Dr. Marshall Hall on "reflex action." These views were illustrated by a series of interesting experiments, before a highly respectable audience of medical men, on frogs and toads, in which, after immersion for a few minutes, the limbs became insensible, and were amputated in repeated portions without any symptoms of pain whatever.

The experiments which Mr. Nunneley performed before the meeting were perfectly successful and satisfactory; and if those views should prove to be correct, which we think very probable, they will give a new impulse to the use of those agents, and enable the most cautious practitioner to use them without the danger which may attend their internal administration.

He stated that by this new mode of application to the hind legs of rabbits he had been enabled to amputate the toes without the least indication of feeling; that he was not prepared to state what was the best mode of applying it, or the exact quantity to be used, which obviously can only be determined by a very lengthy series of experiments on different animals, which he is at present zealously pursuing, his principal object being to communicate the important physiological local effects of anæsthetic agents generally, which we believe has not hitherto been announced.

ROYAL MEDICO-BOTANICAL SOCIETY OF LONDON.—June 15.

G. J. GUTHRIE, Esq., F.R.S., in the Chair.

Mr. Guthrie, prior to reading certain communications which he had received from Circassia, respecting the successful treatment of cholera in the Russian army in the Caucasus, observed that the authenticity of the documents which he was about to bring before the society was undoubted, and that, as hitherto the profession had not entertained any definite views respecting the cholera and its treatment, he considered it was highly satisfactory that a remedy had been discovered which exerted a specific action in curing this disease. This remedy was a singular one: it was naphtha, exhibited in small doses of from ten to twenty drops, the dose being repeated, if required, which was rarely the case. The naphtha which was used was not the ordinary naphtha of the shops; not the petroleum, or Barbadoes tar; but a pure white or rose-coloured naphtha, which is employed without being subjected to destillation: it is in all probability the mineral naphtha which is obtained from Beku, on the borders of the Caspian. In order, however, to determine precisely the characters and properties of this mineral, he (Mr. Guthrie) had sent to Circassia to procure a bottle of it, and as soon as it arrived, it should be placed in the hands of the secretary.

Mr. Guthrie then read extracts from letters from Dr. Andreyeoski and Prince Woronzow, the Russian commander-in-chief in Circassia.

Dr. Andreyeoski says, "Naphtha, or petroleum, not distilled, and the white is to be preferred, is an infallible remedy against diarrhœa cholerica, which prevails during certain seasons, in the dose of from four to eight drops in a little brandy, white wine, or mint-tea, taken cold; a single dose usually suffices to arrest the complaint. The evacuations, which in this species of diarrhœa are always liquid and glairy, become more solid and less frequent. Sometimes the dose requires repetition at the end of two or three days. The diet should not be too strictly, although carefully, regulated. In completely developed cholera of a deadly nature the cures are not so constant, and from fifteen to twenty drops of the naphtha are to be given for a dose. If they are vomited up, the dose should be repeated; a second is rarely required if the first be retained. It acts evidently on the skin and on the kidneys, and removes the cramps."

In the first letter from Prince Woronzow, dated Tiflis, March 1, 1848, it is stated that "it is indisputable that most cholera cases begin with diarrhœa, and consequently it is most important to act immediately and energetically against the first symptoms. The experience of the last year has proved without a doubt that naphtha is the best and easiest remedy in diarrhœa, whether it be nothing but diarrhœa or the first symptoms of ensuing cholera. Dr. Andreyeoski thinks that the diarrhœa which precedes cholera is always without pain, and it is then that naphtha should be immediately resorted to; but in diarrhœa with pain in the bowels he always employs opium." "He first met the cholera last year at Tamikhan, where it prevailed to a very serious degree. The hospital I visited contained the first day more than two hundred patients; the cases generally were very bad, and the mortality great. On inquiring of the colonel commanding the Cossacks why there were so few Cossacks among the sick, he told us that he made light of the cholera, because they employed the elixir of Woronejc, which proved successful in almost every case. Andreyeoski immediately procured the recipe for the elixir, and on the first appearance of cholera in the convoy which accompanied me to the camp, he tried drops of that elixir with constant success. On examining that prescription he found it to be a singular mixture of different matters looking very like a quack medicine, but containing, among other strange and, as he thought, useless substances, some specific acting favourably in cholera, and he told me that naphtha, one of the principal ingredients, might possibly be that specific." The stock of elixir being soon exhausted, Dr. Andreyeoski determined to try naphtha alone, and, as he expected, it succeeded, even in serious cases; but in mere diarrhœa the success was immediate. "He has, however, always resorted to the elixir in cases to which he was apparently called too late, in the blue stage, accompanied by cramps, &c.; but even in many of these advanced cases naphtha alone has proved successful. I have seen several of our officers quite blue, and in extreme suffering, who were cured by it. As to simple diarrhœa during the existence of cholera, I do not know a single case which the naphtha failed to cure, when resorted to immediately." One of the Circassian chiefs was suddenly seized with cholera; before Dr. Andreyeoski could see him he had been bled, and was in the last stage of the disease; he was ordered some rum, and had two doses of the elixir, which, with friction and warm clothing, restored him to life and health; but the convalescence was tedious.

The naphtha must be the genuine white or rose-coloured, not black nor brown, nor destilled, as that would be much too powerful.

Extract from a letter from Prince Woronzow, April 20, 1848:—"In sending you the promised prescription for Dr. Andreyeoski's elixir, I must add that he recommends friction of every part of the body during a real attack of cholera, besides the use of the elixir and warm baths also, to alleviate the cramps. It must be remembered that in almost all cases the real symptoms of cholera are preceded by diarrhœa, without pain, to check which the naphtha drops have been, without comparison, a most successful remedy. If cholera appear abruptly, Dr. Andreyeoski advises the immediate use of the elixir; if this be not within reach, then resort to the naphtha drops as well as the warm baths, especially to vigorous friction, to restore the circulation. Dr. Andreyeoski deprecates all bleeding and mercurial medicines. If diarrhœa with pain occur, even in cholera times, Dr. Andreyeoski treats it simply with opium, not considering it premonitory of cholera."

The following is the formula for the elixir of Woroneje:—

℞ Spir. vini rect., Ovijss; sal ammoniac, ʒj.; nitri depurati, ʒj. gr. xv.; piperis, ʒj. gr. xv.; aquæ regiæ, ʒss.; aceti vini, Ojss.; petrolei (naphthæ), ʒss.; ol. olivæ, ℥ss.; ol. menth. piper., ℥vij. Digere per horas xij. et cola; capiat cochlearia duo parv. pro dosi omni quarta parte horæ.

PROGRESS OF MEDICAL SCIENCE.

Intra-uterine Peritonitis in the Fœtus.—Dr. Simpson showed to the Edinburgh Obstetric Society the body of a new-born infant which had died a few days before birth of acute peritonitis, as evidenced by quantities of coagulable lymph effused upon various parts of the surface of the peritoneum, and more particularly on the surfaces of the spleen and liver. He stated, that—1. Acute and fatal peritonitis appeared to be a very common inflammatory disease in the fœtus, in the latter month of utero-gestation 2. A large number of fœtuses dying in the seventh and eighth months of utero-gestation, presented, as he had found on dissection, well-marked anatomical evidence of it, in the presence of effusions of coagulable lymph, adhesions between the folds of intestines, pus, &c. 3. The child was sometimes, though rarely, born alive, and affected with it. 4. Far more commonly the child is born dead, and the previous history of the mother shows that it had perished from one to three weeks before its expulsion, its movements having ceased about that time. 5. Before the child's movements entirely ceased, the mother very generally remarks that its movements are morbid and excessive for fifty or sixty hours previously—probably during the currency of the fatal disease. 6. Peritonitis is occasionally apt to recur in successive children in the same mother, and seems in some a result and remnant of the syphilitic poison in the parents. 7. But in most cases its occurrence is independent of syphilis, and occasionally it will not attack successive children in the same mother, or even both children in cases of twins.

Perforating Ulcer of the Stomach.—Of the patients labouring under this disease, noticed by

Jaksch, in the hospital at Prague, 33 had acute tubercle of the lungs, 26 chronic tubercle of the lungs, and 43 pneumonia. He therefore presumes that some relation exists between the affection in question and diseases of the lung. The following symptoms are commonly observed with this kind of ulceration:—After intense mental or bodily exertion, or the use of some stimulating liquor or article of food, the patient complains of violent pain, extending upwards from the pit of the stomach, which often disappears after vomiting. The tongue still remains clean, the appetite is variously altered, and the bowels are for the most part obstinately costive. Sometimes the symptoms assume more of the character of those which accompany mucous gastritis. There is a dull persistent pain in the epigastrium, pyrosis, indigestion, vomiting, and tumefaction of the abdomen. In the treatment of these cases, the use of milk, veal soup, and chicken soup, as articles of diet, is recommended; also, as palliative remedies, leeching and counter-irritation of the epigastric region, anodynes, the acetate of lead, and iron.

Cases of Secondary Fœtus.—Dr. Keith read to the Edinburgh Obstetric Society a notice of two cases of secondary fœtus, observed by Dr. Christie, Dundee. He was summoned to a woman in labour by the attendant midwife, who had got alarmed from the presentation being unusual. The breech and one foot was found presenting, and with a little assistance a healthy child was soon born. An arm was now found presenting, and immediately the head followed of a fœtus which proved to be very putrid, and apparently of about seven months. The woman calculated on being at her full time, and the other child was full grown. There was but one placenta; but the portion of it that belonged to the blighted child was decayed-looking and easily lacerable; the other portion of it was quite natural and healthy. A similar case happened to Dr. Christie several years ago, but in that case there was a double placenta.

Filiform Vegetation.—Dr. Charles Robin, of Paris, quoted in "The Monthly Journal," says, 1. On the surface of the tongue, on the accumulated matter in the interstices of the teeth, or in the cavity of carious teeth, in certain vomited liquids, or matters passed by individuals with diarrhœa, and in the liquid contained in the stomach after death, there are found a considerable quantity of such peculiar filaments. 2. These filaments are straight, slightly curved or bent suddenly at variable angles, the edges distinct, the extremities not slender, in size 0·001 or more in length, which varies from 0·020 to 0·100 of a millimetre. 3. These filaments are free and floating when studied in the liquids above indicated, and are very short. They are equally very short if sought for in the matter detached by friction from the surface of the tongue; but there they are often found fixed in great numbers by one of their extremities on a finely granular mass which serves as a soil, and on the surface of which they form tufts or bushy turf. Those which float are only the truncated filaments separated from their soil. Lastly, in the substance accumulated between the teeth for two or three days, they attain a length of about 0·100 of a millimetre which is that of their perfect development. They are here disposed more or less parallel in straight or waved bunches, closely compressed. 4. There are always found with them vibriones of several species, epithelial cells, pus or mucous globules, and molecular granules. 5. With a power of seven or eight hundred, there may be seen in the filaments small corpuscles more or less separated, round, and very difficult to study well. They are probably reproductive corpuscles.

Phosphatic Deposits in the Urine of Children.—Mr. Grantham relates, in the *Medical Gazette*, the case of three children, in one family, whose parents had previously lost other three children. The general appearance of his patients presented a lax condition of the muscular system, with fair complexion, unequal diffusion of heat, dark eyes, indisposition to exertion, and constipation. They complained of weary and painful sensations in the parts supplied by the lumbar plexus. On examination of the urine, which was of a pale straw colour, having a specific gravity of 1·020, and exhibiting no deposit after standing, an undue proportion of the mixed phosphates was found in the urina sanguinis, but not in the urina potus. The treatment consisted in abstinence from sugar, fruit, &c., the tepid bath, flannel clothing, and the exhibition of the nitro-muriatic acid, followed by steel.

Tincture of Iodine as a Collyrium for promoting Absorption of Hypopion.—Dr. Landrau has obtained good results from the use of tincture of iodine in the internal ophthalmias, accompanied with effusion of purulent matter into the anterior chamber. By means of dropping into the eye an iodureted collyrium, he has succeeded in promoting the absorption of obstinate hypopions. He orders the eye to be bathed three times a day, with a collyrium composed of twelve drops of the tincture of iodine in seventy grammes ($2\frac{1}{4}$ oz.) of distilled water. In five cases of acute ophthalmia, with iritis and purulent effusion into the anterior chamber, which the author relates, this collyrium, employed after having first subdued the inflammation by means of a strict antiphlogistic treatment, caused a rapid absorption.

Poisoning by Tartar Emetic, with Pustular Eruption on the Body.—Dr. J. T. Gleaves, of Greenhill, Tennessee, relates, in "The Western Journal of Medicine and Surgery," a case in which a young man swallowed by mistake a *tablespoonful* of tartar emetic. In an hour after he was speechless, pulseless, and apparently dying. Though he drank freely of cold water, and irritated his fauces repeatedly with his finger, no vomiting had occurred. For the first three hours vomiting had only occurred two or three times, and the matter ejected was chiefly the warm water taken to favour the emesis. Two hours after he had swallowed the medicine he felt an inclination to evacuate his bowels; he afterwards passed involuntary liquid stools to such an excess that the thin matter thus discharged actually ran from one end of the room to the other. Laudanum in a decoction of nutgalls was immediately given by the mouth and in the shape of injections. Sinapisms to the spine, abdomen, and extremities, and brandy toddy to be given liberally. In seven hours the purging ceased, and reaction was established, so that the patient could give rational answers. He complained of thirst and a sense of burning in the fauces, œsophagus, stomach, and bowels. A blister was then applied to the abdomen, and coffee given in the place of the laudanum and nutgalls. The stomach became very irritable, vomitings occurred, and the matter discharged was tinged with blood. Leeches to the abdomen, gum-water to be taken, with calomel and morphia in small doses. The next morning the patient was again cold and pulseless; the purging was arrested, but the vomiting continued through the day. After friction with flannels wetted with warm spirits of turpentine, reaction set in and the patient slept for half an hour. The patient took through the day small doses of quinine and morphia, and he passed a good night, and the next day vomited occasionally. The fauces were found covered with pustules, some of which, having discharged their matter, had become small superficial ulcers. There was painful micturition, though the urine was copious. Three days after the tartar emetic was taken, the whole body was covered with genuine tartar-emetic pustules, some of which in the course of two or three days became as large as a plum, and the matter was so deep-seated as to require an incision to discharge it. The patient went on steadily improving, and the process of desquamation was completed about the end of the second week from the time of the first appearance of the pustules. The case is remarkable from the large dose taken without producing a fatal effect, and also from the effects of the antimonial preparation on the surface of the body.

Indian Hemp in Facial Neuralgia.—Dr. Ruhbaum, of Potsdam, has made several trials of the cannabis indica, in cases of facial neuralgia, with the most satisfactory results. In more than thirty cases great benefit was experienced, and many were entirely cured. Very delicate persons were seized with a little giddiness, lassitude in the limbs, &c.; others were affected in an opposite manner, and evinced great excitement, mirth, and vavacity; but these respective symptoms disappeared after an hour or two, and left no unpleasant sensation behind them. The dose was from sixteen to twenty drops of the tincture, containing about one grain of the resinous extract.

Cæsarian Operation.—Dr. De Pelayo succeeded, some time ago, in saving the child's life by a *post-mortem* Cæsarian operation. The mother was a rickety woman of thirty, and primiparous. When the head was fairly engaged in the brim of the pelvis, which, though small, seemed to offer a chance of a happy issue, she suddenly died. After a few useless efforts to restore the mother, it was resolved to operate according to Mauriceau's method. Having opened both the abdomen and uterus, a girl was born, who, after a few insufflations and frictions, began to breathe, and is doing well. Dr. De Pelayo says, that during twenty-seven years' practice, he has had six times the opportunity of performing the Cæsarian operation after the death of the mother, but that this is the only case wherein he succeeded in saving the child.

Urea in the Humours of the Eye.—The vitreous humour of the ox's eye contains 1·63 parts of solid matter in 100. Berzelius detected in it chloride of sodium, a small quantity of albumen, and certain principles soluble in water. M. E. Millon states that from twenty to thirty-five per cent. of this solid residue consists of urea. He found that the vitreous humour of the eye of man and of the dog possesses a similar composition. The aqueous humour also contains urea and chloride of sodium.

On Certain Forms of Alkaline Urine.—Dr. G. Owen Rees (*Medical Gazette*), in a case of extrophy of the urinary bladder, had an opportunity of observing the condition of the urinary secretion before and after contact with the mucous membrane of the bladder. It was found that, when tested as it flowed from the extremities of the ureters, it had a normally acid reaction; but that as it trickled, drop by drop, over the mucous membrane of the bladder, it became rapidly alkaline, from the admixture of a copious alkaline mucus which was secreted from the exposed membrane. The alkaline secretion is thought to be thrown out for the protection of the irritable membrane of the bladder, and that a certain number of cases of alkaline urine are due to the stimulating effect of an originally acid secretion upon the genito-urinary mucous membrane, which, from some cause, secretes an excessive quantity of alkaline fluid. He explains the effect of alkaline remedies, in some instances, in removing the alkalinity of the urine, on the supposition that the urine as secreted, being reduced nearly to the neutral condition, is thereby deprived of all irritating properties, and is enabled to pass over the genito-urinary mucous membrane without exciting any alkaline discharge to affect its properties secondarily. The distinction between such cases of alkaline urine and others is only to be effected by attention to the history and symptoms, and by chemical and microscopical examination of the urine.

Treatment of Chronic Scrofulous Skin Diseases with Cod-liver Oil.—Dr. Hughes Bennett says the oil has been found very useful in many of the chronic diseases which affect the children of the indigent poor. The chronic eczema and eczema impetiginodes in such individuals are scarcely ever to be cured without paying attention to the general health; and here, as in similar cases, the most effective means of nourishment is the oil. The local treatment employed is an alkaline wash, composed of two drachms of the subcarbonate of soda to a pint and a half of water. Where the eruption is in any way circumscribed, an essential condition of the treatment is to keep the surface moist with the alkaline lotion, by

means of lint saturated in it, and carefully covered with oil-silk. Tinea favosa consists of parasitic vegetations growing in an albuminous or tubercular exudation on the surface. In the great majority of such cases the disease will be found associated with a scrofulous constitution, and dependent on a bad diet, and the other depressing causes so common among the lower orders. The following treatment has been found very successful:—Internally, the cod-liver oil in the usual doses; externally, poulticing the elevated crust on the surface for several days, until they soften and come off. Then carefully shaving the head, which usually presents a shining clear colour. Next applying, with a soft brush or dossil of lint, cod-liver oil to the whole scalp, morning and night, and covering the head with an oil-skin cap, to prevent evaporation and the access of air. Every now and then, as the oil accumulates and becomes inspissated, it should be removed by gently washing it with soft soap and sponge. The average duration of this treatment is six weeks.

Pathology of Intermittent Diseases.—Dr. Amand Beaupoil has just published, in the *Gazette Médicale*, an extremely interesting paper, wherein is treated the disputed question of the localization of intermittent fever. The following are his conclusions:—1. The seat of the intermittent phenomena cannot be placed in any organ or system of organs, to the exclusion of others. 2. The intermittent may become connected with any other affection, and form with it a sort of unity or special morbid entity; the disulphate of quinine is a specific for this compound intermittence, as well as for simple ague. 3. Intermittence is often combined with an organic affection, in the manner of complication: it behoves us, then, to administer the specific remedy simultaneously with the means indicated by the organic lesion. The treatment ought, in fact, to be double. 4. When the intermittence is independent of any organo-pathological modification, it seems to affect the sensitive portion of the nervous system especially; there appears to be an exaggeration of the physiological rhythm of organic contraction and expansion, and this state produces an alteration in the amount and variations of animal heat, and constitutes intermittent fever. 5. It will, then, be seen that ague may be simple, compound, or complicated. 6. The intermittent phenomena may be attributed to the effect of miasmata on the economy; the noxious emanations being modified by periodic alternations of heat and cold, of dryness and humidity, of light and darkness, of sleep and waking, and of all influences which act in the same way. 7. The nervous element evidently plays an important part in the production of intermittence, brought on by the causes just mentioned; it seems, indeed, that the influence of this nervous element is altogether indispensable. 8. Enlargement of the spleen is the effect, and not the cause, of intermittent fever; it is an indication for large doses of quinine.

Stony Cataract.—M. Magne extracted from a man's eye, aged forty-seven, and who had been cataractous for twenty-five years, after an injury, a stony cataract. The operation was performed at two different periods, and the following is his description of it:—The posterior capsule was entirely stony, with the exception of a very small central point; the anterior capsule presented the same alteration, except that the central point was larger; it presented four very distinct stony plates, the thickness of which was at least equal to that of a hen's egg. The colour was of a chalky white, passing into yellow. When the fragment was placed in water, the appearance exactly resembled that of a pilgrim's shell. As for the lens, it no longer existed, having been already absorbed, as was shown by the irregular puckered and wrinkled form of the centre of the anterior capsule. M. Orfila found the cataract to be entirely composed of phosphate of lime, and a very small quantity of animal matter.

Morbid Appearances found in the Insane.—Dr. Skae, in the "Physician's Annual Report of the Edinburgh Asylum," says, Of 28 bodies examined, 2 were cases of mania, 5 monomania, 2 delirium tremens, 13 dementia, and 4 general paralysis. Opacity of the arachnoid membrane was present in 15, of which 1 was a case of mania, and 1 of delirium tremens; 3 were cases of monomania, 6 dementia, and 4 general paralysis. Subarachnoid effusion was present in 3, viz., in 1 of the cases of monomania, and in 2 of those of dementia. In 1 of the cases of delirium tremens the cerebrum presented an anemic condition; in 2 of the cases of general paralysis it was of a violet tint; and in all the 4 it was adherent to the pia mater. In 1 case, small fibrous tumours were found in the choroid plexus; this was a case of dementia. In 8 cases no morbid appearances were appreciable in the brain, viz., in 1 of mania, 2 of monomania, and 5 of dementia. In several of the cases examined it appeared that the cortical substance was diminished in depth, but the want of precise information as to the normal thickness of this portion of the cerebral substance, and the difficulty of determining with accuracy its precise depth in any one section that can be made, prevented a positive opinion being pronounced on this point. The medullary substance was, in several instances, remarkably firm, and of a putty-like or somewhat leathery consistence, being firm, tenacious, and to a certain extent elastic. This was ramarked in one case of monomania, but more particularly in several cases of general paralysis, so far confirming the views of M. Foville, that morbid changes in the white substance, consisting mostly in hardening, produced by the adhesion of the planes or fibres of the cerebral substance to each other, are directly connected with disorders in the motive powers. In one of the cases of general paralysis, in which there was amaurosis, the optic nerves were found very distinctly atrophied along their whole course, as far back as their origin in the corpora geniculata. In one of the fatal cases, in which death was occasioned by peritonitis, it was found that a strangulation of the ileum had taken place, by a loop of it having passed beneath a band of condensed cellular tissue, the result probably of a previous attack of peritoneal inflammation; sloughing had taken place above the strangulation, with extravasation of the contents of the bowel into the peritoneal sac.

On the Effects of Nichol's Apparatus on Double Refracting Structures.—Sir D. Brewster, quoted in "The Monthly Journal," having lately had occasion to examine some very minute crystals, and also some animal and vegetable fibres that possessed the doubly-refracting structure, was surprised to find that, by the use of the polarizing apparatus, he could eliminate two kinds of indistinctness which affect the vision of microscopic objects. The interposition of a Nichol's prism, or of an analyzing rhomb of calcareous spar, however skilfully formed, between the eye and the object, has always been considered as deteriorating the microscope, and the observer is justified in removing it in ordinary cases, when he wishes to obtain the most perfect definition which his instrument can give. When the object, however, has a doubly-refracting structure of the slightest kind, so as to act upon polarized light, the polarizing apparatus is of vast service in developing its form and structure, not merely its doubly-refracting structure, but that form and structure which it exhibits in common light. The preceding observations are, of course, applicable only to those microscopic objects which depolarize light; but there is scarcely an animal or a vegetable fibre which does not possess this property. The minutest hair of the smallest animal which can be procured depolarizes light; and if a case should occur where the depolarizing structure exists, and could be rendered visible by doubling the thickness of the fibre, we might obtain this effect by making the polarized light pass twice through the fibre by reflection, and thus exhibit itself luminously on a dark ground.

New Method of Determining Phosphoric Acid.—M. Racwsky's process consists in precipitating the phosphoric acid in the state of phosphate of peroxide of iron. When this is done in an acid solution by means of acetate of peroxide of iron, the phosphate which falls is perfectly pure, and has the formula $Fe^2 O^3 PO^5$. All that is necessary then is to determine the quantity of iron present, and from it calculate the quantity of phosphoric acid. For this purpose the following method is employed:—The washed phosphate of peroxide of iron is dissolved in hydrochloric acid, the iron reduced to the state of protoxide by means of sulphite of soda, and its amount determined by the quantity of a normal solution of permanganate of potass, which it is capable of decolorizing, according to Margueritte's method. This method is very rapid, and admits of a high degree of accuracy. MM. Pelouze and Dumas, who were commissioned to report upon the method to the Academy of Sciences, state that the error does not amount to more than 6-1000 or 8-1000, which is certainly as high, or even a higher degree of accuracy than can be obtained by the methods now in use.

On the Mode of Propagation of Various Entozoa.—M. Emile Blanchard has investigated with great care the entozoa inhabiting the bodies of domestic animals, particularly the "douve du foie" (*Fasciola hepatica*, Lin.), which is found in the liver of cows and sheep, particularly in some parts of Germany. He has assured himself, by the examination of a large number of cattle, that these parasites do not occur in the liver in any other than the adult condition, or, at least, very nearly full grown. In the biliary ducts, on the other hand, the ova are to be found in great numbers, and in passing towards the inferior extremity of the intestinal tract these appear to undergo a process of incubation, being more advanced as they pass downwards. The intermediate stages between the ova and the adult animal are never to be found. It is, therefore, nearly certain that the ova pass out of the intestines with the excrements, and undergo development in some other situation, apart from the body of the infested animal; and that, after attaining nearly their full growth, they are received along with the food into the stomachs of other individuals, and thence pass again to the liver, where they propagate a new race. In regard to other entozoa, their occurrence only in the adult condition in the parts principally infested has been noticed. This is the case with the *Amphistoma conicum*, which inhabits the first stomach of cows and oxen, with the *Brachylæmus variegatus*, which occurs in the lung of the *Rana esculenta*, and the *B. cylindraceus*, in that of the *Rana temporaria*. The *Tænia* and *Bothriocephalus* (tapeworms) of the human subject are, on the contrary, to be found in every stage of growth, a whole family sometimes occurring in the intestines of one individual. The intermediate stages of growth of the above-mentioned entozoa are still unknown; but, from the extreme variety of forms known to be assumed by some of the *Trematoda* at different stages of their development, it may be supposed, without much improbability, that we are already familiar with the younger conditions of some of them, and have recognised them as different species. M. Blanchard directs particular attention to the enormous numbers of the ova of these animals, as showing that a vast majority of them must be abortive, probably in consequence of not meeting with the proper conditions for their development. A very large number of fœtal animals has been examined, the adults of which are apt to be infested with the above parasites; but never, in any instance, has a fœtus been found so infested. This fact strongly indicates the necessity of the introduction of the ova from without, probably along with the alimentary matters.

On the Physiological Peculiarities of Albino Animals.—M. Sichel states, that about twenty years ago he made the singular physiological observation, which he has confirmed lately, that cats whose hair is entirely white, without mixture of any other tint, and without spots of any other colour, with the iris of a blue or grey blue, are always deaf. All kinds of sounds which ordinarily frighten this animal, such as the crackling of a whip, the clapping of the hands, the barking of a dog, &c., may be made in their immediate neighbourhood without their hearing it, provided

that it be not of a kind to transmit vibrations through the ground, such as stamping with the feet, or the blow of a hammer, &c. If the fur have the slightest spot of darkish, greyish, brownish, or reddish tint; and if the iris, instead of being blue or greyish blue, be yellow, or mixed with a deep tint approaching the red or the brown, the auditive functions are normal. The blue tint of the iris is rare in the feline tribe, and is not found in general except in young individuals. This tint may become deeper as the animal grows older, and then, although the white colour of the fur is not changed at the same time, the sense of hearing is restored. In the numerous cases of albinism in men and in animals which he has had occasion to examine, he has never observed any defect in the sense of hearing, and this imperfection is only observed in these white cats with blue or bluish irides. Heusinger has collected a number of pathological anomalies, sufficiently curious, resulting from the total or partial white coloration of the hair. Thus certain plants produce poisonous effects upon individuals with white hair, or spotted white, among sheep, pigs, and horses, to the exclusion of individuals with black hair belonging to the same species. Upon cows spotted white, baldness, and other diseases of the skin, have attacked only the white spots. The above facts show that the absence or modification of the pigment in the mammalia may exercise often a real and profound influence upon the functions, not only of the skin, but also of the other organs, as of that of audition. It has been for a long time known that in man, in the normal as well as in the diseased state, other organs in the body, besides that of the skin and hair, present different manifestations of activity in the blonds and brunettes.

Chloroform in Midwifery.—Dr. Murphy says—1st. It does not interfere with the action of the uterus, unless it be given in very large doses, which is never necessary. 2nd. It causes a greater relaxation in the passages and perineum; the mucous secretion from the vagina is also increased. 3rd. It subdues the nervous irritation caused by severe pain, and restores nervous energy. 4th. It secures the patient perfect repose for some hours after her delivery. These three last effects consequently render an operation much easier to perform, and the recovery of the patient afterwards much more favourable. 5th. The order of its effects on the vital functions seems to be, loss of sensation, partial loss of voluntary motion, loss of consciousness, complete loss of voluntary motion, stertorous respiration, loss of involuntary motion, cessation of the action of the uterus, of respiration, of the action of the heart. 6th. Its injurious effects, when an ordinary dose is given, seem to depend on constitutional peculiarities, or on improper management. Much excitement about the patient may render her violent. Catalepsy has occurred in some; clonic contractions in others. Some patients are slow in recovering from the effect of a large dose; they remain giddy during the day, and sometimes faint when they stand upright. It is not certain whether it hastens the dilatation of the os uteri. In one case where it was given it did not seem to do so; but when the progress of this stage is retarded by the irritability of the patient, and her dread of pain, chloroform, if prudently administered, would be a most valuable means of removing this interruption to labour. The purity of chloroform is of the last importance. If mixed with alcohol it irritates the skin and excites the patient. At first this preparation was confounded with chloric ether, which had all the exciting properties of sulphuric ether. In order to test the purity of chloroform, Soubeiran proposes a mixture of equal parts of strong sulphuric acid and water; and, when cool, a few drops of chloroform poured into the fluid ought to sink to the bottom if sufficiently pure for medical use; but if they float on the surface the chloroform should be rejected.

Gonorrhœal Testicle.—Mr. B. Phillips remarks, in the *Medical Gazette*, that it has been urged by some surgeons that the plan commonly followed in the treatment of a gonorrhœa, namely, that of copaiba and cubebs, favours the development of gonorrhœal testicle. Under certain circumstances, the use of these medicines may increase inflammatory action, may set up mischief about the neck of the bladder, and in this way favour the development of orchitis; but, when discreetly employed, cases of gonorrhœa cured by this plan are not more frequently accompanied by swelled testicle than cases in which other plans of treatment are followed.

REVIEWS.

The Nature and Treatment of Epidemic or Asiatic Cholera, &c. By Robert Venables, M.B. Fourth Edition, 12mo., pp. 58. London: 1848.

The observations and reflections contained in this little volume are the offspring of unusually large opportunities of cholera practice, which occurred to the author as government physician to the cholera hospitals in the year 1832. The occasions of practical experience which fell in the way of Dr. Venables seem to have been in no wise neglected or disregarded by him, but to have been turned to every immediate and remote advantage of which they were capable. One issue of them is the volume before us, which, in its general bearings and appliances, is deserving of our commendation.

The chief fault we have to find with it is in a pervading tendency to a classification, or synoptical arrangement, of certain pathological facts and features that appertain to the subject. Not that we would, for a moment, doubt their individual truth, or deny their right of enunciation; but we objeet to the amount of importance which our author has attached to them, and to the seemingly unexceptionable character which he has assigned to them. He has tried to elevate simple *facts* into substantive *rules*, or *laws*, which, with all deference to his experience, we think is neither good sense nor good logic. Very many more must be the opportunities of observation, of collecting truths, and of arranging and inducting from them, before the pathology of cholera can be considered rightly based and understood, or its treatment reduced within the limits of a rational certainty.

In illustration of our objection to the plan of systematizing which tinctures the volume before us, we may quote the divisions into which Dr. Venables distinguishes the progress of cholera. These are—"1st, the preliminary diarrhœa; 2nd, the premonitory; 3rd, the cold; 4th, the collapsed stage; and 5th and lastly, the stage of typhoid reaction." Upon each of these are running comments, and with the exception of the last, which is treated more as a casual occurrence than a something to be expected, it is made to appear that all the others occur in the order of succession in which our author has arranged them. This is either a creation of his fancy, and an offspring rather of the study than of the bedside, or he has leaped at conclusions derived from very few examples. Or, if such be not true, the cholera of Dr. Venables is very different from that which ourselves have witnessed, and we have seen not a little of it. So far from being able to corroborate his arrangement of these several and distinctive stages, we are scarcely able to remember an instance in which they were fully illustrated. Very often, in real cholera, there is no preliminary diarrhœa whatever, but vomiting, cramps, and serous dejections are the first notifications of the patient's seizure; and in the worst and most fatal cases there is no vomiting, no purging, no pain, but the sufferer is instantly seized as with death, and coldness and collapse are the only pathognomonic features throughout. And for the typhoid *reaction*, the term itself is sufficiently objectionable, inasmuch as a *typhoid* condition is certainly the reverse of reaction of any kind. Nor does it deserve to be placed in the list of consecutives which Dr. Venables has created; it is not a pathological sequence of cholera *de se*, but of a state of vital depression and bodily depravity. It is from the condition induced by cholera, and not from the cholera itself, that the typhoid condition takes its rise.

In simple detail and explanation our author is more at home, and often acquits himself excellently. The following, out of many more selections we might make, will sufficiently attest the value of the practical parts of this work. Speaking of intussusception of the bowels, as a *post-mortem* appearance in cholera, he says, "It has only occurred to my observation three times. In one man there were three; but in the case of a child that died in the Cholera Hospital at Bethnal-green, during the typhoid stage, the intestines were intussuscepted in thirteen different places. This arose, no doubt, from the violence of the spasms during the cholera; but, the whole of the fæces having been voided, the inconvenience which, under more ordinary circumstances, would have been experienced was not felt. That they resulted from the spasms I concluded from the shrivelled, corrugated appearance of the canal at these places, and throughout different portions of its length."—Pp. 16, 17.

"It has been asserted that the mental faculties are in no way disturbed from the commencement to the fatal termination in cholera. This, however, is far from being in accordance with my observation. Delirium, coma, and stertorous breathing have frequently appeared during the typhoid stage; and, whenever this form of fever was well marked, delirium or coma, to some extent, more or less generally prevailed." (P. 18.) Here we should certainly differ from our author. The coma and delirium of typhus succeeding to cholera are not those of cholera itself. It consists with our own experience that the intellectual functions are for the most part intact, in genuine cholera.

Dr. Venables believes in the contagiousness of cholera. He observes—"The evidence which has, in many instances, traced the disease is as perfectly convincing to my mind, and proves the contagious character of the disease, probably in the cold and collapsed, but certainly in the typhoid, stages as it appeared in 1832, as fully as such a subject will permit." (P. 21.) We are inclined to the opinion that the contagion of cholera is a very undecided point; but, if our author intends in the observation above to imply that the typhoid fever successive of cholera *can communicate cholera*, we differ from him altogether.

In the treatment of cholera Dr. Venables lays great stress upon mild mercurials, combined with Dover's powder, to correct the action of the liver, relieve spasm, and promote free perspiration—all of which are cardinal intentions to be fulfilled in the management of cholera. The "saline" treatment of cholera he unequivocally objects to.

"At the request of the Central Board of Health I tried it in the Bethnal-green Cholera Hospital. Every patient died. It has been tried at the White House, and the result has been published by the professional gentlemen of that establishment. I must confess that its effects were precisely what I anticipated, namely, a transition into collapse."—Page 36.

In the treatment of the cold stage he recommends hot salt-water baths as particularly valuable; and instances that not only is the temperature of the body raised and the circulation balanced, but that the watery parts of the blood that have passed away appear to be compensated by absorption.

"Whether the principle be that of endosmose I know not, but of this I am satisfied, that the blood of persons which would not separate into crassamentum and serum before immersion, when drawn after immersion has separated, although more slowly than under ordinary circumstances."—Page 37.

Spirituous remedies of every kind Dr. Venables objects to in the treatment of cholera. No doubt, as a rule, they are inadmissible, but cases often occur in which they are eminently serviceable.

The volume terminates with some well-timed and judicious observations concerning sanitary measures, both general and domestic, which may be read with interest and advantage by all concerned in those most important topics.

THE MEDICAL TIMES.

SATURDAY, JUNE 24, 1848.

VALUE OF MEDICAL AND SURGICAL DIPLOMAS IN COUNTY COURTS.

THERE is no class of persons so liable to incur bad debts as the members of the medical profession, and it appears, from what is continually occurring in our courts of law, that no class has greater difficulties in making recusant debtors pay what is justly demanded of them. A "physic and surgery bill" appears to be a thing which sadly puzzles the brains of law-makers and law-administrators, who deal with it without any fixed principles of justice or propriety. Senators and judges seem, when called to handle anything relating to the profession, as if they were about to have forced upon them a nauseous dose of jalap and senna, and the most singular statements are made to get rid, as quickly as possible, of the disagreeable thing. Nothing appears to exemplify more clearly the "glorious uncertainty of the law" than a trial for the recovery of medical fees; and the surgeon who ventures into court with the conviction on his mind of a certain triumph often finds some obsolete statute relating to the medical profession cited by the learned judge, which saddles the unfortunate doctor with the expenses of a suit in addition to the loss of his bill.

The new County Courts, during the short period of their existence, have afforded some excellent opportunities for the display of forensic wisdom in reference to the laws which govern the medical profession. The learned judges who preside in those places especially devoted to the recovery of small debts have propounded opinions so strange, and so frequently opposed, that we are almost in doubt whether medical practitioners can recover debts due to them, or whether this privilege is solely confined to those who are quacks. A few months ago a medical practitioner, who possessed only the Apothecaries' licence, sued a patient for the recovery of a debt incurred by the plaintiff's attendance upon him in a complaint which the wisdom of the court pronounced to be surgical. The unfortunate doctor was denounced by the judge as an impostor, for assuming the title of surgeon, which, he said, did not belong to him, and refused to award the sum due. A few days ago a correspondent, who has favoured us with his name, informed us that a friend of his summoned a patient who had been indebted to him nearly six years. The cause was tried in the Shoreditch County Court, over which Mr. Sergeant Storks presided as judge. The plaintiff was opposed on the ground of not being legally qualified to practise, and, on its being asserted that he was, the case was adjourned to the following Saturday. When called on, the plaintiff put in the Apothecaries' licence, dated one month prior to the first item in the bill, which was for the reduction of a strangulated hernia, with medicines subsequently furnished. To the surprise of the defendant, who now considered his cause lost, the judge gave a verdict in his favour, grounded upon an act of Parliament, which he said was passed in the reign of Henry VIII., forbidding any but members of the College of Surgeons recovering for surgical cases, although the learned sergeant acknowledged that the law had not been acted on *for three hundred years*. This is the first time that we have heard of a *College* of Surgeons existing so early as the time of "Bluff Hal," and that a special enactment was then made in favour of its members, by which they could recover a debt due for surgical attendance. The physicians must no longer boast of their corporation being the most ancient institution of the English profession; and it becomes doubtful whether Linecar, by whose influence it was founded, was the first who suggested to the King the idea of establishing a professional corporation. The Shoreditch County Court judge would confer no small benefit upon the historical literature of the profession, by making known the exact year in which the charter was given, the illustrious names to whom it was first granted, and the mode of government adopted.

The first act, that we are aware of, ever issued for regulating the practice of the profession in England was in the third year of Henry VIII., by which four doctors of physic were appointed to act with the Bishop of London or Dean of St. Paul's as examiners of persons who wished to practise as physicians in London. Seven years afterwards the College of Physicians was founded, by incorporating the physicians practising in London and within seven miles; and in 1522 or 1523 the charter was confirmed, and additional powers conceded. The act of 3rd of Henry VIII. for the appointment of physicians and surgeons gave no particular privilege to the latter, so far as the recovery of debts was concerned, nor were the practitioners of surgery considered of sufficient dignity to be then incorporated into a royal college.

Mr. Sergeant Storks has a son a member of the college only, and our correspondent supposes that this has led the former to make such a notable discovery in the laws relating to the medical profession.

It is fortunate for some of the quack fraternity that all county court judges are not as learned as Mr. Sergeant Storks, as the following case proves, which occurred about six weeks ago at (we think) Liverpool. A lecturer on mesmerism and phrenology summoned a gentleman for the sum of £3. 3s., for mesmeric operations performed at the defendant's request for the cure of deafness. The mesmeriser stated that his usual fee was a guinea, for which the patient was entitled to six sittings; if more than these were necessary, the charge was in the same proportion. He claimed the amount "*for work and labour done*, in the same way as if he had been employed to work in a shop." Mr. Commissioner Lowndes, who presided as judge, wished to know if the plaintiff operated for a period of three weeks, and was informed that he only stared the defendant in the face and eyes and passed his fingers over him, and that he derived no benefit from his treatment, but had suffered great injury for a considerable time in his eye. The commissioner, in giving judgment, said a person might charge for mesmerising, and he would be entitled to remuneration for his labour to the amount for which he contracted. The defendant was ordered to pay £2. 15s. 6d.; 2s. 6d. being deducted for each time he appeared in public, which sum the plaintiff had agreed to allow prior to the matter being brought into court.

This same judge has repeatedly nonsuited members of the College, where they have not possessed the Apothecaries' licence, for their attendance upon medical cases, even when the defendants admitted the debt and that they had derived benefit from the treatment. What ridiculous justice have we here, refusing to those who are members of the profession that which is granted to quacks! And yet many qualified practitioners are not found ardent in the cause of medical reform, though the laws by which they are governed are neither calculated to protect their pockets nor their honour. It seems that in courts of justice almost any interpretation may be put upon laws which have reference to the medical profession, and the consequence is that they inflict most injury upon those whom they are intended to protect. If general practitioners derived their qualification from one corporate institution, these evils would be at once remedied; and till this is the case they had better forego claims upon refractory patients than run the risk of defeat in county courts. The barriers of the profession are daily becoming weaker, and the public are not ignorant of the fact. Hence we have quackery on the increase, and the numbers are multiplying who refuse to give a just remuneration for professional services. These are additional proofs of the necessity for a speedy and efficient reform.

NEW REMEDY FOR ASIATIC CHOLERA.

WE this week publish a communication made by Mr. Guthrie to the Royal Medico-Botanical Society, in reference to a new mode of treating Asiatic cholera. Hitherto this formidable disease has resisted nearly all the efforts of medical skill to arrest its progress, or to mitigate its virulence. It has been the *opprobrium medicorum;* but now, if we may believe the statements made by medical men in Circassia, a remedy has been found both simple and efficacious. This is naphtha, a drug hitherto little used in the treatment of disease. The virtues attributed to it are truly wonderful—arresting the copious diarrhœa, rousing the vital powers, and restoring warmth to the surface, previously chilled with the coldness of approaching death. The new remedy, however, requires the sanction of experience before it can be looked up to with confidence by the physician; and it will be his duty to give it, the first opportunity, a fair trial. While we entertain doubts concerning the assumed virtues of naphtha in cholera, we have no prejudices against it; and we earnestly hope that, should the Eastern scourge become once more prevalent in our country, that it will not sweep away thousands of victims, as in times gone by.

We are sorry to observe, by the registrar's report this week, that *six* cases of cholera have occurred—the average of five years being only *one*. This circumstance, coupled with other facts, should not lead us to suppose that we have yet passed the danger of another visitation. The disease has reappeared in Europe after a temporary absence, and its evident tendency is to advance in nearly the same course as when it visited this country in 1832.

ASSISTANT SURGEONS IN THE NAVY.

[To the Editor of the Medical Times.]

SIR,—For the information and guidance of medical aspirants to the naval service, the insertion of the subjoined details may cause them to pause ere they take the fatal step of entering a service where nought awaits them but humiliation and professional degradation.

Assistant-surgeons mess with the subordinate officers, composed of mates, second masters, masters' assistants, clerks, clerks' assistants, and naval cadets, of whom the latter class form about two-thirds, and the qualifications of whom by Admiralty order are, "Naval cadets must not be under twelve years of age. They must be in good health, fit for service, and able to write English from dictation, and must be acquainted with the four first rules of arithmetic, reduction, and the rule of three."

Assistant-surgeons do not mess with first lieutenants of marines, with whom relative rank is assigned them by an order in Council; nor with second lieutenants of marines, with whom, by a parity of reasoning, they are of superior rank.

Assistant-surgeons are denied cabins, although the above-named officers, as well as naval instructors, are provided with them.

Assistant-surgeons sleep in hammocks amongst the seamen, dress amongst the seamen, and in all classes of her Majesty's ships (save line-of-battle ships, of which seldom more than ten or twelve are in commission at the same time) mess in an apartment that resembles a dog-kennel rather than a place befitting gentlemen.

The average period of servitude as an assistant-surgeon is from three to ten or twelve years, as a reference to the "Navy List" will testify. By the last "Navy List," published by authority, there appears to be on the efficient list of assistant-surgeons 243, of whom

1	is of	39	years' standing.
1	,,	37	,, ,,
1	,,	35	,, ,,
1	,,	25	,, ,,
2	,,	24	,, ,,
1	,,	21	,, ,,
1	,,	19	,, ,,
1	,,	15	,, ,,
2	,,	13	,, ,,
2	,,	12	,, ,,
3	,,	11	,, ,,
7	,,	10	,, ,,
11	,,	9	,, ,,
14	,,	8	,, ,,
55	,,	7	,, ,,
103			

Thus it appears that nearly half of the present assistant-surgeons average from seven to thirty-nine years' servitude, many of whom will not be promoted, perhaps, for years to come. This gives a fraction above nine and a half years' servitude for the senior half of the assistant-surgeons who still remain unpromoted.

AN ASSISTANT SURGEON.

GOSSIP OF THE WEEK.

WAR-OFFICE, June 16. — 88th Foot: Assist.-Surg. Christopher Macartney, from the Staff, to be Assist.-Surg., vice Crosse, promoted on the Staff. — Hospital-Staff: Staff-Surg. of First Class William Ramsay White to be Deputy Inspector-General of Hospitals.—Assist.-Surg. John Burton St. Croix Crosse, from the 88th Foot, to be Staff-Surg. of the Second Class, vice Wheeler, deceased. — Assist.-Surg. Francis Charles Annesley, from the 21st Foot, to be Assist.-Surg. to the Forces, vice Macartney, appointed to the 88th Foot.

KING'S COLLEGE HOSPITAL.—The annual dinner in aid of the funds of this charity took place on Wednesday week at the London Tavern, and was numerously and most respectably attended. A very large amount of subscriptions was collected, about £2000. An appeal has been put forth on behalf of the hospital which alludes to the proposed Public Order Memorial, and suggests that the funds which were forthcoming for that purpose should be dedicated to the extension of the institution. Its claims are manifest and undoubted, for it is situated in one of the densest portions of the metropolis, and the want of means painfully interfere with its extended operations. During the last year, while 362 in-patients were admitted on subscribers' recommendations, 891 were received without any introduction. Of the out-patients 119 only had letters of recommendation, and 17,782, who presented themselves unrecommended at the doors of the hospital, were at once relieved.

CENTRAL CRIMINAL COURT, June 16.—TRIAL OF A MEDICAL PRACTITIONER FOR IMPROPERLY SIGNING A CERTIFICATE.—Mr. John Arthur, a medical gentleman, surrendered to take his trial upon an indictment for misdemeanour.—Mr. Bodkin said this was a prosecution instituted by the commissioners of lunacy for the metropolis. The charge against the defendant was, that he had been induced to sign a certificate on a day when he had not seen the patient, and he had, therefore, undoubtedly committed an offence against the statute. It was only right, in justice, however, to the defendant, to state that there was no ground for imputing any corrupt or improper motive to him, or that any injury or wrong had been done, or was intended to be done, to the individual. The woman, who was the subject of the certificate, was undoubtedly insane. She had been an inmate of St. Luke's, and was about to be discharged as an incurable lunatic, and to be removed to a more private asylum, upon the occasion when this certificate was given. The husband of the patient was in bad circumstances, and it appeared that, in order to save expense, he applied to Mr. Arthur for a certificate of his wife's lunacy, and that gentleman, having formerly attended her professionally, and being well aware of her condition, signed a certificate that he had seen her on the day named in it, when, in point of fact, he had not seen her for two or three months. No injury had been done in this particular case; but, as the act in question was specially intended to throw a shelter round these unfortunate individuals, and as the certificate was an authority for their immediate admission to a lunatic asylum, it was highly important that the act of Parliament in this respect should be strictly enforced; and the commissioners, therefore, felt it their duty to institute the present prosecution, not with the object of inflicting any punishment upon the defendant, but that the circumstances might be made known, and that it should be perfectly well understood by all parties interested in the act of Parliament that even an inadvertency would not be passed over.—Mr. Baron Rolfe said he was extremely glad that this prosecution had been instituted, because everybody must feel that persons in the unfortunate position of lunatics required that the fullest protection should be thrown around them. He felt that the matter should not be passed over altogether, and he should sentence the defendant to pay a fine of twenty shillings to the Queen; and it must not be considered that, because this light sentence was passed, the court considered the charge of a light character, for, on the contrary, it was a very serious one; and, if a similar case was brought before him, he should deal very differently with any medical man who presumed to sign such a certificate except in conformity with the provisions of the act of Parliament.—Mr. Bodkin said, there was another charge of a similar character against the assistant of Mr. Arthur, but, as it appeared that he had merely signed the certificate at the request of his employer, he should, under these circumstances, decline to proceed with the second indictment.—A verdict of "Not guilty" was accordingly recorded.

SANITARY REFORM.—A public meeting, convened by the Health of London Association, was held on Tuesday, to petition Parliament for a sound and comprehensive sanitary bill, embracing the whole of the metropolis; Mr. Mackinnon, M.P., presided. The chairman addressed the meeting at some length, remarking that the salutary provisions of the Health of Towns Bill had, by the strong influence of the corporation of the city of London, been rendered altogether inoperative as regarded the metropolitan boroughs, and observed, that it was most disgraceful to humanity that a few interested individuals should be allowed to oppose an effectual bar to the extension of a boon of salutary regulations to such an immense population as that located in London, requiring the benefit of such regulations more imperiously than any other district in the kingdom. Several resolutions, expressive of sentiments analogous to the above were passed unanimously; and the petition to the Legislature, praying that the metropolis might not be exempted from sanitary reform, was adopted.

ROYAL SOCIETY.—Drs. Latham, M'William, and Thomson, and Professor Fergusson, of King's College, have just been elected Fellows of the Royal Society. Mr. Syme has been recommended by the council, but that gentleman withdrew his candidateship.

THE PATENT SOLID-PAD TRUSS. — Our attention has been recently directed to this simple and economical instrument, the invention of Staff-Surgeon Dartnell, of Fort Pitt, Chatham. It consists of a short and pliant steel spring, which is terminated at either end by a pad. The anterior or rupture pad is of small size, formed of hard wood, polished, and of a rounded, oval, and somewhat conical shape. The back pad is flat, formed of strong leather, padded on the inner face, and furnished with two bridles on the outer one, for connection with the spring, which, being curved at its anterior extremity, brings the wooden pad attached to it directly on the inguinal canal and internal ring. The instrument when applied is retained in its place by a light strap, continuous with the sheath of the spring, which, being passed round the opposite hip, loops on a button-screw on the front pad. It has, for nearly two years, been extensively employed in the army, and has been spoken very favourably of by many military surgeons who have used it. It seems particularly adapted for general use in the army, and will, we think, be found by civilians afflicted with hernia an instrument superior to those commonly used.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, June 15:—Edward Marshall; Henry Wright Slack, Liverpool.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members on the 16th inst.:—Messrs. C. W. M. Bloxham, S. Ffolliott, R. E. Price, W. B. Norcott, E. W. Sullivan, J. Morris, J. Sinclair, J. E. Elam, and C. S. Smith.

RETIREMENT OF DR. CHAMBERS.—This accomplished physician, who has so long held the leading position among the practising physicians of the metropolis, has, we regret to learn, been obliged to retire into the country on account of ill health; and we are informed that it is extremely improbable that he will ever be able to take an active part in the arduous labours of a physician of his rank in practice.

GEOLOGICAL DISCOVERY. — A letter from St. Petersburg in the *Journal des Débats* announces the discovery, not far from the right bank of the Nikolaiefska, in the government of Tobolski, in Siberia, of a rich mine of stones in the midst of the establishment for the washing of auriferous sands. These stones present a perfect resemblance to diamonds, except that they are a trifle less heavy and less hard, although harder than granite. Specimens of the stones have been deposited in the Imperial Museum of Natural History at St. Petersburg, and Russian mineralogists propose to call them *diamantoide*.

OBITUARY.—On the 20th inst., at St. John's, Worcester, of consumption, James Thomas Wale, aged 27, medical student of Westminster Hospital. He distinguished himself by taking prizes at the medical schools, and possessed talents of a high order, which were cultivated with an industry rarely equalled. But for that fatal disease, produced by excessive study, he would have adorned the profession in which he so much delighted. — On the 3rd inst., at 6, Hill-street, Edinburgh, John Crabbe, surgeon.—On the 13th inst., at 173, George-street, Edinburgh, Dr. Archd. Brown, M.D.—On the 16th of March, at sea, on his return from India, Thos. B. Barker, Esq., surgeon, Hon. East India Company's Bengal Establishment.—On the 29th ult., at Malta, aged 31, Arnold John Burmister, Esq., M.D.—On the 1st inst., at Edenbank, Canaan, Edinburgh, John Goodsir, Esq., surgeon, aged 66.—On the 15th inst., at Cambridge, in the 36th year of his age, John Linley Sudbury, Esq., surgeon, of that place, universally esteemed and regretted.

MORTALITY TABLE.

For the Week ending Saturday, June 17, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	1009	943
SPECIFIED CAUSES...	1002	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	289	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	42	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	122	122
Diseases of the Lungs, and of the other Organs of Respiration	97	129
Diseases of the Heart and Blood-vessels.....	31	33
Diseases of the Stomach, Liver, and other organs of Digestion	58	62
Diseases of the Kidneys, &c.	12	10
Childbirth, Diseases of the Uterus, &c	4	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	32	55
Violence, Privation, Cold, and Intemperance.....	52	29

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"F. G., Cheltenham."—The disappointment is at present unavoidable.

"A Subscriber."—It is not usual to deduct the items.

"Psychologist." — The remarks on Lunatic Asylums are under consideration.

"Medicus," on Asiatic cholera, received.

"Dr. Edwards."—We are sorry that we must decline inserting the remarks on naphtha in cholera, as little is at present known concerning its therapeutic virtues.

"T. B."—The translation is not sufficiently accurate.

"Delta."—The Council of the College may determine the time; but there are always three examinations for the fellowship in the year.

"An English Physician."—It is not true that the members of the Edinburgh College are allowed to practise pharmacy. The penalty is expulsion if they should do so.

"An Injured General Practitioner."—A prosecution, in all probability, would be successful. The matter had better be laid before the Apothecaries' Society.

"Amicus, Guy's Hospital," should have authenticated his communication.

"Auctor."—We are sorry for our correspondent, but we cannot engage to become the medium of publishing his statement.

"Fusbos."—The trick is an old one, for persons to call themselves doctors of medicine without a right to the title. The Apothecaries' Act cannot touch them.

"Philo."—Yes; the statute was repealed about ten years since.

"Adolescens."—We are unacquainted with such an author.

"Miles."—Mr. Guthrie's lectures, published in our columns, may be obtained in a separate volume.

"M. D., Dublin."—The promised communications will be acceptable.

"Rusticus."—We do not know where sea-moss can be obtained for bandages.

"Mr. G. L., Seabrook."—The degree of M.D. can now only be obtained by a *viva voce* examination.

"Zeta."—The possession of a university degree does not entitle a person to become a licentiate of the College of Physicians without examination.

"A Pupil."—Chloroform or naphtha is a good solvent of gutta percha.

"J. M., Manchester."—The letter, not being authenticated, was destroyed.

"Philiatros."—We have already made arrangements with a gentleman of high distinction in the profession for a course of lectures on the subject.

"Dr. T. Parry."—The numbers can be obtained direct from the office, or through the medium of a bookseller.

"Mr. Bridge."—The true nature of the compound has not yet been correctly determined.

"Medicus, Liverpool."—Our correspondent's views "on the efficacy of oxygen in cholera" are correct; but the gas cannot be obtained at many of the military stations in India, in consequence of their not being furnished with the necessary apparatus.

"Pro Bono Publico."—A well-written article on the subject would be acceptable.

"Tyro."—The hospital is recognised both by the College and Hall.

"A Surgical Reformer."—We know very little about the meeting: it was thinly attended.

"An Old Friend."—The questions had better be sent to some respectable newspaper.

"Mr. Sams."—1. The entrance money having been paid cannot be recovered. 2. Yes.

"Castigator."—The letter is a libel, and, therefore, cannot be inserted.

"A Friend to the Medical Profession."—We cannot tell when the Medical Registration Committee will terminate its labours.

"O. P. Q."—A physician with a Scotch diploma may practise in the provinces without the London college interfering with him.

"Antiquarian."—Yes: the proviucial bishops continued to grant licences to persons, authorizing them to practise medicine, for nearly a century and a half after the establishment of the College of Physicians. The bishops were stopped by a circular letter addressed to them from the college.

"A Licentiate."—The Master of the Apothecaries' Society should be addressed on the subject.

"Edinburghensis."—Communication declined.

"A Young Obstetrician."—The Dublin Lying-in Hospital is an excellent school for midwifery. Extra pupils for six months pay ten guineas, which includes lectures; interne pupils, twenty-one guineas.

"A London Graduate."—Candidates are admissible to the degree of M.B., at Trinity College, Dublin, without having previously obtained a degree in arts.

"One just Passed."—1. The East India Company's service. 2. Expense of the passage to India for assistant-surgeon, nearly £100. 3. Net by purchase.

"F. L. S., Abergavenny."—We can offer no opinion upon the nature of the disease.

"Petens."—1. Five years' apprenticeship is necessary in order to obtain the Apothecaries' licence. 2. No.

"A Student, St. George's."—The commissioners of police appoint the surgeons.

"X. L."—The letter is left at the office, as requested.

"Chirurgus."—Yes, after a period of ten years. The furlough allowance of a surgeon is £191. 12s. 6d., of assistant-surgeon, £118. 12s. 6d., per annum. Pay ceases after two years and a half's absence from India.

"M. D., Oxon."—We shall be glad to hear again from our correspondent.

"Snob" is inadmissible.

"Hippocrates."—The first question we cannot answer. 2. John of Gaddesden is said to be the first English physician of eminence. He was public professor of medicine at Merton College, Oxford, and was considered so eminent as to be called "Nostri seculi lumen." This "light" was, however, little better than a quack.

"Carolus."—The work is a standard one, and contains much valuable information.

"An Eyewitness."—The operation was not called for.

"Diploma, 1842."—The debt cannot be recovered.

"Crassus."—The lesion may exist without well-marked symptoms.

"T. L. B."—An apprenticeship of four years with a chemist or druggist will not be received at Apothecaries' Hall.

"Homo" is evidently not a member of the medical profession, though he would wish us to suppose that he is. We would advise him to consult some professional gentleman in his neighbourhood.

"L. M." wishes to know "what languages are required to be known by a candidate for the Hall certificate and College diploma?" A little latine for the Hall; the mother tongue only for the College.

"Mr. A. Smyth."—Communication received.

"A Subscriber, St. Ives, Hunts," proposes the following questions to us:—"Can I obtain a diploma or licence allowing me to visit and practise surgery? I have studied much, and am practically acquainted with almost every disease; but have not served an apprenticeship to a surgeon or hospital, although I have to a chemist. Likewise, I should like to know how I might render myself eligible, if not so now?"

"Medicus, Aberdeen."—The request shall be attended to.

"Mr. J. Harday, West Haddon, Northamptonshire," is thanked for his communication.

"Mr. Ellis."—The review has appeared.

"An Admirer."—It is possible to turn when the child has descended as low as our correspondent describes, but the operation is attended with great difficulties.

"Dunlemensis."—1. A letter addressed to the secretary of the university, without his name being mentioned, will arrive at its proper destination, and be noticed. 2. The work is a useful one.

"Dr. Tarling, Ivy-house, Worcester."—Communication received.

"A General Practitioner, Liverpool," writes as follows, on the "advice-gratis" system:—"The other day I was inquiring after one of my patients, when I was informed that she had been consulting Mr. B., as she could get his advice gratis. Now, the husband of this patient is in a very good situation, and can well afford to pay for advice and medicine. This is not a solitary instance in my own practice. Mr. B. is one of our most eminent consulting surgeons, than whom a more honourable man, or one more beloved by his professional brethren, does not exist; yet I look upon it as a direct robbery of his more needy brethren to give his advice gratis to those who can afford to pay for it. The class of persons who get this advice are not generally the poor and needy, but a class too mean to pay for advice when they can obtain it so easily, and without being subjected to the indignity of a dispensary waiting-room. Were this advice given to the indigent poor, every benevolent individual would rejoice; but the fact is notorious, that such are not the persons who receive advice gratis at the private residences of our eminent professional brethren. The 'advice-gratis' system is most injurious to the general practitioners; and I trust that those gentlemen who adopt it will consider the injury they are doing to others, and then I doubt not it will soon be discontinued. I have merely instanced Mr. B. as most known to myself. Unfortunately similar examples abound in every large town."

"A Correspondent" sends us the following "private hints:"

"The medical profession, insulted by Captain Berkeley and the Whig Government, will now, if wise, unite with the Reform movement, and refuse all appointments in the naval service, or in the civil department as attendants on unions, until a party be in office who will treat them as gentlemen. Why is a preference for every civil appointment given by the present Government to the military, or to members of the legal profession?—a fact which is notorious. The editor of the *Medical Times* has ably taken up the cause of the the profession, and it will be gratefully remembered. Union is strength, and now is the time. Petitions are waste paper. Napoleon was easy of access. The Whigs have ever deceived, and are notoriously arrogant."

"Mr. Alfred Ebsworth, Bulwell, Notts," writes thus in answer to "A Subscriber":—

"'Sunt certos denique fines
Quos ultra citraque nequit consistere rectum.'

"Sir,—I fear I have been misunderstood by your 'Subscriber' in the remarks you kindly inserted for me a few weeks since. Those remarks were not tendered in any mercenary spirit; they arose from a deep and inward conviction that at the hands of our own profession we, the strugglers for an existence, receive, and are receiving daily, more injury than from the veriest quacks in creation. I would extend the benefits of our calling to the widow, the orphan, and all who may be cast down by unforeseen misfortune. I would have us watch by the bedside of the 'poor player,' the 'exhausted actress,' or 'an expiring artist;' for these cannot in sickness depend upon public sympathy, and to such our charity is pre-eminently useful. But forgive me if I disagree with those who think that physicians and surgeons may receive any and whatever fee they can pick up. If they practise for charity's sake, by all means let them do so to their heart's content; but let them be careful they do not injure others for their own glorification. A physician has nominally a higher title and a longer purse, or should have; and when starting in life he tries to mount the pinnacle of fame by seducing patients with the talismanic words, 'Advice gratis,' to secure the good opinion of the higher class with whom these come in contact—baiting, in fact, with a sprat to catch a herring. The result is that within one mile of Hanover-square, where the National Institute has raised its standard, there are more undeserving persons relieved by medical advice surreptitiously obtained for nothing than would support five hundred medical assistants in comparative competency and freedom. The evil has taken firm and deep root, and it cannot be remedied without the most caustic and severe internal remedies. We can and should be made to preserve our dignity in the same way that barristers are—by *degradation* for unprofessional conduct; it is possible, feasible, practicable, and, until we obtain this desirable end, medical reform will never do us good. Let us first secure the exclusion of quacks from competition with us, and then begin the task of purging our own Augean stable. It may be the work of time—the work of ages; it would be only the work of a day if all had within their breasts a spirit of independence to resist the demands which the public make upon our time, our skill, and too frequently our purses. What right have the public to the *unrequited* services of more than a thousand professional men in England—as hospitals generally have? If money is subscribed for the benefit of the poor, why should not a small portion find its way into the pockets of those men who alone confer any substantial benefit upon those institutions? It is a shame and a scandal to see men toiling from morn to night, alleviating suffering of all descriptions, with scarcely a shilling in their pockets, and almost uncertain where to gain their daily bread. In every place our efforts to promote our rise is made a pretext for the increased taxation of our energies; we are *always* to go *unremunerated*. The hospitals have secured the highest services for no pay at all; the poor-law commissioners, following the example, have imposed on general practitioners nearly the whole of pauper sickness for nothing. In Ireland the estimate of our services is *nil*. The army and navy pay us indifferently, and treat us with contempt. The vision of increased practice from poor-law appointments is the most fallacious one that can be held out; the holding of these places is a bane—a clog upon private practice; the name of parish doctor is a reproach and byword, and rarely, if ever, does he gain a corresponding reward for the meritorious performance of his excessive duties. In conclusion, I will only repeat that the profession, step by step, by its own deliberate act, has wended its way down to an abyss from which there is no recal. A few may look on triumphant in their position, secure of fame, independent in their sphere; but can many of those now honoured, respected, and loaded with wealth, look back upon their past career and say, 'I have never once deviated from the strict course of professional etiquette, and I do not owe my elevation to the same principle as a general does,—to the destruction of friend and foe in the path to glory'? May a better spirit guide our footsteps, and take from us the reproach, that medicine can only be pursued by the rich, to the exclusion of hundreds of deserving young men who pine behind a counter, after obtaining the highest testimony to their professional merits."

No. 457. **SUMMARY.** JULY 1.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 133

Hopital St. Pierre—Clinical Lecture on Granular Disease, especially of the Neck of the Uterus, and on a New Method of Cauterization, by M. THIRY..... 134

ORIGINAL CONTRIBUTIONS—

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 135

Necrological Notice of Louis A. Patrick Da Silva Mansio, by RICHARD DE GUMBLETON DAUNT, Esq..... 136

PROGRESS OF MEDICAL SCIENCE—

Revaccination in the Prussian Army 138

Case of Gunshot Wound of the Neck 138

Ligature of both Primitive Carotids..... 138

The Taxis in Strangulated Hernia 138

Extraction of a Needle from a Child under the Influence of Chloroform 139

Traumatic Trismus successfully treated..... 139

Poisoning with Pepper..... 139

The Cold Bath in Cholera 139

Examination of the Nasal Secretion in Glanders in the Horse 139

Formation of Images on the Retina 139

Placentitis occurring twice in the same Woman .. 139

Influence of Tobacco on Health, by Dr. Buretti, of Turin 139

REVIEWS—

On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connection of Diabetes, Calculus, &c., with Indigestion; by W. Prout, M.D. 140

Littell's Living Age 141

Royal Medical and Chirurgical Society 141

LEADERS—

Medical Men and Friendly Societies..... 142

The Importance of having Qualified Medical Practitioners on Board Emigrant Ships 143

The Royal Society 144

The Berncastle Testimonial 144

GOSSIP OF THE WEEK..... 144

MORTALITY TABLE 146

TO CORRESPONDENTS 146

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from page 120.)

LECTURE II.

OF THE COPTIC, JEWISH, AND PHŒNICIAN RACES.

1. THE COPTIC OR ANCIENT AND MODERN EGYPTIANS.

Of a race I have not seen,—of a people scarcely noticed by modern travellers; of a handful of men forming, so far as I can understand, the residue, the vestiges of a nation at once a race and a nation,—I naturally speak with great doubt—with hesitation—and the utmost readiness to be put right on any point whatever; for of the Copt, whether ancient or modern, I can find only conflicting statements. What race constitutes the present labourers of Egypt. No one that I know of has condescended to clear up this question. They are not Arabs, nor Negroes, nor Jews, nor Phœnicians; the Copt forms but a handful of the population. Like the Mongol, they are becoming extinct; they slowly and gradually perish; they seem to know nothing even of their own monuments; the Copts certainly are not precisely Jews, nevertheless they resemble them strongly. In their palmy days of power they caricatured the Jew, representing him with ears displaced backwards, eyes and mouth of great length, and an indescribable mixture of hircine and human aspect.

The modern Copt, in so far as I can learn, resembles the ancient Egyptian, judging of these last by the busts still preserved; but even this fact I cannot fully make out. English travellers are so occupied with their personal adventures, and French with political intrigue, that there is no getting a single new or valuable fact from their silly books of travels. The modern Coptic language corresponds, I think, with the ancient Demotic. No one now thoroughly understands the hieroglyphics, and I doubt the accuracy of all the interpretations. The profane history of Egypt by the Egyptians cannot, so far as I can discover, be identified with the Jewish record; the name and times of Shisak alone having been discovered in an oval of an Egyptian temple. Even the presence of the Jews in Egypt cannot be made out by Egyptian monumental history; and the physiognomy of the labourers of ancient Egypt, as represented on the tombs and temples, is not of foreigners, but evidently Coptic. Different races of men are sketched on the walls of the tomb opened by Belzoni, showing that the characteristic distinctions of races were as well marked 3000 years ago as now: the Negro and other races existed then precisely as they are at present.

What has become of the grand Coptic race—those builders unequalled in ancient or modern times? We are told that foreigners and slaves built these wonderful monuments which yet astonish the world; I, for one, do not believe it. The workmen employed were Egyptian. Their disposition was to build; their innate instincts were architectural, in this coinciding with the Jew, the Greek, the Phœnician. Their past history is a perfect enigma to this day, nor do I believe that a single leading fact has been well made out. Who were the Hikshos, the Shepherd Kings, &c.? Did civilization travel up or down the banks of the Nile? Did the Nile irrigate in former times the Lybian Desert, and are the oases proofs of such being its course? The sources of the true Nile are unknown to this day. All is mystery, problems unsolved. Herodotus says he visited Egpyt, but he could not have penetrated far into the country; and he asserts, moreover, that the people were black, which is refuted by every other observation, ancint and modern.

It was whilst examining the tomb exhibited by Belzoni in London, 1822 or 1823, in so far as I can recollect, that I pointed out to my most esteemed friends, Messrs. Hodgkin and Edwards, the unalterable characters of races. Neither time nor climate seems to have any effect on a race.

Herodotus says that the priests showed him the mode of formation of the Delta by the slow deposit of mud brought by the river from the interior of Africa. This most plausible and probable theory is, after all, but a theory. Three thousand years ago the waters of the Nile seem to have been just where they are now, and the black stone of Rosetta was found, as its name implies, at Rosetta, on the very borders of the Mediterranean. If this be its real locale it bestows an inconceivable antiquity on Rosetta. But Homer describes Egypt as being in the times of the Trojan war a highly civilized country; what an antiquity must we then assign to it! The Homeric poem itself was suspected to be Egyptian, and Cadmus brought letters into Greece from Egypt, happily leaving the hieroglyphics where he found them.

But, in whatever way the chronological difficulties may be got over, there is a fact of curious import connected with this pyramid-building, mummy-making people or race. If we travel westwards along the shores of the Mediterranean, we discover that an offset of the race seems to have existed in the Canary Isles, or Cape de Verds; and the extinct Guanches closely resembled Egyptians in certain particulars. Now, cross the Atlantic, and in a nearly parallel zone of the earth, or at least in one not far removed, we stumble all at once upon the ruined cities of Copan and Central America. To our astonishment, notwithstanding the breadth of the Atlantic, vestiges of a nature not to be doubted, of a thoroughly Egyptian characters, reappear — hieroglyphics, monolithic temples, pyramids. I confess myself wholly unequal to the explaining any of these difficulties satisfactorily. Who erected these monuments on the American continent? It could scarcely be the native American Indians, as we call them; and yet the carvings on the remains seem to portray an American physiognomy. Still I have my doubts, and would gladly take a view of these figures and busts. Perhaps at some remote period the continents were not so far apart; they might have even been united, thus forming a zone or circle of the earth occupied by a pyramid-building people. All the literary world must no doubt remember the dispute of Byrne respecting the comparative antiquity of the round towers and the Pyramids; his mystifications, and the novelty and ingenuity of his views. No doubt he was partly in the right. The Phœnician physiognomy can easily be made out in South Ireland and in Cornwall, but these races were not Egyptians.

Thus of all races of men we, perhaps, know least about that race whose records, could we read them, would solve many of the most difficult problems of ancient history. Their relationship to the Jews cannot be questioned, but they were not precisely Jews. The uses of the Pyramids, if they had any use, have never been discovered, and the date of their erection was unknown even in the time of Herodotus. It makes one smile when they hear of Egyptian monuments being carved and set up in Egypt in the time of Hadrian; so early as the days of Augustus the Romans had commenced plundering Egypt of her antiquities; and so it has continued to the present day; from Augustus to Louis Philippe, monuments have been brought *from* Egypt, not erected there. I cannot even find that much was done during the occupation of Egypt by the Greek dynasty. Egypt had passed its grandeur, and had sunk into insignificance, when Alexander, with a handful of troops, could seize and hold it, and transmit its throne to a foreign family. The condition of Syria, of the Phœnicians, and of that section of Chaldeans called the Jews, may be judged of by this, that the historians of Alexander do not think it worth while noticing their existence. Alexander, five hundred years before our Saviour, marched through Syria and Palestine, taking possession of the country, taking possession of Judea, as if no such people existed as the Israelites.

I look on the history of Josephus as perhaps the most monstrous historic exaggeration ever penned, and he one of the greatest of liars.

To the Saxon, the go-ahead Saxon, the man who never looks back to retrace his steps,—that race to whom "to-day and to-morrow" are everything, yesterday nothing,—to the English Saxon especially, inquiries into past races can have little or no interest; they are gone, says the man of commerce—the man of to-day; what signifies their past history, what are their monuments worth, to us who care nothing for antiquarian remains? The race which looks back, resting upon its ancient deeds, reposing on its recollections, dreaming on its ancient renown—the race or the individual who does so as

infallibly lost. Onwards is the word; to look back is to invert the order of nature, to wither, and to die: to perish from the face of the earth, as the Copts have done, or are about to do.

One of the most remarkable monuments of Coptic antiquity is now in the British Museum: I mean the head of the Young Memnon, as it is called, although it really be the bust of Amenoph II.: its antiquity is vast; it has survived thousands and thousands of years; of this most remarkable bust—the highest work, perhaps, of antique Egyptian sculpture—I shall speak in the history of the Jewish race.

But the land of Egypt still abounds with its ancient monuments; the race was quite peculiar, and was, I think, African, or at least allied to the African races. The mouth and lips all but prove this. Nevertheless, their identity with a great section of the present Jewish race cannot be doubted; the young Jew of London or Amsterdam might readily sit for a likeness of the bust of Amenoph. The resemblance, in fact, is most extraordinary: and to me it is incomprehensible how this had not been noticed by some one of the thousands of sight-seers who frequent the Museum.

Nothing is more wonderful than their reputed knowledge of science and art; their astronomical knowledge, their architectural. And yet, after reaching a certain point, they stood still, retrograded, and finally all but disappeared.

Whence acquired they the high metaphysical religious notions which characterized them?—the metempsychosis, and the existence of a soul, of a future life, and a day of judgment for the just and the unjust? When the Jews left Egypt they were profoundly ignorant of all these doctrines, nor did Moses deem it necessary to instruct them in them. These doctrines, then, are not of Jewish origin, for the law was not even written, nor the lawgiver in existence. The barbarous and savage Turk and Arab still lord it over Egypt; a frightful military despotism crushes down the energies of the labourer. But who are the Fellahs, or modern Egyptian labourers? What is their history? Let us hope that the scientific commission headed by Lepsius may solve some of these great questions, connecting at least the history of other raees with the monumental history of Egypt.

Lecture III.

The origin of mankind, the source and origin of life on the globe, is a problem whieh modern seience cannot solve. The only philosophie attempt at a solution of this great problem was the hypothesis of Humboldt, Herschel, Oken, and of M. Geoffroy, commonly called Geoffroy St. Hilaire. But against this hypothesis there lie formidable objections, for all historical evidence by writings, sculpture, painting, and tradition shows that no transmutation whatever has taken place in the species of organic beings since the earliest recorded time, and that, therefore, if such transmutations had ever been effected by time, it was required to show a lapse of ages of so vast an extent that the hypothesis of necessity assumed a character of wildness and vagueness clearly removing it from the bounds of eorrect science; and, secondly, that when we attempt to apply the theory in detail, assuming as an element of the detail that the development and progression were forward or in advance, ameliorating and improving, then did it become evident to the unprejudiced that the hypothesis was eminently faulty. For, without going far into such details, it were easy to show that the fish, and saurians, and mollusca, and mammals, if they were mammals, whieh I presume they were, of the ancient world were at least equal to those of the present day. That, if the robe of the pristine earnivora eorresponded to their other qualities, they must far have exeelled in beauty the lions and tigers of modern times; that the furs of ancient bears must have been of at least equal quality as at present—that is, presuming that the external robe or covering corresponded to their bulk. Now, there is not a shadow of eason for imagining the contrary. Again, monumental records, artistic remains, architectural designs, and utilitarian plans prove beyond all question that the ancient races of men were at least equal, if not superior, to the modern; the Saxon and Celtic races did not invent the sciences, nor the arts, nor literature, nor the belles-lettres; they remained barbarians down to within a few hundred years ago, and when left to themselves, on the banks of the Ohio, in the far west, and in Africa, their original barbaric nature shows a strong tendency to return. If *progression* and *improvement* be an essential element in the Geoffroy theory of development, then the human race does not show it absolutely; neither the "Iliad" nor "Odyssey" were written by Saxons or Celts, nor "The Elements of Euclid;" nor did the Saxons as Saxons discover the theory of eclipses, nor calculate the recurrence of the comets, nor build bridges over the Danube and Euphrates, nor plan and erect the Parthenon, nor carve the Apollo and the Venus. One thing I admit, and that only, that the later races which threaten to, and which I think must, become the dominant ones, show energies, and combination for a purpose, and mechanical applications, and diffusive efforts, which no race before them ever showed; in every other quality they are evidently inferior.

If, then, it be an essential element in the great theory of development and progression, so courageously brought forward by M. Geoffroy at a time when the overwhelming and overbearing influence of Cuvier had closed all mouths, then is it certain that such progression, in the sense required, exists not; and here I venture to foretel that the supporters of the hypothesis will, in their next essay, abandon this part of the theory, and, assuming simply the development of successive eras of organic forms as a fact, disclaiming the character of progression, excepting as to time. The boast about the higher characters of the present organic races (a) will be abandoned, and the law of development and progress simply stated as it is, without a reference to successive *improvement;* for *successive improvement* implies a final purpose; a final purpose is a final cause; to state a final cause is to guess at a purpose, which in this case must be a purpose of the creative power or force; but the popular supporters of these doctrines of M. Geoffroy have declared themselves against all such conjectures—against all final causes as being mere effects, not causes; they must give it up, or admit that they have thrust themselves into the councils of the Great First Cause.

Now, we have shown that the Mosaic cosmogony—or that, at least, whieh goes by that name—cut the Gordian knot; dividing that which it was not permitted to untie; it declares first, that all things were created as we now see them—animals in pairs; man also. Further was not revealed; why should it be? But philosophy is not opposed to the Hebrew cosmogony—at least, this is my opinion. The subject is mysterious, and of vast depth. When did reasoning man appear on the earth? If he springs from a lower stock, what was that stock? What form had it? How is this terrible difficulty to be got over? Is it that the embryo is alike in all races, in point of fact; that every embryo eontains within itself elements sufficient to assume any other form, and to retain it, provided it be insulated and put under circumstances calculated to bring them forth; to exaggerate certain qualities, and give them permanency. This is, of course, a mere hypothesis in one sense, and I think untenable. Races, however originating, have not altered within the historic period, excepting by intermarrige: in proof of which I have offered you the history of the Jews, the Copts, and the gipsy. Now, the Copt and the Coptic section of the Jewish race, the Arab probably also, are not Caucasian (if such a phrase were of any value), but stand, as it were, on the eonfines between races darker than themselves and others mueh fairer.

(To be continued.)

(a) "Vestiges of Creation."

HOPITAL ST. PIERRE.

CLINICAL LECTURE ON GRANULAR DISEASE, ESPECIALLY OF THE NECK OF THE UTERUS, AND ON A NEW METHOD OF CAUTERIZATION.

By M. THIRY.

The granulations of which we speak now are the result of a new and peculiar product, without analogy in the economy. This novel production of a special inflammatory nature takes its origin in the extreme capillary ramifications of the mucous tissue; the vascular part of the mucous membrane must, therefore, be eonsidered as the point of separation. These granulations are remarkable for the suddenness of their development, for their contagiousness, for their tendency to multiply themselves indefinitely, and, finally, for their pyogenic character—a necessary consequence of their existence. When there are granulations we may, without fear of being deceived, assert that there is suppuration. The granule is contagious. The granulations are formed by little accuminated elevations of a bright, shining, red colour, constantly moistened with a very irritating sero-purulent matter. These granulations, accuminated at their top, appear to gradually enlarge towards their base, so as to form a kind of little cone which seems to adhere to the other neighbouring granulations; with these they blend themselves so as to constitute an homogeneous mass. This is traversed very irregularly by little furrows for a certain time; then the mass assumes a degree of consistence, and afterwards grows hard, and the pain becomes alleviated. We have observed this phenomenon in a case lately in the *clinique*, in which the indurated transformation had taken a high degree of development.

The granulations bleed on the slightest touch; evidently showing their vascular construction, they penetrate deeply the tissues which they attack, and they develop a sort of granulous diathesis (*granuleuse*). Their external growth is in general little developed, though they may at length undergo a fungous transformation; in short, they possess so great a fertility of reproduction, that one granulation only, escaped from the destructive action of cauterization, may in a very short time establish the original disease.

The anatomical and microscopical examination of the granulations proves that they are everywhere identical, whether they occupy the conjunctiva, or the mucous membrane of the neck of the uterus, or of the urethral canal, &c. Everywhere, also, they are marked by the same characteristics, are produced by the same causes, and end in the same pathological consequences: the differences that we may sometimes observe result from the seat which the disease occupies, and by no means from the disease itself. This fact, so recently discovered, throws a new light upon the question so long debated concerning granular ophthalmia, and permits us to have an insight into the true cause of this terrible malady, and also to tell its persistence, notwithstanding the mode of treatment; it explains, in fine, the contagious power so remarkable in this affection.

After this brief exposition it is evident that, when we have to treat these granulations, we should employ means found to be most active and efficacious. Often the success of an *anti-granulous* medication depends upon the promptitude of the application.

The caustics, without doubt, are the agents to which we ought to have immediate recourse. But the question arises, what caustics are we to employ, and how are we to employ them?

In granulations of the neck of the uterus it must be observed that all the caustics are far from presenting the same advantages, and, moreover that cauterization of the organ is liable to certain dangers which ought to be avoided. In treating the disease we must be careful to confine the cauterization of the uterine neck to the diseased parts, for it happens frequently that it passes the bounds of the affected tissues, and then a number of inconveniences follow.

The acid nitrate of mercury is a caustic very valuable, and very generally employed, especially as a modificator; but it must be applied with the greatest circumspection; for, if ever so little is employed, frequently the persistence of its caustic action, after its application to the diseased tissues, will extend to the surrounding parts (to the vaginal walls, for example), and continue to spread, notwithstanding all the care of the operator.

The facility with which the caustic paste of Vienna can be applied, the quickness of its action, and the mathematical possibility, as it were, of limiting its effects, make it one of the most valuable agents in the treatment of this disease which we possess. All that is required here is to devise a convenient mode of application. This is attained by the aid of a new *porte caustique*, one of the principal properties of which is to limit the extent and thickness of the eschar, and to prevent the escharotic power being exerted upon the sound parts near the seat of the disease.

This instrument, which has been named *porte caustique objectif*, for the neck of the uterus, is very simple: it consists of a tube, from eight to ten inches in length, surmounted by a circular plate of an inch in diameter, sometimes more and sometimes less, according to the dimensions of the uterine neck. The circular plate, which coincides exactly with the uterine opening of the speculum, is surrounded with a border three lines in height. The whole is of pewter or steel. Already this instrument has been twice employed in the *clinique* of the Hôpital St. Pierre. The first time for the treatment of an obstinate phagedenic chancre occupying the cervix uteri; the second time for destroying chronic granulations occupying the same organ. The success of the operationa has been complete. The instrument has been found useful in dressing wounds, and has brought about complete cicatrization. The following are useful directions for its employment:—

The speculum must be introduced so as to encompass and to expose the entire diseased part, care being taken to maintain it immoveable against the cervix uteri, by means of a gentle propulsive movement in the direction of the neck. After the diseased parts have been cleansed, the *porte caustique objectif* is introduced into the speculum, and applied to the uterine neck, so as to embrace the whole extent of it, and the *porte* must be charged with a piece of the caustic, proportioned in size and thickness to the effect wished to be obtained. It will be necessary to touch the part with the *porte caustique* for a time sufficiently long to produce an eschar. Ten or fifteen minutes are generally enough; after which it is removed without deranging the speculum. Frequent injections must be afterwards employed for removing any small portions of the caustic; then there must be applied a pledget of wadding or charpie, and the operation is complete.

By this procedure it has never happened that the cervix has been injured by the destructive action of the caustic—an action which may be carried either deep or superficial, according to the will of the operator, which is of immense advantage. If the *debris* of the caustic detaches during the operation, it drops forcibly into the speculum, which protects the adjacent parts. By adopting this plan, hemorrhage cannot embarrass the action of the escharotic, or the application of any other medicated agent, because it cannot get beyond the circumference of the neck, seeing that its centre and all the diseased parts are compressed by the metallic plate.

The instrument must not be suddenly drawn out when, during the operation, there has been a slight hemorrhage.

It is superfluous to add that the cauterization may be repeated many times, in the way mentioned, if circumstances exist which demand it. The operation has been adopted in cases of fungoid disease or carcinomatous ulcerations of the cervix uteri, always with advantage; and it is surprising with what precision the caustic may be applied, and the benefits resulting from its application.

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 123.)

CLASS V.

Enlargement of Organs, &c.; Countenance disturbed.

From goitre.
,, empyema.
,, tonsillitis.
,, glossitis.
,, cynanche parotidea.
,, scrofula.
,, dropsy.
,, ,, general.
,, ,, peritoneal.
,, ,, ovarian.
,, ,, mesenteric.
,, ,, hepatic.
,, ,, cardiac.
,, ,, renal.
,, ,, splenic.
,, tympanitis.
,, tumours.
,, ,, pregnancy.
,, ,, uterine.
,, ,, ovarian.
,, ,, cystic.
,, ,, hepatic.
,, ,, splenic.
,, ,, aneurismal.
,, acute rheumatism,
,, ,, synovial and fibrous.

It may have been already apparent to the professional reader that I have taken a very transient view or sketch of many diseases which are enumerated in the preceding classes; but it should be borne in mind that these papers do not profess to give didactic accounts of each or all of those diseases to which our flesh is heir, much less do they contain an elementary treatise upon any one disease; but my object has rather been to enlarge upon subjects of practical advantage, and to present to the medical man those valuable lessons which I myself have learned, and am still daily learning, at the bedside of the patients in our hospital. I do not scruple to acknowledge that I never could sit, whilst "*in statu pupillari*," to hear a couple of dozen lectures on the practice of medicine; my mind recoiled from such wearisome labour, and it was not relieved, in any degree, by the classical erudition and scholastic definitions which my professor, the late Sir George Tuthill, was wont to present us with. My delight was, and still is, to be occupied at the bedside in the investigation of disease; the control which remedial agents are allowed to exercise over it; in tracing its varied shades, its progress, its complicated forms, its eventful crisis up to robust health, or down to death; and then to pursue those investigations in their pathological order in the *post-mortem* examination-room, and thus to be enabled to profit by what had gone before in the further practice of similar diseases. I may also observe here that I do not believe that I have spent twelve hours, since I first entered this institution, sixteen years ago, in reading any elementary work on medicine; for, whenever I have heard some of the valuable and judicious remarks which any one of the members of our medical staff have made, my disposition has usually been to hasten to the bedside to analyze, observe, and impress upon my own mind the accuracy of those remarks from the living subjects, rather than to pore over the writings, however excellent, of a deceased author.

We have now arrived at that point in my classification of diseases wherein the countenance is less indicative of internal changes than in any of those which have been enumerated; notwithstanding this we have an index here also, though the points of the dial are feeble compared with some others.

In the first-mentioned complaint, *goitre*, the alteration of structure is too palpable to escape detection; neither is it a serious malady, so that we rarely witness the disease except amongst the out-patients of the hospital. The old-fashioned practice of sponge lozenges, together with the daily use of electro-galvanism, or as my former master, William Coates, Esq., of Salisbury, used to treat it, merely with galvanism, has fallen somewhat into undeserved neglect. The powerful influence of this remedial agent in promoting absorption has been very striking in some instances of bronchocele which I have witnessed. I allude to one especially in a female member of my own family, where it completely removed the enlargement as often as it recurred. I cannot say that the trochiæ spongiæ which were daily taken did not assist in producing a subsidence of the tumour. I have never seen any good effects follow the insertion of setons over the gland, and, as it only distresses and worries the patient without any manifest advantage, the practice seems to have deservedly fallen into neglect.

The use of those large doses of iodine and its salts, which are sometimes prescribed by medical men in one form or another, has had the effect of seriously disturbing the constitution, and inducing a train of alarming symptoms more formidable than those produced by the bronchocele itself, so that females have presented themselves to us quite worn down by the long-continued and unavailing doses of this mineral.

In empyema, the general enlargement of the side where the effusion exists, the bulging of the intercostal spaces, the hectic character of the fever, the absence of respiration and of the patient's voice, the dulness on percussion, and the dead or muffled state of the voice by the heautophonon, are so many indications of the presence of purulent effusion into the pleural sac; besides which, if the disease is present on the left side, where it is more ordinarily set up, the heart will be found pulsating under the cartilages of the ribs, rather than under the ribs themselves, so that this viscus lies, if the patient is examined in a recumbent posture, transversely to its natural position, its axis being in a line from the sternum to the axilla, rather than in a line from the mamma to the sterno-clavicular articulation, as in health.

Glossitis, *tonsillitis*, and *cynanche parotidea* are so many visible diseases from inflammatory enlargement of organs that I need not particularize them. Mention should here be made, however, of several most excellent points of practice which are pursued by the physicians in this hospital in the foregoing diseases. In the first place, whenever tonsillitis is running a severe course, the early exhibition of an emetic is usually very serviceable, at which time Dr. Hawkins is an advocate for the free use of the liq. argenti nitratis of the London Pharmacopœia; the tonsils are painted over with a camel's hair brush, and he then allows the patient to keep a lump of ice constantly in the mouth, until the subsidence of the inflammatory action renders this agent painful to the teeth, which before was so pleasant and alleviating in its effects. We lately had several instances of the value of this mode of practice in mitigating the distress which is experienced from tonsillitis. A young woman, aged twenty-five, was admitted, amongst others, (a) with such alarming symptoms of tonsillitis that she could not swallow, neither could we open the mouth sufficiently wide to enable us to

(a) This disease and the other two with which it is here grouped broke out in a severe form, as an epidemic, in the metropolis, during this spring (1847); and I never remember to have seen so many and such acute attacks of glossitis and laryngitis as I have done through this year.

see the condition of the fauces. However, after some trouble on my part, and suffering on hers, I succeeding in gagging the mouth wide open, by means of a stick between the molar teeth, when I found both tonsils meeting, and the uvula scarcely visible. I scored these glands freely with a lancet, making them bleed to the amount of an ounce or more. Yet this afforded but temporary relief, so that, at my evening visit round the wards, I found her suffering as much as she did previous to the scarification. I now had recourse to the above-mentioned plan, and painted the tonsils freely with the solution, and ordered some ice to be kept in the mouth during the night; when, to my gratification, I found the patient on the morrow's visit able to sit up in bed and take her breakfast, and swallow her medicine with comparative ease. I persisted in the plan for two or three days more, and she left the hospital before the week expired, quite convalescent. This admirable practice, I am satisfied, is more valuable than that unscientific mode of gargling the throat, so much thought of by many of the profession. We have here an inflamed set of glands, and the very muscles which must of necessity be brought into action during the use of a gargle, such as the constrictor isthmi faucium and the two constrictors of the pharynx, are thereby so impeded in their action that it is physiologically impossible for a gargle to irritate these bodies. They must, therefore, be attacked by some more available means than those of gargles, and the above plan meets these objections.

The occurrence of glossitis leading on to acute inflammation of the upper part of the pharynx and larynx has been unusually severe and general during this season, as I have already remarked. The patient has felt a slight sore throat, swelling around the angles of the jaw, and a swollen tongue, aphonia, difficulty in deglutition, and a sense of threatened suffocation, which have all supervened in six or ten hours; none of them have hitherto terminated fatally in this hospital. I must hasten to notice, in the first place, the very judicious practice of Dr. Seth Thompson in this formidable disease. He commences with the exhibition of one grain of tartar emetic in solution, and repeats the medicine in half-grain doses every half hour; he covers the throat with two dozen leeches, and renews them as soon as the former ones have ceased to bleed, surrounding the whole neck, from ear to ear, with a large linseed poultice, over which is a broad layer of oil silk; this poultice is renewed every three or four hours, and the comfort which the patient experiences from it is always very decided. He is allowed to have curtains around his bed, and every means are adopted to prevent a current of cold air passing to the head of the bed. In two or three instances bleeding from the arm was resorted to, but the influence of the tartar emetic usually dispensed with this practice. The disease was much more common amongst the female than the male sex, and occurred chiefly amongst those whose ages varied from eighteen to thirty.

Mumps have presented a severe form also during the last spring. Great relief was experienced from a large flannel soaked in hot decoction of poppies, or equal parts of this decoction and infusion of hops, and applied to the jaw. The evaporation of its warmth was retarded by a large piece of oil-skin over the flannel. In some instances a critical otorrhœa, or maxillary abscess, or gumboil, ushered off the attack, and the patient's convalescence rapidly followed.

(To be continued).

PROFESSIONAL INTREPIDITY.—An incident occurred to M. Recurt, Minister of the Interior, who is a surgeon, during the late insurrection. He entered one of the barricades with the captors, and found forty men lying on the ground in the blood and mire. "Ah!" said he, "this is in my line;" and very composedly took out a case of instruments. The effect of this action was electrical—the entire of the forty prostrate insurgents rose up as one man, and took to their heels.

NECROLOGICAL NOTICE OF ANTONY LOUIS PATRICK DA SILVA MANSIO,

Surgeon Extraordinary to their Imperial Majesties Peter I. and II., and one of the Gentlemen in Waiting to the former of these Monarchs, some time Surgeon-General of the Province of Cuyaba, and Deputy of his Imperial Majesty in the Council of the Junta da Fazenda, and Secretary to Government for the same Province.

By RICHARD DE GUMBLETON DAUNT, Esq., M.D. (Edin.), Member of the Faculty of Physicians of Rio de Janeiro; and Member of, and late Honorary Secretary to, the Parisian Medical Society; and Member of the Historical and Geographical Institute of Brazil, &c. &c.

"For if you do but watch the hour,
There never yet was human power
That could escape, if unforgiven,
The patient search and vigils long
Of him that treasures up a wrong."

The treasured hates of fifteen years were quenched on the 17th of January, 1848, in the blood of the remarkable man whose memory it is by the present publication sought to record. On the day just named, Antony Louis Patrick da Silva Mansio was murdered by the gun of an unknown assassin in his own coffee plantation, distant a few miles from the city of Campinas; thus closing the career of a man who had vast capabilities, perverted, indeed, in part, and rendered abortive by the social forms and prejudices of those among whom he lived, and against which his latter years were spent in an unavailing and solitary struggle, which degenerated at length into a confirmed misanthropy, the natural effect of the repulsive aspect of society to a man not only a parvenu, but also in intelligence and talent immeasurably before the state of civilization in his neighbourhood; crimes against that hydra, society, which were never more dearly expiated than in his case. Mansio was a native of this province, and born about A.D. 1790, in the city of St. Paul's. His father, a painter by trade, was an ingenious man, and, had a taste for art existed which would have allowed him to leave house-painting and employ himself in the study of the art of landscape or portrait painting, he might probably have distinguished himself, judging from a few specimens of his talents in these departments which have been preserved. His parents removed to Campinas while their son was still a child, and here died: the father being a leper for some time before his demise. His parents were both mulattoes, and in this fact was the centre around which revolved all the events of his subsequent career. The first destination allotted to him by fortune was the hereditary one of house-painter; and even for his services in this respect there was so little demand in Campinas, that he must have earned but a scanty subsistence. He was still, however, very young, and circumstances at this time brought him under the notice of my wife's uncle, his deceased Excellency Didacus Antony Feijó, some time regent of the empire, who, taking a great interest in him, allowed him to pass much time in his company, instructed him in Latin, French, and the elements of the physical sciences, and continued ever his friend and benefactor. By the advice of the Senator Feijó he applied himself to the study of medicine, and practised it for several years in Campinas, which place at that time was without any regularly educated practitioner. By this means he gained a tolerable subsistence, and enjoyed leisure for the continuation of his studies, which he prosecuted with ardour; at a later period he obtained a diploma in surgery from the Medico-Chirurgical School of Rio de Janeiro. The works of the French encyclopedists of the eighteenth century had penetrated even into the woods of Brazil (for Campinas was at that time a still uncleared country), and were obtained and read with avidity by young Mansio, who, dissatisfied with his position in society, adopted such of their doctrines as were in harmony with his feelings, and appeared among the astonished, simple, and superstitious population of Campinas a professed materialist—the only proselyte, perhaps, which the same class of writings has gained among the country inhabitants of Brazil. In 1823 Brazil became a free and independent empire, and brighter prospects seemed to open on the future of Mansio. Through the influence of his co-provincials, the brothers Andrada, who were intimate friends of Feijó, and to whom his progress in botanical science had especially recommended him, he was sent to the distant province of Cuyaba, with the title of surgeon-general, a now extinct office, whose attributions were the supervision of all matters relative to the public health and medical police. There he applied himself with energy to the study of botany, in which he had already made progress; and it is the amount of his attainments in this science which rendered him especially celebrated, and formed the link of connection between him and many of the most distinguished savans of Europe. Being expert in the art of drawing, he applied himself to forming accurate sketches of the vegetable productions of San Paulo and Cuyaba, and had a large and unique collection of these designs, whose publication would have been an invaluable benefit to the progress of our acquaintance with the Brazilian flora. This collection of drawings, as well as much valuable MS., has, it is feared, been destroyed—Mansio having for some time past been in the habit of using them as waste paper. Cuyaba being a province much explored by foreign scientific missions, Mansio there had opportunities of which he carefully availed himself of increasing his knowledge of the natural sciences, by intercourse with the distinguished men with whom he thus came in contact, and also there laid the foundation of those extensive relations with European scientific associations which he continued until his disgust with the world had reached a certain degree of intensity.

In Cuyaba Mansio married, became a widower, and married again, in both cases with white ladies of good family; his first wife bore three children, a son and two daughters; the second marriage was unfruitful. During the latter years of his residence in Cuyaba he took a large share in politics, and was exceedingly hostile to the ultra-monarchic party, chiefly composed of European Portuguese; and this hostility became one of the chief sources of his subsequent unhappiness. It was also while in Cuyaba that he amassed a fortune of about £10,000 sterling, which he afterwards augmented; for, contrary to what is usually observed among followers of the natural sciences, Mansio was exceedingly active in all his monetary affairs. His office of deputy of the imperial person in the Junta da Fazenda gave him the title of excellency. In the year 1833 there occurring an election of a deputy to represent the province of Cuyaba in the Brazilian parliament, Mansio, by a successful and secret intrigue, secured the votes of all the mulatto electors, who in that province are numerous, and so excluded the recognised candidates of both the political parties. On this occasion he retired hastily from Cuyaba, and, a few days afterwards, there broke out a revolution, in which occurred a general massacre of the European Portuguese there; and of this massacre he is alleged by many to have been the plotter. For his supposed share in these troubles he was prosecuted, but acquitted; from this moment, however, his existence ceased to be secure; a succession of attempts, all involved in the deepest mystery, were made on his life, and on two occasions the assassins retreated, leaving some of their number dead. He asserted that a numerous gang was kept on foot by unknown persons at an enormous expense for the purpose of taking his life; and though many were inclined to think the attacks on his house motivated by a desire of plunder, from the popular belief that he had large sums of money always in his own keeping, there is now every reason to credit his statement, and that he fell a victim to the vengeance of the relatives of those who suffered in the massacre of the Portuguese in Cuyaba. In the whole duration of the legislature in which Mansio represented the province of Cuyaba, he spoke but twice: once in a debate on the political state of that province, in which he endea-

voured to clear himself from the imputations cast upon him; and again on introducing a project of a law to reform the system of weights and measures in Brazil. This speech was a profoundly able one, and evinced considerable acquaintance with the exact sciences. When the occasion arrived for electing a new parliament, Mansio did not find himself re-elected, and, having resolved on abandoning public life, he purchased an estate near Campinas, whither he removed with his family. And now occurred the event which, acting on his peculiarly organized character, rendered him the monomaniac which in charity let us believe that he remained up to his last hour: this was the death of his only son, a most talented and promising boy, whose education had been conducted with the greatest care, and who was already much advanced, being already a proficient in the hereditary art of drawing, and possessing that most rare accomplishment even now in Brazil—a knowledge of the Greek language, which the subject of this memoir had studied chiefly to be enabled to instruct his son in it. Mansio, desirous that his son should be perfect in various physical exercises, had directed him to learn the art of swimming, in a pond near the house, under the care of an attendant; and it was while thus engaged that he was drowned, a few days after the removal of the family to the estate. In accordance with Mansio's views, he was interred on the estate without any religious ceremony, and popular belief adds that he died unbaptized. From this day forward Mansio was without an object in life, and his further existence answered to the description of his own by St. Gregory the Nazienzene—

"Ast ego jam mundo sum mortuus, hincque pusillum
Jam spiro, atque urbes vito, hominum que genus.
Cum scopulis, trucibusque feris ego dego, domumque
Petram habeo; hic vitæ tempora solus ago."

He now broke off all his friendships, save with three or four persons whom at long intervals he visited. In the city of Campinas he never appeared, and his eccentricity developed itself still further in the style of dress he adopted. His trousers and shirt were of a very coarse cotton cloth, made in the country and worn by slaves; his hat was of coarse straw, and generally torn; and, as long as it held together, he wore a jacket, which consisted of his court-dress coat resplendent with gold lace minus the inferior half, he having unceremoniously amputated the coat at the waist. An ordinary man would look strange enough so habited; but the effect will appear still more grotesque, after describing his personal appearance, which, to those familiar with Scott's novel of "The Black Dwarf," needs no description, for it would almost be a simple repetition of the form and features Scott there gives to the individual he describes as the Black Dwarf:—a head much larger than the ordinary size; arms long to deformity, with gaunt, bony hands; stature short, but large boned; the features denoting intellectual and moral power, and the whole appearance to a stranger singularly repulsive. Few persons visited him; and those whom wanton curiosity might have led to intrude upon his privacy were effectually deterred by the large and savage dogs he kept about the place, and by the armed sentinels whom they must satisfy as to the purpose of their visit before being allowed to approach the house. Mansio had a taste for horticulture, and his garden was one of the best stocked in Brazil with European vegetables. He was untiring as an agriculturist, and, in strange disharmony with his avowed sentiments on social organization, was a most severe master to his slaves,—one of the very few slave-owners who treated their Negroes with harshness. It should be noted, however, that a part of his eccentricity consisted in buying all the vicious blacks which were offered him, so that his slaves for the most part were criminals, who, had they been free Englishmen, would long previously have been hung or transported; and therefore his severity was not unreasonable, and his caprice thus made him executioner-general of the police of the district. All who were born on his estate remained unbaptized, and all who died there were thrown into one common pit.

At the time of the revolution of 1842 in this province he was, though but little involved in it, singled out as an especial object of persecution by the Legalist party, made prisoner, and conveyed to the city of San Paulo under circumstances of the greatest brutality. He was soon liberated; but this treatment, and the neglect he experienced from his own political friends, increased greatly his distressing melancholia. His bodily health had now likewise become impaired, and organic disease in the liver was added to his misfortunes. Against bodily ailments, however, he resisted with surprising fortitude, and, being a great advocate of counter-irritation, he treated himself almost solely on this principle, keeping open constantly two or four blisters on his abdomen and lower extremities, and going about his usual occupations at the same time. As a practitioner Mansio never attained any celebrity; his opinion was, however, much esteemed by various of his former friends, and occasionally was sought for by them. I saw Mansio but once, which was during an illness of my father-in-law; and on this occasion he said but a very few words, and showed considerable embarrassment, which may have been affected, or was perhaps owing to his strong antipathy to society, and especially to that of strangers. His only published scientific work to be met with in Brazil is a catalogue of the purgative productions of the three kingdoms of nature indigenous to Brazil, in which he consigns several of his botanical discoveries; but I believe that the transactions of several learned societies on the Continent contain communications from his pen. Should anything of value be discovered among his papers, it will be the endeavour of the writer of this sketch to give it the publicity which the unhappy mental condition of its author denied it. It should here be stated that, during his residence in Cuyaba, Mansio omitted the "i" from his name, writing it thus, "Manso," which means, in Portuguese, tame, quiet, gentle. This was a singular caprice, and intended as showing the great antithesis between his name and feelings. His enemies called him the "Gentle Tiger," or "o Tigre Manso," as a derisive epithet. He continued from time to time to be recalled to public recollection by the notice of fresh attacks made on his life, and on several occasions his house was assaulted by numerous gangs, whom, however, he succeeded in beating off; and, the better to protect himself, he put his house into a regular state of defence, furnishing it with pieces of of artillery, loopholes for the discharge of musketry from within, &c. A life so harassed, and the mysterious and unknown source whence proceeded these murderous attempts, together with his bodily infirmities, and the cool reception or repulsiveness shown him by most of those with whom he came in contact, reacted with force on his acutely susceptible and eccentric nature, and rendered him the victim of a monomaniacal apprehensiveness that all around him had conspired against his life, which at length led to the perpetration of his last public act; and this was the murder committed by his order, close to his own house, of an unoffending carpenter, whose horse he had previously killed, and for whose death no other motive can be imagined than that he had suspected him of being in the interest of his enemies. On the commission of this murder being known, the public indignation was most warmly excited, and no allowance was made for the mental state under which the deed was perpetrated. The authorities, however, by a most culpable inertia, found means to delay the taking any active measures, and wished, doubtless, to allow Mansio time to escape. Many of his former friends urged him strongly to seek an asylum in some other country; but by a strange infatuation he refused to leave his estate, and appeared to be convinced that he had enemies who would track his steps to whatever corner of the earth he fled, and, at the same time, showed an utter indifference to the result of any steps the authorities might take with respect to the murder committed on his grounds, and as was alleged, and no doubt with truth, by his order. He appeared to think that his position, as a member of the imperial household, must render the judicial authorities anxious to avoid the scandal of a public trial, and also that the death of a carpenter was an affair of too little moment to occupy his attention; for amid all his various opinions founded on the atheistic and democratic French writers, and, with the consciousness of his mulatto blood and mean origin, Mansio conserved a degree of *morgue* and supercilious self-esteem, based on his estimate of his own personal merits, which, among the noblest born of Europe, it would be difficult to equal. He therefore continued to pursue his usual mode of life until the 17th of January of the present year, when, being in his coffee plantation, he received a ball in the loins, fired from a neighbouring wood. He survived but an hour, and expired without seeing any of his very few remaining friends, who, on learning the intelligence, hastened to his aid and consolation. The assassin escaped, leaving not the slightest trace which might lead to his detection. The last moments of this extraordinary man were calm and undisturbed; and he maintained the same strange impassibility which, in all trying circumstances, he had been wont to display. He was surrounded by his wife and daughters, whose education he had conducted with great care, and secured to them one of a kind rarely met with in the interior of Brazil. The corpse is represented as having had a most ghastly aspect; the peculiar conformation of the body, the unshorn nails, and beard reaching far down the breast, with the mode of death, all contributed to this. The vicar of Compinas, his violent political enemy, offered a feeble resistance to his interment in the cemetery, on the ground of his avowed disregard for all religious doctrines, and absolute disbelief in Christianity, as evidenced by his omitting to have baptized the children born on his estate. Such rigour, however, was too far out of harmony with the current practice and latitudinarian spirit at present fashionable in Brazil, to permit this resistance of the vicar to be effective, and would also have given rise to unpleasant reprisals; he was therefore privately interred in the public cemetery on the day succeeding his death.

Thus miserably terminated an unhappy life,—a man who must be numbered among the greatest Americans, and who, had he been born in circumstances which would have rendered him the favourite of society instead of its outcast, its assailant, and, finally, its victim, would have made his fame as diffused as that of the greatest of the world's celebrities; and, to make this evident, it suffices to recollect his origin, the difficulties which his indomitable perseverance removed from the road to his acquirement of knowledge, and, finally, the elevated dignities to which, in spite of his firm, unringing character, he rose, and to be convinced that he had in him true elements of greatness. At the present moment his crimes, real or alleged, almost alone occupy the public mind; but I feel assured that when the excitement now prevailing shall have passed away, and shall allow his conduct and the circumstances of his life to be fairly judged, that all or most of these will be ascribed to their just cause, MONOMANIA, and that his name will be ranked along with those of our greatest Paulistas, the Buenos, Guzmans, Andradas, Feijó, and others, who have rendered the ancient captaincy of San Vicente, now the province of San Paulo, so renowned as the cradle of Brazilian genius and patriotism.

Campinas, province of San Paulo,
Brazil, Feb., 1848.

Professor Syme has been permitted to withdraw the resignation of his professorship in the University of Edinburgh, and will resume its duties in the approaching session.

PROGRESS OF MEDICAL SCIENCE.

Revaccinations in the Prussian Army.—The total number of men vaccinated was 43,264; the number of those who bore marks of a former vaccination in a decided manner, 34,264; ditto with the marks not very distinct, 6405; ditto with the marks not visible at all, 2927. The vaccine virus developed itself satisfactorily in 25,544; very irregularly in 7425; and not at all in 10,627. The vaccinations which had yielded no results were repeated; they acted in 2718, and failed entirely in 8952, cases. In consequence of the present vaccination, there were developed from one to five vaccine pustules upon 13,295; from six to ten upon 8164; from eleven to twenty upon 5767; from twenty-one two thirty upon 1036 of the men. Amongst those who were vaccinated in the year 1847 there was, within the same year, no case of varicella, none of actual smallpox, and one only of chicken-pox. The lymph was obtained from vaccinated children or grown-up persons. It is remarkable that amongst those who were subjected to revaccination there were several who had had the smallpox before, yet upon whom the vaccine matter produced the usual pustules.

Case of Gunshot Wound of the Neck.—Dr. Gross, of the University of Louisville, relates the case of a lad, fourteen years of age, of a scrofulous constitution, who was wounded by the accidental discharge of a gun. The principal part of the load, which consisted of large squirrel shot, was expended upon the extremities of the fingers, the wrist, and forearm of the same side, producing a deep lacerated wound in the direction of the bend of the elbow, while the remainder entered the anterior and lateral portions of the neck at four or five different points. Three or four of the shot entered together immediately above the middle of the clavicle of the right side; one perforated the trachea; another lodged in the region of the right internal jugular vein; and a third penetrated the skin a short distance from the left border of the windpipe, passing about one-third around the neck in the subcutaneous cellular tissue, in which it could be distinctly felt. The wounds were attended with little hemorrhage, and the patient soon recovered from the shock consequent upon the injury. The next day there was some traumatic fever, with slight emphysema around the opening in the trachea, some difficulty in swallowing and expectoration, and an increased secretion from the air-passages. A gentle laxative was prescribed, and the cold-water dressing continued. For a time everything went on favourably; the wounds in the neck healed without any application, the sore in the forearm became covered with healthy granulations, and the general health seemed to be perfect. Suddenly, however, thirteen days after the accident, and without any premonitory symptoms, the patient was seized with a protracted epileptic convulsion, chiefly affecting the left side, and died the following day without any return of consciousness. It was found at the autopsy that the shot that had perforated the trachea had passed also through the œsophagus, and was imbedded in the fibro-cartilage between the third and fourth cervical vertebra. The œsophagus at this point was separated from the spine by an abscess, extending from the second to the seventh cervical vertebra, and containing about three-fourths of an ounce of scrofulous pus. The openings made in the windpipe, and the anterior wall of the gullet, were closed, but the one in the posterior wall of the latter tube was still patent, and communicated with the cavity of the abscess, without, however, permitting any escape of its contents. The parts around the purulent depôt were indurated by a copious effusion of lymph, which, on the left side, intimately glued together the common carotid artery and jugular vein, the pneumogastric and sympathetic nerves, and with the descending branch of the ninth pair. One of the shot which entered above the clavicle of the right side had perforated the subclavian artery, and lodged in the first rib. The calibre of the vessel was perfectly pervious, and the openings in its walls were beautifully closed by a small clot extending around the outside of the tube. Upon removing this clot, which was the only effused blood in the neighbourhood, the margins appeared as if the wound had just been inflicted. No marks of inflammation of the artery were observed. The remainder of the shot that entered at this point were found upon the same rib, on the outside of the brachial plexus of nerves, completely encysted. The shot that entered the region of the right jugular and carotid had perforated the anterior wall of the former vessel, and lodged on the inner surface of the opposite wall, where it had become completely encysted. The vein bore no evidence of inflammation; its cavity, however, was somewhat diminished by the projecting cyst; the opening in front was perfectly closed, and there was no external or internal clot. No morbid appearances were discovered in the brain or spinal cord, except a little serum in the lateral ventricles of the former.

Ligature of both Primitive Carotids.—Dr. G. C. Blackman, on the 24th of August last, tied the right primitive carotid artery of a boy about fifteen years of age. The circumstances which gave rise to this operation were as follows:—Some two years before, a surgeon had attempted to remove what was supposed to have been a polypus from the right nostril. In this attempt he was but partially successful, and the failure was attributed to the restlessness of the patient, &c. &c. But there is reason to believe, from facts subsequently developed, that the fleshy growth proceeded originally from the right maxillary sinus, instead of from the nose itself. This firm vascular mass continued to increase in size, and so to encroach upon the left nostril as to prevent the patient from breathing through either nasal aperture. It was subject to frequent attacks of bleeding, and the boy's health was rapidly failing. In this condition he consulted one of the oldest and first surgeons in New York, who made another attempt to remove the fungous growth which protruded from the nose, but was obliged to desist in consequence of the excessive hemorrhage to which it gave rise. During the interval which passed from the time he left New York (in May till August) the disease had become much more extensive than it was at the time this last effort at its extirpation had been made. The right cheek had become enormously swollen, and there was a small tumour just beneath the skin and about an inch below the external angle of the eye. The attacks of bleeding had now become more frequent, and it was evident to all that, unless the disease was checked, the patient could survive but a very short time. The carotid artery was tied, and nothing worthy of note occurred during or after the operation. The ligature came away on the thirteenth day, and the whole wound was soon healed. The effect of this proceeding was most decided in arresting the growth of the morbid mass, and in diminishing the tumefaction of cheek. In the course of a fortnight, however, he began to complain of considerable uneasiness about the junction of the upper lip with the right ala of the nose, at which point there was some swelling. The cause of this was soon explained by the appearance of a fungous growth on the under side of the upper lip, which increased so rapidly as to protrude, in four or five days, something like an inch below its margin, and which prevented him from longer taking solid food. Besides, it bled repeatedly, and it became very soon apparent that, unless the left carotid was tied, all that had been gained by the first operation would be lost. Three weeks after the first operation, the mass which protruded from the nose was shrivelled, and instead of the red, vascular appearance which it before presented, it was now of a dark colour. The septum of the nose and the left nasal aperture, which were before concealed, were now distinctly visible, and, with the exception of the fungous growth in the mouth, the patient's appearance had considerably improved. The livid appearance of the skin over the little tumour below the outer angle of the eye had changed for the better, and the tumour itself had decreased in size. During the last operation, one or two circumstances occurred which it may be well to mention. The ligature in this instance was placed above, whilst in the other just below, the omo-hyoideus. A large vein was seen running parallel with the artery, just above its sheath, and every precaution was taken to guard against the admission of air. In neither case was the *par vagum* exposed, the carotid sheath having been opened to an extent barely sufficient to admit the aneurism needle. When the ligature had been carried round the artery, the patient was carried to his bed, and allowed to remain with his head low for some twenty minutes, at the end of which time the first knot was gradually drawn. The patient was then asked if he felt anything different from usual. He replied, he thought not. This was no sooner spoken than vision in the left eye was lost. In half an hour his sight had become partially restored, the second knot made, and the wound closed. From this moment not an unpleasant symptom followed, with the exception that for some weeks his memory was impaired, and he did not perfectly regain his sight. Both these faculties now (six months after the operation) seem to be of their natural strength. The last ligature came away on the fourteenth day, and in a day or two after the wound was united. To see whether allowing both ends of the ligature to remain would, by the more copious suppuration which it might produce, expedite its detachment, in the latter instance one end was not cut off; but it was not separated until the fourteenth day. In less than a week from the last operation, the protruding growths, both from the nose and mouth, had dropped off. His tongue, which for weeks had been coated, became clean; his appetite good, and in a few weeks he was able to ride, as he did, some thirty miles. His strength is now about natural; the swelling in his face is constantly subsiding; there is no trace remaining either of the fungous mass in the nose, or of that which protruded from the mouth.

The Taxis in Strangulated Hernia.—By the taxis alone, observes Mr. Hunt, in "The Provincial Journal," conducted on principles based on anatomy and physiology, and continued for a much longer period than is advised in any standard work of surgery, a strangulated hernia may be reduced long after the occurrence of symptoms which, in the opinion of the best authorities, would not only indicate the urgent necessity for a division of the stricture, but would interdict all further manipulation of the tumour as a mischievous and hopeless expedient, as a wanton trifling with the patient's life. The operation for hernia is full of dangers. Simple and easy in its performance, it too frequently fails to save the patient's life to justify its hasty or indiscriminate adoption. On the other hand, the gentle and patient employment of the taxis is attended by no danger whatever; the force applied to the tumour is regulated by the principle of hydrostatic pressure, and is no more likely to bruise or inflame the contents of the tumour than pressure upon the projecting membranes of the parturient uterus is liable to bruise the fœtal scalp, surrounded as it is by the protecting liquor amnii. It is, indeed, rare that the pain of a strangulated hernia becomes sensibly increased by a discreet application of pressure to the tumour, even if inflammation has already taken place. All inflamed surfaces are relieved by the steady application of equally diffused pressure. The unduly dilated bloodvessels are supported and sustained, the venous circulation is promoted, and the increased action of the arterial capillaries is checked and confined to definite limits. The fluid contents of a hernia are admirably adapted to regulate and diffuse the pressure from without. Every part of the tumour must receive an equal impulse from any degree of pressure which tends to contract its bulk, and, so long as the circulation is going on in the solid portions of the tumour, pressure from without must take effect upon the veins, reducing their bulk, and at the same time checking the force of

the entrance of blood by the arteries. The wonder is, not that the taxis should succeed occasionally in cases condemned to be operated upon, but that it should ever fail to reduce a recently-protruded hernia.

Extraction of a Needle from a Child under the Influence of Chloroform.—Mr. Moore, of Moreton-in-the-Marsh ("Provincial Journal"), was called to a child, aged two years, suffering great pain from a swelling of the abdomen. There was found a slight projection of the integument immediately below the umbilicus, beneath which a hard pointed body could be felt, by pressing upon which the child's sufferings were much increased. It was determined to remove the foreign body while the patient was under the influence of chloroform, and forty drops of that fluid were sprinkled upon a lawn pocket-handkerchief, which was placed over his mouth. A few inspirations sufficed to produce a state of anæsthesia. An incision being made, a rusty needle, about two inches in length, the point of which was directed to the surface of the body, was extracted with a pair of forceps. The child remained insensible during the operation, and for several minutes afterwards. When the wound was dressed, the child's face was sponged over with cold water, which caused him to stretch himself, and rub his eyes; but he immediately sucked his thumb, his usual custom when going into a natural sleep, in which he continued for four hours. He passed a good night, and has since had no unpleasant symptoms. The wound healed by the first intention. Nothing is known as to how the needle reached its unnatural position. The transition from a state of anæsthesia to one of natural sleep, without an intermediate state of consciousness, was most singular. Altogether the effect of the chloroform was most gratifying, as not the slightest ill consequence ensued from its exhibition.

Traumatic Trismus successfully treated.—Dr. W. W. Valk, of Flushing, U.S., records in "The American Journal, the case of a young lady who ran a large splinter into the thumb of the right hand, which was followed by symptoms of lock-jaw. In the treatment of the case, the efforts were principally directed to sustaining a stimulant and sedative action upon the nervous system. For this purpose, extensive and continued vesication was maintained along the whole course of the spine; calomel and acetate of morphia prescribed; assafœtida, laudanum, and tobacco injections given The patient appears to have derived considerable benefit from the administration of large doses of acetate of lead combined with opium,—ten grains of the former combined with half a grain of the latter being given every hour. The preparation of lead was given at the recommendation of Dr. Mackaie of New Orleans, who had cured a severe case of opisthotonos with this medicine.

Poisoning with Pepper.—Dr. Ritter records the case of a miller, suffering from diarrhœa, who took at mid-day a handful of pepper in a glass of brandy, and, as the disease persisted, repeated the dose at night, and ate at the same time two salt herrings. The diarrhœa ceased. In the morning after breakfast he was seized with severe tormina, especially in the umbilical region, with occasional vomiting of green matters. At mid-day the pain was constant, with occasional aggravations; the abdomen not distended, and moderately tender on pressure; the pulse strong, full, and slow; face, eyes, and tongue, highly injected. After a full bleeding the pulse became soft and free. He took almond emulsion with extract of hyoscyamus, milk for drink, and had two enemata of gruel and oil. Next day the countenance was collapsed; the belly very painful and distended, and in the right iliac region a red, hard, painful swelling as large as a fist; the pulse small, sharp, and very frequent, and severe pain in making water. He was again bled and leeched, anointed with mercurial ointment and the *oleum coctum hyoscyami*, cataplasms applied, and two grains of calomel given every hour. Next day his condition was worse; the eyes sunk and surrounded by a blue circle; the nose sharp; pulse very frequent and small; the vomiting more urgent, and hiccough for some hours; the tumour softer and less tender; but the inflammation obviously extended upwards to the stomach. At night the extremities were cold; the pulse uncountable; hiccough and vomiting, and severe pain in the belly, which lasted till next morning, when he died. A dissection was not allowed. The inflammation proceeded from below upwards, from the pepper not acting powerfully, till it descended to that part of the canal irritated by the diarrhœa.

The Cold Bath in Cholera.—Giacomini observes that the cold bath during the algide period is immediately followed by heat of skin, elevation of the pulse, cessation of the cramps, and freedom of respiration. Therapeutics up to this time does not possess a more efficacious and prompt remedy wherewith to combat the cholera than the cold bath, the passage in the vessels being obstructed by vascular hyposthenics. It is important, however, that in this mode of treatment the cold applications should not be alternated with warm, as the employment of these last may become very hurtful.

Examination of the Nasal Secretion in Glanders in the Horse.—In the earlier stages of the disease Professor Landerer, of Athens, records that the fluid which flows from the nostrils is without smell, or any other conspicuous property; but, as the disease advances, it becomes green or reddish-coloured, of a slimy consistence, and nauseous odour. In the former stage it is slightly acid to test paper, coagulates by boiling, with a distinct odour of acetic acid, and is precipitated in white flocks by alcohol and ether. In the latter stages it becomes alkaline, evolves ammonia when heated with slaked lime, and blackens silver instruments, owing to the presence of sulphuretted hydrogen. Accurate examination proved the fluid in the later stage to contain muriate and hydro-sulphuret of ammonia, salts of sulphuric acid, watery extractive possessing a very disagreeable odour, a rancid fatty matter, containing sulphur, albumen, phosphate, and carbonate of lime.

Formation of Images on the Retina.—Baly and Kirkes remark that it has been found by Volkmann that, in order to perceive the image of a bright object depicted on the retina of a human eye, it is not necessary to make an opening into the selerotic and choroid coats, as formerly directed, for it can be perceived through these tunics almost as distinctly as through the transparent tissues of the eye of the white rabbit or other albino animal. Moreover, he has found that this image may be observed in the eye even of a living person. For this purpose an individual should be selected in whom the eyes are large and prominent, and whose sclerotica possesses an unusual degree of transparency, as denoted by the bluish tint which it presents through the conjunctiva. When such an eye is directed as far outwards as possible, and a luminous object is then placed at the outside of it, at an angle of from 80° to 85°, the image of this object may be detected at the inner angle of the eye appearing through the transparent selerotica. Sometimes this image is so distinct that the inverted position in which the object is depicted on the retina may be clearly discerned.

Placentitis Occurring Twice in the same Woman.—Dr. Van Hengel attended a woman, thirty-three years of age, who was delivered of a child, of whose death there had been distinct signs three weeks previously. The fœtal portion of the placenta had degenerated into a substance resembling cartilage, of a greyish-white colour; on the uterine surface it was still spongy and porous in several spots. Two years afterwards the woman was again near the time of her delivery. She stated that between the seventh and eighth month she had had a slight attack of fever, after which she was seized with severe pain in the right side of the abdomen, in which part she felt as if there were a weight lying within her; at the same time she suffered from thirst, sleeplessness, headache, and loss of appetite. Subsequently she was troubled at various times with bloody, watery, and purulent discharges from the vagina. The pulsation of the fœtal heart could not be heard, nor could any movements of the child be felt by the mother or her medical attendant; and at the same time she complained of nausea and a sensation of cold in the belly. Some days after, she was delivered very quickly of a child which appeared to have been long dead. The placenta was circular, curled inwards at the edges, greyish-yellow in colour. On the fœtal surface it was dark-brown or almost black; and it was so indurated as not to bend when held out by one point.

Influence of Tobacco on Health.—Dr. Buretti, of Turin, maintains that all the statements which have been made respecting the pernicious influence of tobacco on the health, either of those who manufacture or those who use it, are mere fables, and that the bad effects ascribed to the tobacco are due to other causes. The observations on which these conclusions are founded were made in a large manufactory at Turin, which employs 600 work-people, of whom 400 are women and 200 men, who sleep in a part of the establishment. Children are not admitted to the work till from twelve to fourteen years old. M. Mellier has supposed that the workmen absorb nicotine from the air, and undergo a process of slow poisoning. But that is a mere hypothesis; for all the analyses hitherto made of the atmosphere of tobacco manufactories have failed to detect any nicotine in the air. Nicotine is a formidable poison, and would produce rapid effects if absorbed in this way. On the other hand, the diseases which have been treated in these manufactories have been generally acute inflammations, accompanied by buffy blood, &c., but not of great intensity. The lean condition and yellow complexion observed in tobacco-workers are not peculiar to them, but are met with in other artisans. This tint is not met with so much among those who work with the fermenting tobacco, where, if anywhere, nicotine would be diffused, but occurs chiefly among those who are exposed to the dust of the leaves when they are spread on the ground for the purpose of moistening them. This powder, being dry, contains no nicotine. The yellow tint observed in those who grind tobacco is owing to dust adhering to the exposed portions of their bodies, and is removable by washing. The females and children are lean, but this is owing to defective food. Those who can afford to support themselves well are healthy and fat. Acute rheumatisms are frequent among the tobacco-workers; they are cured by repeated bleedings. Phthisis is rare among them. Epidemics of typhus and other disorders, when prevailing around, have been remarked to be less prevalent among the tobacco-workers. The duration of life among them is as great as in other classes of the population. Some of them live to a good old age. Near the manufactory in Turin, at the confluence of the Dora and Stura with the Po, is a paper factory. The proportion of sick is always greater in the latter, owing, no doubt, to the greater humidity to which the paper-makers are exposed. In the tobacco manufactory there is a department for making sheet-lead cases for the packages of tobacco. Colic, spasms, convulsions, and other affections caused by lead, have been observed there; but such symptoms are never seen among the tobacco-workers. The use of tobacco, either by smoking, snuffing, or chewing, is not in the least degree hurtful.

Heating Power of Low Charges of Electricity.—In a lecture delivered at the Royal Institution, on Saturday last, Mr. Faraday demonstrated by a simple experiment that coal-gas might be ignited by a very feeble electric spark. He insulated on a glass stand a globular iron vessel containing the condensed gas. He then applied to it, twice, a glass tube which had been each time rubbed with a hare-skin. On applying the point of the forefinger near to the mouth of the jet from which the gas was escaping, the small spark which escaped was sufficient to ignite the gas.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

The author of this work is known throughout Europe as a distinguished philosopher and cultivator of science; and the name of Prout in the titlepage would in itself offer a sufficient guarantee for the value of the text. The present is the fifth edition (by no means limited ones), yet the two first were much more heavy in the sale than the three subsequent ones. We therefore hail the more rapid sale of these three last editions, not as a tribute to the reputation of the author, but as an indication of the attention which the profession has begun at last to bestow upon one of the most interesting and important classes of disease. Wollaston first directed attention to the composition of calculi; Marcet published a book upon calculous disorders, which reached a second edition; and the author of the present volume produced his celebrated "Inquiry into the Nature and Treatment of Diabetes, Calculus, &c.," of which the present work is a much more elaborate and comprehensive form.

Dr. Prout, in the Gulstonian Lectures, delivered some years since at the College of Physicians, divided the proximate alimentary or staminal principles into four great classes,—the aqueous, the saccharine, the albuminous, and the oleaginous. These are the principles of nutrition and secretion, &c. The means or power of applying these principles to the purposes of animal support is named "assimilation."

Organic matters deprived of vitality, and left to the natural reaction of their own component elements, speedily undergo decomposition and decay. The essential elements are nitrogen, carbon, hydrogen, and oxygen. The mineral kingdom, on the contrary, has appropriated not only the above but a much more extended range of elements. On further comparing the organized kingdoms with the mineral, we are surprised to observe, with such paucity of materials, such complexity of structure and of function in the former, while the latter exhibits comparatively the greatest simplicity. But in organized bodies the greatest instability prevails, for, unless under the influence of vitality, their elements dissociate or enter into new arrangements and combinations, and these changes continue either till the whole organization is broken up, and the elements set free, or till they enter into more stable and permanent modes, such as are distinctive of mineral bodies. Mineral bodies have no inherent power of change, and whatever alteration occurs in them results from foreign or external agencies.

Organized bodies at rest would soon give way and yield to their tendency to decomposition; and this we find occurs even in the living body when a part has been deprived of its vitality. This tendency to decomposition is held in check in the living tissue by motion or incessant change. There is going forward a constant absorption with removal and replacement of tissue; and wherever these alternate movements cease, death of the part followed by speedy decomposition ensues.

In the Gulstonian Lectures before alluded to, Dr. Prout treated upon these subjects under the titles of "primary and secondary assimilation." These processes are thus defined by Dr. Prout:—

"The processes of assimilation, in the general sense in which we here use the term, include every process directly or indirectly concerned in the assimilation of the alimentary matters before mentioned into the textures of a living animal body. In this sense of the term, therefore, the processes of assimilation may be divided into two great classes, which, from their relations to each other, may be termed the primary and secondary assimilating processes. The primary assimilating processes comprise the process of digestion, and all the intermediate processes up to sanguification inclusive; while the secondary assimilating processes comprise the processes by which the different textures of which the living body consists are first formed from the blood, and are afterwards redissolved and removed from the system."—Page 466.

Of the alimentary matters taken into the stomach, part of them only is fitted for asssimilation and nutrition; the unassimilable portions, like the effete tissues when reduced, are expelled from the body by some one or others of the emunctories. Thus the fæces are directly voided, and may be said not to enter the system at all. But other articles equally unsuited for the purposes of the economy enter the blood, and pass through the system, but, arriving at the proper emunctory, are there separated and finally expelled. Now, the emunctories by which the useless and the effete and injurious principles are voided from the system are the lungs, the skin, the kidneys, and no doubt, to a certain extent, the liver. The urine is one of the chief means of voiding certain of these principles, and, consequently, its properties and other characters will vary not only in proportion as the structure and functions of the secreting agents themselves, the kidneys, may be vitiated, but also as the nature of the different ingesta may affect the composition of the urine. Hence, then, the properties of the urine become valuable indications of certain of the morbid phenomena of the economy. These subjects receive a most elaborate discussion, and a luminous elucidation, from the author of the present volume.

In the first chapter the pathology of the aqueous assimilation and secretion forms the principal topic:—"In a perfectly natural condition of the system, when water is taken in large quantity, even during the process of digestion, it interferes less with the functions of the stomach than might be expected; for, by a beautiful provision, the superfluous water is immediately absorbed into the sanguiferous system, or passes downwards into the bowels. Of the portion taken into the blood, so much is appropriated as is required to maintain its fluidity, while the excess, if any, is expelled from the system,—during the summer chiefly by the skin and lungs, and during the winter by the kidneys. This escape of water from the system, as in all vital operations, is rendered subservient to another important purpose. Together with the water, and in solution in it, various effete and noxious matters are removed, the retention of which would prove fatal to the economy. Such matters pass off with the water from the skin and lungs in abundance, though their nature is imperfectly understood; the matters which pass off with the water through the kidneys, and constitute the heterogeneous ingredients of the urine, form a principal object of inquiry in the present volume."—Pages 6, 7.

But although, in a healthy state of stomach, the water which would impede the digestion is evacuated or thrown off by some of the outlets from the system, if the digestive functions be languid, or the powers of the stomach weakened, the fluids taken remain in the stomach, impede digestion, and produce acidity. Under such circumstances the alimentary solids are either imperfectly digested, or converted into unnatural principles, and hence distention, flatulence, &c., till they are ejected; or the imperfectly digested food, escaping into the duodenum and bowels, irritates them and deranges their functions. Nor is this all: the fluid portion, impregnated with noxious principles, and absorbed into the system, causes a general irritation, till at last, separated, they are expelled mostly by the kidneys, not, however, without serious detriment to these organs. "A leading practical inference," says our author, from these remarks is, that individuals who are subject to stomach derangements should carefully abstain from the admixture of fluids, as soups, &c., with solid food, and, consequently, postpone the use of diluents till the digestive processes are completed."—Page 8.

With regard to the appropriation of water during the processes of assimilation there is little satisfactory to offer; that is to say, of what part it performs in the phenomena little is known. Dr. Prout calls it a vital act, but offers no solution or explanation of its nature. However, it always takes place slowly and never "*per saltem*." As an illustration, the author instances the facts,—"that the alimentary matters during their reduction into chyle, are gradually and slowly combined with water; and that, on the other hand, the chyle, during its conversion into blood, is gradually raised or separated from its associated water." Water, in all probability, acts in a two-fold manner: in some of the appropriations, it is perhaps a necessary constituent, that is, it enters as an element into the organization of the tissue, and which perhaps could not exist without its associated water. We have instances in illustration in the other kingdoms of nature. Nitric and oxalic acid cannot exist insulated; and their most simple modes, perhaps, are those of combination with water; abstract this water, and their organization or composition is instantly broken up. Water may possibly play a similar part in the composition of certain of the living tissues; and its abstraction may be one of the means resorted to by nature for the disintegration of these tissues, previous to their removal as effete matters from the system. In other cases, water, no doubt, is decomposed; and its elements—hydrogen and oxygen—appropriated separately and individually to the composition of tissue. And even under such an appropriation the elements may be made subservient to disintegration, by reuniting the elements so as to form the original compound. As an illustration, sugar is a compound of carbon, hydrogen, and oxygen. The affinity of sulphuric acid for water is so great that it disposes the elements, though separate and distinct in a compound, to unite themselves into water, which, when so formed, immediately combines with the acid, setting the carbon free. Hence strong sulphuric acid, added to sugar, becomes black, from the generation of water and the liberation of carbon. By some similar modes of operation the disintegration of what may be termed anhydrous organized principles may be effected.(a)

The pathology of the saccharine assimilation and secretion forms a sort of introduction to the history of diabetes. In health the blood affords no evidence of the existence of sugar actually or fully formed, even though sugar should form a large proportion of the aliments. It is, therefore, inferred that the saccharine principle must be convertible, by the agency of the primary assimilating functions alone, into the constituent principles of the blood. Upon this subject the author makes the following observations:—

"Now, from the relative composition of the saccharine principle, and of the constituent principles of the blood, it necessarily follows that the faculty of thus converting the saccharine principle must constitute a distinct function; and, as a large proportion of the food of all animals consists of modifications of the saccharine principle, this function must be of the most important kind. But, if the existence of such a function be admitted, it must be admitted also, that, like any other function, the assimilation of the saccharine principle may become deranged or suspended; that is, the primary assimilating organs may become unable to assimilate the saccharine principle. I need not say that this point is now no longer a matter of uncertainty, as in the disease to be presently considered, namely, diabetes, sugar has been repeatedly ascertained to exist in the sanguiferous system; a fact unequivocally demonstrating that the assimilating organs had failed to convert the saccharine aliment into the constituent principles of the blood. As a further illustration of this point we may state, that the first step of the assimila-

(a) According to the mode of disintegration in reference to water or its elements, it would be no difficult matter to name it appropriately.

tion of alimentary matters is accomplished by the reducing function of the stomach. Now, the reduction of all the forms of the saccharine principle appears to be accompanied by the development of a low sugar; which low sugar, in the healthy condition of the organs, is speedily converted into oleaginous, albuminous, and, perhaps, other matters. Hence, as the existence of sugar in the stomach is only momentary, its presence in the healthy condition of the organ is with difficulty detected. In diabetes, however, the reducing function of the stomach is, for the most part, morbidly active, while the converting function is more or less suspended or paralyzed. In the diabetic stomach, therefore, sugar is found in large quantity, particularly when farinaceous aliments have been taken; and from the stomach the sugar readily passes into the sanguiferous system, as just stated. The first step in the derangements, therefore, producing the disease called diabetes does not consist, as some have supposed, in the development of sugar in the stomach, which is a natural process; but in the greater or less destruction of the converting and, consequently, of the still more important organizing functions of the assimilating organs.

"In the disease above mentioned the function by which the saccharine principle is converted into the constituents of chyle is suspended or destroyed. In other diseases, however, this important function is not destroyed, but erroneously exerted, and the consequence is, that many principles, some of them of a poisonous character, as, for instance, the oxalic acid, are developed from the saccharine principle during the assimilating processes. That oxalic acid must be occasionally developed in the system is evident from the fact that this acid is found in the urine when it has not been taken into the stomach. Now, when we consider that oxalic acid, taken into the stomach, passes through the kidneys unchanged, and that those who take sugar in excess are often liable to oxalate of lime concretions, there can be little doubt that the oxalic acid found in the urine is occasionally developed in the primary assimilating organs, and most probably in the stomach itself."—Pages 14, 15, 16.

In the healthy state, Dr. Prout believes that, during the processes of secondary assimilation, sugar never forms a product. But in diabetes, in its advanced stages, "sugar," he says, "is not only developed during the conversion of the albuminous principles of the blood into the gelatinous tissues, but also during the secondary assimilation of the gelatinous and even, perhaps, of the albuminous and oleaginous tissues. Moreover, we cannot doubt that the converting functions of the secondary assimilating processes, like the converting functions of the primary assimilating processes above mentioned, are liable to be erroneously exerted, and that various unnatural products are, in consequence, developed in the system. For obvious reasons, however, we know less of the unnatural products resulting from the derangements of the secondary than of the primary processes of assimilation; though it is probable, from the following facts, that the oxalic and lactic acids are occasionally included among the unnatural matters resulting from the derangements of the secondary as well as of the primary assimilating functions."—Page 16.

Amongst the causes which produce the disordered assimilation of the saccharine radical, at least the external exciting causes, Dr. Prout ranks cold, or exposure to the united influences of cold and moisture. There can be no doubt that cold is a powerful agent in exciting disease; and this power seems to be much increased when associated with moisture. Hence, a cold damp state of atmosphere soon brings the most vigorous frame under its influence, and develops all the phenomena of disease. "Thus," says Dr. Prout, "I have been distinctly able to trace diabetes to exposure to cold, or sometimes to rheumatic attacks brought on by exposure to cold and moisture."—Page 19.

According to the author, malaria seems to be a powerful exciting cause, not only of malassimilation in general, but particularly of the saccharine principle; in proof of which several interesting facts in reference to the prevalence of the Asiatic cholera, and of epidemics in general, are brought forward, but for an account of which we must refer to the work itself.

After these preliminary observations we are furnished with a very luminous and explicit section on diabetes. The author commences by lamenting the great want of precision in the application of the term diabetes. Every form of diseases, no matter how dissimilar in character, have been all classed under the general term diabetes. Such an application has led to much confusion, because a great number of diseases differing altogether in their nature, except in the mere accident of diuresis—an inordinate flow of urine—have been hence confounded with each other. Therefore, Dr. Prout proposes to restrict the term diabetes to those affections in which the urine is saccharine. "Hence," he says, "I define diabetes to be a disease in which a saccharine state of the urine is the characteristic symptom." (Page 24.) The characters of diabetic urine are given as follows:—

"Diabetic urine is almost always transparent, and of a pale straw-colour. Its smell is commonly faint and peculiar, somewhat resembling sweet hay or milk, and its taste is usually saccharine in a greater or less degree. The specific gravity of diabetic urine has been stated to vary from 1·020 to 1·050; but I have once or twice seen the specific gravity of saccharine urine as low as 1·015 (a), and many times as high as 1·055, or even higher. The quantity of urea is sometimes much diminished, though I have never met with a specimen in which this principle was entirely absent; and, in some instances, urea is said to exist in diabetic urine in greater proportion than natural. Lithic acid is usually found in saccharine urine in greater or less quantity; and in favourable cases of the disease the quantity of this acid is often very considerable. The usual saline matters existing in the urine are met with in diabetic urine in nearly the same relative proportions as in health; but the absolute quantity of saline matters, viewed in relation to the quantity of urine passed, is much diminished. Sometimes diabetic urine contains a little blood, and not unfrequently albuminous matter analogous to that of chyle. I have seen it also contain a white milky-like fluid, precisely similar to chyle, which slowly subsided to the bottom of the vessel. In this case the fermentative process was induced very rapidly in the urine; the chylous matter apparently acting like yeast."—Pages 24, 25.

Another characteristic, however, and probably no less essential to constitute the real disease, is diuresis. Dr. Prout calls this a "most striking and almost constant symptom." There are cases, however, on record of the urine having a high specific gravity, and most of the other characters of diabetic urine, loaded too with sugar; but yet the quantity was not above the natural average. Dr. Venables, in his lectures, (b) published in the *Medical Gazette*, 1838-39, mentions two cases of this description,—one a married woman, about forty years of age, lusty, and to all appearance in good health; when young she was very slender and delicate-looking. She had had a bad confinement, to which she attributed her then bad state of health. The urine was of a pale straw colour, or inclining to green; the smell of the morning urine not sensibly sweet; that passed after dinner had somewhat of the sweetish smell of newly-mown hay. Taste of the morning urine not sensibly sweet; that passed after had something of the sweetish taste.

(a) "I have seen an instance in which the specific gravity of diabetic urine was as low as 1·010. This urine distinctly and rapidly underwent the vinous fermentation."

(b) Chemical History, Pathology, &c., of Diabetes, Calculus, &c.

(To be continued.)

Littell's Living Age. No. 201. Boston, U.S. This enterprising production of our Transatlantic brethren is for the most part eclectic in its nature, and consists of a summary and selection from the most approved periodicals of the day. Hence it may be looked upon not only as a type, but an epitome, of the current literature and the scientific progress of the age.

The number before us is almost wholly occupied with the history of the ether discovery, with a statement of Dr. Morton's original investigations, and with the results that accrued to himself and the public therefrom. Dr. Morton's is, unhappily, not a solitary instance of devotion to science being the source of much worldly sacrifice; and pitiable, indeed, is it to find that the man who hit upon the novel and startling means of alleviating human suffering in its greatest extremities should himself be made a victim by the very means wherewith he was honourably seeking to benefit and bless mankind. Yet such is the melancholly fact. Dr. Morton's personal devotion to the great practical truth he was destined to elucidate so diverted him from the more immediate pursuits of his profession, and involved him in so much pecuniary obligation, that the close of his brilliant labours found him almost without a patient, and in a condition of complete insolvency. Added to these things, the fair fame of the martyr-discoverer was attempted to be sullied by one adventurer or an another, who was anxious to snatch some portion of the laurel that in all fairness should have decorated but one brow. The case, however, is not singular; for every Columbus that can make an egg stand on end, there are twenty addle-headed imitators that can make the experiment and the discovery after having been taught how.

A Dr. Jackson, to whom Dr. Morton communicated his discoveries as they were successively made, and from whom he received occasional pecuniary assistance, has been the chief candidate for the credit that should attach itself to Dr. Morton singly.

We make the following extract in vindication of the character and claims of the one, and as a fitting exposure of the unjust and ungenerous assumption of the other:—

"1. Dr. Jackson does not appear at any time to have made any discovery in regard to ether which was not in print in Great Britain some years before.

"2. Dr. Morton, in 1846, discovered the facts, before unknown, that ether would prevent the pain of surgical operations, and that it might be given in sufficient quantity to effect this purpose without danger to life. He first established these facts by numerous operations on teeth, and afterwards induced the surgeons of the hospital to demonstrate its general applicability and importance in capital operations.

"3. Dr. Jackson appears to have had the belief that a power in ether to prevent pain in dental operations would be discovered. He advised various persons to attempt the discovery. But neither they nor he took any measures to that end; and the world remained in entire ignorance of both the power and safety of ether until Dr. Morton made his experiments.

"4. The whole agency of Dr. Jackson in the matter appears to consist only in his having made certain suggestions, which led or aided Dr. Morton to make the discovery—a discovery which had for some time been the object of his labours and researches."—Pp. 565.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

CASE OF A PATIENT IN WHOM A FOREIGN BODY HAD BEEN INTRODUCED INTO THE PELVIS THROUGH THE VAGINA, AND A DESCRIPTION OF A SUCCESSFUL OPERATION FOR ITS REMOVAL.

By J. C. W. Lever, M.D., Physician-Accoucheur, and John Hilton, F.R.S., Assistant-Surgeon to Guy's Hospital.

E. P., aged thirty-four, tall and delicate, was admitted into the hospital December 31, 1847.

On the 6th of June previous, whilst in the act of applying some ointment with a bone netting mesh to the vagina, she was disturbed, and sitting down suddenly, forced the mesh through the vagina, out of sight, and subsequently beyond reach of the finger. From that period she experienced severe pain in the right side of the pelvis and leg of the same side, the extremity feeling frequently numbed and cold: the pain was aggravated by any sudden movement. When admitted, she was much exhausted by continued suffering; the right lower limb was wasted; the pain took the course of the great sciatic nerve, and micturition was painful and difficult. On examination *per vaginam*, a resisting substance could be felt lying obliquely within the pelvis to the right of the vagina, and stretching, apparently, from the right ischiatic tuberosity to the sacro-iliac synchondrosis of the same side. The general health of the patient was attended to, and improved under the employment of tonic treatment, with local anodynes. When examined by Mr. Hilton, the foreign body was found to occupy the position noticed above, and could be felt through the vagina, rectum, or bladder, being to the right of these viscera. On the 24th of January the operation for its removal was performed by Mr. Hilton, who cut down upon the body through the vagina, and, after a fruitless attempt to remove it entire, passed a noose around it so as to include severally the upper and lower portions of the mesh. These were then separately removed with a pair of dressing forceps, having been previously divided with a pair of bone forceps. The upper portion measured four inches; the lower, one inch and five-eighths in length; the breadth and thickness of the object were severally one quarter and one-eighth of an inch. The operation was followed by considerable constitutional disturbance, and some local inflammation of the serous and areolar tissues, requiring the free exhibition of opium, mercury, and other appropriate remedies. She, however, rallied subsequently, and left the hospital quite well on February 22. The authors concluded their paper with some remarks on the rarity of the case, and other points of interest associated with it.

CASE OF RESECTION OF THE SCAPULA.

By W. Fergusson, F.R.C.S.E., Professor of Surgery in King's College, London.

W. H., aged thirty-three, was admitted into King's College Hospital on January 13, 1847. He had suffered from disease of the right shoulder-joint for seven years, when the extremity was amputated at the articulation, at Fort Pitt Hospital, and a part of the glenoid cavity was at the same time removed. He recovered, but became the subject of abscess on the front of the chest about twelve months afterwards. On admission into King's College Hospital, the whole shoulder was enlarged, and the soft tissues hypertrophied; a great many fistulous openings existed in the pectoral region, and over the clavicle, which discharged copiously. Having determined on the propriety of removing the scapula entire, the author proceeded to operate on the 6th of February, 1847. The patient was put under the influence of ether, and the clavicle was first exposed, and divided about two inches from its acromial extremity with a saw; another incision extended along the spine of the scapula, and a third in the course of the old cicatrix. Some further dissection, and a division of the attaching muscles, enabled the operator to complete the excision, the subclavian artery being the while compressed over the first rib. The axillary and other arteries were tied, and the wound was closed with stitches. The patient's recovery was satisfactory, and unattended by anything deserving particular notice. On May 5 he was sent into the country, and a recent account reports him to be well and fat, though still occasionally troubled with small abscesses on the breast. After maceration, the bone exhibited a hypertrophied condition; the remaining portion of the glenoid cavity was carious, and its margin was surrounded by a mass of new ossific matter. The author concluded with some observations on the interest attaching to the case, from the rarity and formidable character of the operation required for the relief of the disease, and its successful issue.

REPORT OF A CASE IN WHICH GASTROTOMY WAS PERFORMED FOR THE RELIEF OF OBSTRUCTION OF THE BOWELS.

By R. Druitt, F.R.C.S.E.

J. D., a delicate boy, aged eleven, had, at the end of February last, an attack of inflammation of the bowels, which yielded to the use of calomel, Dover's powder, and purgatives. On April 1 the author was requested to see him for a similar attack, which resisted the treatment before adopted. Vomiting supervened, and the bowels were obstinately constipated. The belly was tense, but the chief pain and tenderness were referred to one spot—a little below and to the left of the umbilicus. The use of purgatives merely excited vomiting, and the rejected matter assumed a yellow, liquid character, and had a stercoraceous smell. The symptoms varied but little, the stomach rejecting almost everything but milk and soda-water until the 9th, when the patient appeared excessively exhausted. After this he rallied, but the bowels were unmoved; and as every reasonable measure had been resorted to, without success, to procure their evacuation, as the tenderness continued fixed to the same spot, and as there was evidently a distended state of probably both the stomach and neighbouring portion of intestine, it was ultimately determined that an operation for the relief of the supposed internal strangulation should be resorted to. On the 14th the author accordingly opened the abdomen by an incision along the linea alba, below the umbilicus, and a distinct band was soon discovered, binding down the intestine. This was liberated; but almost simultaneously the bowel gave way at a point lower down, its contents escaping into the peritoneal cavity. This aperture was found and secured; but the patient survived only two hours and a half. On examining the abdomen after death, there were evident traces of former peritonitis, in the form of extensive adhesions. The whole of the large intestine, and a portion of the ileum, were pale, contracted, and empty. The remaining portion of the small intestine, up to the duodenum, was reddened, enormously distended, and filled with liquid feculent matter. The stomach was also greatly distended. The seat of stricture, where the band was divided, was marked and abrupt. The ulcerated opening was in the ileum, not far from the lower attachment of the band. The author considered that an earlier operation would have afforded a reasonable prospect of a successful issue.

ON THE STATE OF THE BLOOD AND MUSCLES IN ANIMALS KILLED BY HUNTING AND BY FIGHTING.

By G. Gulliver, F.R.S., Surgeon to the Royal Regiment of Horse Guards.

The author commenced his paper by some extracts from the "Treatise on the Blood, Inflammation, and Gunshot Wounds," in which Mr. Hunter advocates the doctrine that spontaneous coagulation of the blood, as well as the contractility of muscle, are destroyed in animals hunted to death. The author's especial object was to demonstrate experimentally that the latter opinion is at variance with his own observations, several of which he quotes. In the first, a hare was run down and killed by hariers: she became very stiff within a few minutes after death. The heart was found, on examination afterwards, to be hard and contracted, and contained some small clots of blood. In the second observation, likewise upon a hunted hare, the phenomena were similar; but the amount of coagulum was greater, in consequence of the precaution having been taken to place a ligature around the root of the heart and lungs before excision. The fibrin presented the usual appearance under the microscope. The third observation was made on a hunted stag, which fell dead after a hard run. Some blood was obtained from the throat, which was cut; and this presented, three days afterwards, some shapeless and rather soft clots, amounting to about a third of its whole bulk; but there was no sign of putridity. The heart was likewise contracted and hard. As regards the stiffening of the muscles, the author has been informed, by observing stag-hunters, that this condition speedily supervenes where the animal is hunted to death. Analogous phenomena were noticed in cocks killed by fighting.

ON THE INVESTING FIBROUS MEMBRANE OR FASCIA OF THE HEART.

By Robert Lee, M.D., F.R.S.

In prosecuting his dissections of the nerves of the heart, the author found that the great difficulty in displaying them arose from the presence of a dense fibrous membrane or fascia, interposed between the serous membrane and the muscular substance. He gave a brief description of this fibrous membrane in a paper "On the Nervous System of the Heart," read before the Royal Society on the 20th of May, 1847. In the present communication he enters more fully into the mode of displaying this fibrous investment of the heart, describes its appearance and structure, its relative thickness and firmness of attachment in different parts, and the strong though slender fibres which pass from its inner surface, and form a stroma, binding together the bloodvessels and nerves, and accompanying them between the muscular fasciculi throughout the entire walls of the heart, from the outer surface to the lining membrane. The author exhibited five drawings and seven preparations, demonstrating the existence of this fascia in the hearts of the larger quadrupeds, and in the hearts of children of the ages of six and nine years, as well as of the adult. He states that it is found, also, in the hearts of birds. He remarks that it is this fascia which gives to the heart the great firmness noticed by Mr. Hunter; and that it must have great influence in preventing dilatation and rupture of the organ during violent exertion. He thinks it of not less interest in a pathological point of view, since it is impossible to avoid suspecting that rheumatic inflammation of the heart has its principal and primary seat in this dense fibrous membrane; and he suggests that dilatation of the heart may be owing to a change in this membrane analogous to that which, in the sclerotic coat of the eye, gives rise to staphyloma and other diseases of that organ.

At the opening of the proceedings of the evening, it was announced by the secretary, that thirty-nine volumes of works had been presented to the library since the last meeting, in consequence of a list of desiderata having been distributed amongst the fellows of the society.

THE MEDICAL TIMES.

SATURDAY, JULY 1, 1848.

MEDICAL MEN AND FRIENDLY SOCIETIES.

The medical men of Dorsetshire have commenced a crusade against Friendly Societies. We approve of their object, for surely no charitable seeming veils so much injustice to medical men as the dispensary and club system, now prevalent throughout the country. Either the system must be made so complete as to embrace all sections of society, and medical men become stipendiary civil officers, or it must be repressed. No middle course can be accordant with the true interests of the profession. Notoriety is an important ingredient towards professional success, hence surgeons are tempted to give their unpaid services to such societies, while they are at the same time smarting under the conviction of being accessories to a large private and professional injustice. Dispensary practice is a

daily immolation—it is the sacrifice of present interest at the shrine of future advantages. The sacrifice is a galling fact—the advantage is often an illusion. It is another phase of that perennial deception—to-morrow! A man feels each time that he prescribes for an eleemosynary patient that he is doing a questionable act; but, perhaps, he may make a lucky case: his kindness and tenderness to the suffering poor may slip into observation—his skill may become the topic of tea-table tattle—the squire's lady, who is the *chairwoman* of a visiting society, may desire to consult him on the case of some croaking valetudinarian, who has for a long time been a recipient of hebdomadal soup; and then he will have an opportunity to recommend his medical proficiency by his best drawing-room bow, and "doing good by stealth may blush to find it fame." In truth, it is not possible to conceive in how many modes he may get into practice, and, therefore, he takes a dispensary, a union, or a club. Alas! for the dignity of medicine!

"To what base uses may it come at last!"

Clubs are hermaphrodite societies—they are neither mercenary nor charitable—they feed neither our vanity nor our purse. A surgeon to a dispensary, who works for nothing, may possibly be called humane, but who ever got a character for humanity that physicked the poor at half-a-crown a case? The calculation is too nice—the value of the service is ground down too fine—it looks like a desperate, griping, cut-and-cut calculation on both sides—it is coining blood to drachmas; and yet who could ever say that the surgeon found it a profit? And then how foolish a medical man must look, who taking a club by way of experiment, discovers one of his steady old paying patients in the face of his first applicant!

The Dorsetshire practitioners have contented themselves with protesting against the indiscriminate admission of persons of the rank of tradesmen, &c., into these friendly societies; and, although we are pleased to observe any signs of resistance, yet we believe that the system, being partial, is unsound and injurious, and ought to be condemned. It is difficult to draw the limit, or to assign the conditions. No subject demands graver consideration from the profession, and we trust that such consideration it will speedily receive.

A country association has been established in Dorsetshire, under the auspices of Mr. Salter and Mr. Spooner, for this and other allied purposes; and we should greet with approbation the institution of similar associations in all the other counties.

We cannot leave this subject without stating that the meeting adopted a suggestion to memorialize the Home Secretary, announcing their "*approval of those principles of medical legislation which have been adopted by the accredited sections of our profession in London.*"

The profession would hail an early settlement of the question of Medieal Reform with delight, as it now stands in the way of many other professional questions imperatively demanding a solution. All classes, and especially the general practitioners, should make a great effort to remove this stumbling-block; while it stands in the way, every other grievance will remain in abeyance. We shall not be able to raise a public opinion upon two important subjects with any prospect of success. There must not only be unanimity of opinion but singleness of purpose, or our most energetic efforts will be ineffective.

THE IMPORTANCE OF HAVING QUALIFIED MEDICAL PRACTITIONERS ON BOARD EMIGRANT SHIPS.

It is a source of no small satisfaction to us to find that the Government is determined to use its best efforts to prevent a recurrence of that fearful mortality amongst the passengers of emigrant ships which prevailed last year. Whilst the public papers teemed with accounts of the ravages of disease amongst the emigrants, the real cause of ship fever was not stated, but it was principally attributed to the famine fever which was prevailing at the same time in Ireland. While we admitted that this, to a certain extent, contributed to the mortality, yet we said that it was not the principal cause; and we further stated it to be our firm conviction, that the condition of the ships themselves, the neglect of proper superintendence over the passengers, and the want of qualified medical practitioners on board to combat disease when it appeared, were the main things which produced the terrible mortality. For a considerable time our efforts were unseconded by any of the medical periodicals, occasional statements only appearing in their columns of the frightful havoc which death was making amongst ship passengers, and the prevailing opinion was promulgated, that the sister country was the *fons et origo mali*. That error is now exploded, and we are happy to say that our opinions have been adopted by the Government, which has recently published some good regulations in reference to emigrant vessels.

During the year 1847 the number of persons who left the British isles to settle in Canada was three times greater than in the previous season, and up to the 1st of November, as far inland as Montreal, one emigrant in seven had died. Many, however, who proceeded to other places sickened on the road and died, so that the actual mortality was one in five. It is said, by those who have had opportunities of examining the subject, that only three or four ships carried surgeons, so that nearly the whole of this large number expired without receiving medical aid. Had this been provided, we cannot doubt that, even in vessels where persons carried on board the latent elements of fever which subsequently developed themselves, they would have been so speedily checked as to have produced but little injury.

But in many ships there is no reason whatever to suppose that either typhus or dysentery was embarked, and the fever which subsequently appeared is sufficiently accounted for by the filthy condition of the ship's hold, the overcrowding of the steerage, deficient ventilation, and improper diet. In some vessels the passengers often did not cook their provisions, either from laziness, carelessness, or obstacles thrown in their way. Frequently the passensengers, in obeying the calls of nature, did so in the hold, or in their sleeping berths; and they would not permit the captain or crew to come amongst them, afraid of being washed or of going on deck. They were in consequence often smoked out, and, as a natural result, those who were too weak either to move or to be carried on deck often died from suffocation. The unfortunate survivors, when landed, were compelled, most of them, to go into different hospitals in the colony, and thus become a source of great expense to the mother country. In the year 1847 the expenses of the Grosse Island quarantine establishment and of the different emigrant hospitals amounted to £100,000, which is rather more than £1 for each passenger that left Britain for Canada. This enormous outlay for attendance on the sick has been necessary in consequence of the cupidity of merchants and the supineness of Government; for had there been a medical officer on board every ship, to enforce hygienic rules and to attend those who became the victims of disease, not a tithe of the sum would have been required. Shipowners, however, appear to have cared little for human life or for the public purse, so long as they were pecuniarily benefited. The spirit of avarice was destitute of all "bowels of mercy," and cared not if countless hecatombs of victims were sacrificed, so that it might gratify a cursed lust for gold.

Hence it became the duty of the Government to interpose its authority, and to propound such regulations as should henceforth go far to prevent pauper emigrants becoming the prey of mammon-loving merchants. In all probability, for the future, nearly every emigrant ship bound for the American continent will carry a surgeon; though Mr. Labouchere was fearful that a sufficient number could not be found to meet the wants of all the passenger vessels leaving our shores.

The regulations respecting emigrant ships to Australia require that every vessel shall have a surgeon-superintendent on board, appointed by the commissioners, for the purpose of watching over the welfare of the passengers, both in health and sickness. Already an appeal has been made to the members of the profession, and those who are desirous of employment are requested to send their applications to the Colonial Land and Emigration Office. The remuneration consists of a free cabin passage out, and ten shillings a head on all passengers landed alive. We should have felt greater satisfaction if the commissioners had been a little more explicit as regards the qualifications of the candidates, as all that is said on this score is, that they are to submit testimonials of their medical skill and general character; and they are, also, to undergo an examination by the board's medical examiner. There is not a word said about a diploma; and to substitute private testimonials for it will not be satisfactory to the profession, even when backed by an official medical document from the Colonial Land and Emigration Office. Out of 20,000 qualified practitioners in Great Britain and Ireland, there would be no lack of applicants, with the prospect of fair remuneration for services rendered; and the commissioners ought certainly to select only those who have received authority to practise from a medical corporation. Perhaps it has been thought that paying by the "poll," instead of the old-fashioned way, will ensure good medical attendance, as the "surgeon" will feel it his interest to land as many alive as possible.

The commissioners have very properly directed their attention to the clothing and victualling o the emigrants. The males are to furnish themselves with two complete suits of exterior clothing, six shirts, six pairs of stockings, and two pairs of shoes; the females are to supply themselves with six shifts, two flannel petticoats, six pairs of stockings, two pairs of shoes, and two gowns. Each person must also bring two pounds of soap, and a supply of towels and sheets. They are to be victualled in masses of six or eight each; children between one and fourteen are to receive half rations. While in port, and for one or two days afterwards, if practicable, there are to be issued for each adult one pound of fresh meat, one pound of soft bread, one pound of

potatoes, with a suitable supply of vegetables, in lieu of the salt and preserved meat, and of the flour, suet, raisins, rice, and peas. An ample supply of medical comforts, to be issued at the discretion of the surgeon, is to be placed on board, consisting of oatmeal, arrowroot, sago, preserved meats, lemon-juice, wine, brandy, preserved milk, &c. Women who may be nursing may have a pint of stout each day, if ordered by the surgeon, who will also use the preserved milk for keeping the health of the younger children. The dietary scale for the voyage seems ample, and well adapted for preserving the health of the passengers.

If such regulations had been adopted last year in the ships which sailed for the American coast laden with the poor of England and Ireland, how much sickness might have been prevented, and how many lives might have been spared! Emigration has too long been employed as a means of getting rid of the superfluous population, without any regard being paid to the welfare of those who voluntarily banish themselves from their fatherland. We trust a new era has arrived, and that under the operation of a more benign system the poor, the colonies, and the profession will be simultaneously benefited. The emigrant-ship surgeon, after he has arrived at his destination, will, in general, feel it his interest to remain in the colony, where he will find ample scope for the exercise of his talents, and liberal remuneration for his labours: thus professional skill will not be confined to the old country, where too frequently it exists unnoticed and unrewarded, but will be transplanted to places where it is needed, appreciated, and remunerated. For our own part we think it as incumbent on the benevolent to send out medical missionaries as it is ministers of Christianity; and we should be glad to see the members of our profession as anxious to extend to the colonies the sound doctrines of medical science, as some are to propagate the opinions of a religious sect.

THE ROYAL SOCIETY.

The claims and merits of our principal scientific society is one of the subjects destined never to receive in English journals a fair discussion. It comes too near to the business and bosom of all writers to get fair play from any. These writers, beside, are disciplined into factions, more or less respectable, to whose watchwords everything bends; and those outside are either too indifferent or too envious to exercise and deliver a sound or unprejudiced judgment. From time to time squabbles illustrative of this truth are forced into notoriety, a sample of which—the contemptible brawl associated with the names of Hall and Lee—is still in the public's remembrance; but, while feeling a very thorough indifference to the personal relations of the society, which have thus often been unworthily and even meanly dragged into public discussion, we have never failed to think that in its public character and bearings there was much that asked for consideration, with not a little that demanded improvement. The Royal Society is not an adequate exponent of British science. It is behind its time, and even behind its own men. It is a bad aid and worse representative. It does not command one-half the machinery it should, and what it does command it fails to half use. It is the small, inert, and illfurnished exponent of a great, vigorous, and affluent mental action. It wants change and repair, or, indeed, more than either—reorganization.

It is not an affair of officials, but of system No honest man acquainted with the workings of the body can feel anything but disgust at the bitter and envious vituperations which have been uttered in the name of public good by such animated disappointments as Marshall Hall against the Marquis of Northampton and Dr. Roget. To believe these avengers of private griefs in the name of public wrongs, all that is deficient or faulty in the society lies at the door of the noble president and the distinguished secretary. The answer is especially easy. With such a system in action there could be no better results. There are neither men, nor funds, nor laws, which bear a better working; and all that is necessary to show the efficiency of the two retiring officers will be (without any larger changes of plan) to supply them with successors.

We have only to look at the miserable condition of all our scientific societies to be convinced that the "Royal" must become "National" and take support from the Government, like the Institute of France, if it would display the uses which the present times require from it. To the objection of "dependence" we attach no importance. Government now is so identified with the public interest, and so directly responsible to public opinion, that no illicit or unworthy influence is to be anticipated from it in the neutral territory of science.

THE BERNCASTLE TESTIMONIAL.

[To the Editor of the Medical Times.]

Sir,—Enclosed is the subscription list of subscribers to the "Berneastle Testimonial" Fund. I forward it to you, requesting the favour of a place for it in your journal.

Subscriptions continue to drop in, but, if those of your readers who may be desirous of becoming contributors would have the goodness to take an early opportunity of forwarding their several sums to me, it would greatly facilitate the closing of the account.

I remain, Sir, your's very obediently,
Charles Wilson Steel.

Lewisham, June 27.

LIST OF SUBSCRIBERS TO THE "BERNCASTLE TESTIMONIAL."

	£	s.	d.
Dr. J. A. Wilson, at Guy's Hospital ..	1	1	0
W. M. Hollis, Esq., Lewisham	1	1	0
Ditto from friends	1	1	0
J. Ainslie, Esq., Lewisham	1	1	0
Ditto from friends	1	1	0
C. W. Steel, Esq., Lewisham	1	1	0
H. Corbould, Esq., Islington	0	10	6
F. J. Corbould, Esq., Suffolk-place ..	0	10	6
E. Unwin Berry, Esq., 7, James-street ..	0	10	6
Dr. Lashmar, Croydon	0	10	6
H. B., "Fiat Justitia"	0	10	6
J. R. T. Burroughs, Esq , Lee	0	10	6
W. S., Croydon	0	10	6
F. C. Batt, Esq., Abergavenny	0	10	6
M. Hansby, Esq., Abergavenny	0	10	6
W. Steel, Esq., Abergavenny	0	10	6
Elmes Y. Steel, Esq , Abergavenny ..	0	10	6
S. H. Steel, Esq., M.B., Abergavenny ..	0	10	6
R. Steel, Esq., Blaenavon	0	10	6
Dr. Elliotson, F. R.S.	2	2	0
Samuel Lane, Esq., 1, Grosvenor-place ..	1	1	0
W. Clark, Esq., Sutton	1	1	0
W. Allison, Esq., East Retford	0	10	6
R. Espie, Esq., R.N.	0	10	6
A. D. Harston, Esq., Islington	0	10	6
T. Salt, Esq., Dunmow, Essex	0	10	6
C. Row, Esq., medical student, Dunmow..	0	10	6
R. S. Wise, Esq., Banbury..	0	10	6
A. S.	1	1	0
E. Roberts, Esq., Sydenham	1	1	0
J. Monekton, Esq., Brenchley	1	1	0

GOSSIP OF THE WEEK.

The Royal Society.—The annual meeting of this society for the election of fellows took place on June 9. The Marquis of Northampton read an address announcing his resignation of the presidency, after holding it for a period of ten years, and stated that the Earl of Rosse had been nominated as the future president. Some opposition to the present system adopted by the council, of selecting a certain number of gentlemen for election as fellows, was manifested by Mr. Stephens. This gentleman, in a speech which took him more than an hour to deliver, entered into a dry and desultory account of what he considered to be the legal method of election. His remarks were received with great impatience and opposition by those present. His motion for an adjournment, seconded by Dr. Lee, was negatived by a large majority of the fellows. The balloting then took place, and fourteen gentlemen were duly elected. The lateness of the period at which Mr. Syme withdrew his name has been the means of keeping out of the annual list the name of another gentleman, who, but for this circumstance, would have doubtless been elected. At the conclusion of the business the society and their friends dined together at the Freemasons' Tavern, Lord Northampton presiding, supported by the Earl of Rosse. On the president's health being drunk with all the honours, his lordship alluded feelingly to the period of his presidency, which was, he said, endeared to him by many happy remembrances.

The Northern Asylum.—The annual meeting of the governors, subscribers, and friends of the Northern Asylum for the Blind and the Deaf and Dumb, Wellington-place, Pilgrim-street, Newcastle, was held in the forenoon of Friday week. The chair was taken by the Rev. Dr. Gilly. The knowledge and intelligence of the children excited general surprise and gratification. In the scriptures they were well grounded; and they exhibited considerable proficiency in grammar, arithmetic, and geography. The mutes (there are no blind children now in the establishment) were told to exemplify their acquaintanee with the word "catch." One lad wrote that "he had seen a man catch fishes at North Charlton." Another, going a step beyond, affirmed that "he had caught fishes himself at home with a hook." A third wrote, "Thomas Henderson (one of the mutes) often catches mice in a trap." A girl, to show that she knew the use of the word "and," inscribed on the board—"Louis Philippe and the Queen of France fled from France, lest they should be killed or put in prison" (so that political news finds its way, if not to the "ears," to the minds of even the young ladies of a deaf and dumb asylum)! The word "both" was "spoken" with the fingers to one of the boys; and he instantly wrote, "Both my father and my brother are pitmen at Willington."

The Polytechnic Institution. — Mr. J. Baggs, who is known to the scientific world as the inventor of electro printing, has commenced at this institution a series of lectures, assisted by an enormous apparatus, on the phenomena of thunder-storms and the cause of lightning. The apparatus, in part, consists of a battery formed of large Leyden jars, thirteen in number, arranged horizontally. Each jar is charged separately, and a flash, on the completion of the circuit by the electric fluid, of three feet in length is produced, followed, or apparently accompanied, by a succession of claps or noises resembling thunder. The lecturer, in the course of his observations, says that the usual notion that the report or explosion called thunder is produced by one sound reverberated, so as to cause a succession of sounds, is erroneous; that the noise of thunder is caused by a succession of a number of distinct discharges from distinct clouds, as a succession of sounds proceeds in the experiments from distinct jars. The lectures are very interesting, and will well repay the attention of the public.

The Harveian Oration.—On Saturday the Harveian oration was delivered by Mr. Francis Hawkins, before the president and fellows of the Royal College of Surgeons. There was also a large attendance of gentlemen not members of the college, but invited to attend. The orator,

ho was dressed in his doctor's robes, commenced t five o'clock and concluded at six, speaking ith great distinctness, and giving effect to what e said by a graceful and impressive manner of elivery. Many of his observations excited rong marks of approbation, and at the close he as warmly applauded. The oration embraced ie usual topics, and its excellent latinity drew rth very favourable comments among the uditors.

Emigrant Ships.—The consul of the United tates has transmitted to Lloyd's a copy of an ct of Congress, dated the 17th of May, regard- ig the ventilation and provisioning of emigrant ips. The first section of this act makes it in- umbent on all vessels carrying fifty passengers r under, in the between decks, to have a house onstructed on the combings of the hatchway, ith two doors, so that one may at all times be pen for the purpose of ventilation. Where ore than fifty passengers are carried, a house ust be constructed at each end of the deck, one be furnished at the top with an outlet for foul ir, and the other to be so constructed as to admit esh air. Cooking apparatus must also be fur- ished on deck. It is also required that a suit- ble quantity of good provisions be shipped for ie use of each passenger, certain portions of hich are to be delivered by the captain weekly the passengers, who also are to be furnished aily with three quarts of water, and a sufficient uantity of water for cooking. The captains of ll emigrant ships are empowered to enforce rict discipline on board their vessels, and also see that cleanliness is preserved. Where the rovisions of the act are not complied with the aptain or owner of such vessel shall forfeit 200 ollars to the United States. Where the between ecks is of less height than six feet, each pas- enger shall be accommodated with sixteen uperficial feet on deck; if less than five feet, wenty-two feet on deck. If more passengers re carried than is allowed by this section, the aptain shall be held guilty of a misdemeanour. he act comes into operation as regards Euro- ean vessels sixty days after the date of its pproval.

The American Medical Association.—The eeting of the American Medical Association or the year 1848 was held in Baltimore on the rst Tuesday in May last. Each local society ad the privilege of sending to the association ne delegate for every ten of its regular resident embers, and for every additional fraction of ore than half of this number. The faculty of very regularly constituted medical college or hartered school of medicine had the privilege f sending two delegates also. The professional taff of every chartered or municipal hospital ontaining a hundred inmates or more, and every ther permanently organized medical institution f good standing, had the privilege of sending one elegate.

University of Louisville, America.—The st Legislature of Kentucky granted a charter or a university, under which the late Medical nstitute of Louisville has become the medical, nd the suspended Louisville College is to be- ome the academical, department; a law depart- ent being also added. The number of students f the medical class of last session was 348.

Quackery in America.—Magnetized Gold nd Tonic Pills!—"The Philadelphia Medical Examiner" informs us that one Gridley, of outhampton, Massachusetts, has published a uack medicine which is to outdo all that ever receded it. In a circular addressed to phy- icians it is said that the base of the "gold ills" is chloride of gold, iodine, and chlorine, xalted nearly one hundred-fold by galvanic orces!! They are so powerfully magnetic that hey generally quiet the nervous system, and in ll susceptible persons produce more or less in- lination to sleep of the most pleasant and re- reshing kind. They excite the organs of gene- ation, are a cure of sterility, and arouse the ystem generally, permanently, and safely. This uotation explains the abomination that lurks nder the guise of a golden pill.

The Epidemic Cholera.—Accounts from St. Petersburg state that the cholera is making alarming progress at Moscow; 464 fresh cases, and 205 deaths, occurred in the last week of May. The cholera has also broken out with severity at Jaroslaw, Robinsk, and Kalouga.

National Pharmacies.—A company has just been started in Paris, the object of which is to form in every district of the capital, and in every commune of France, one or several apothecary's establishments. The shares are to be ten francs each, half of which sum is to be paid at the commencement of operations, in fortnightly instalments of one franc. The encouragements held out are five per cent. on the money paid, handsome dividends, and pure unadulterated physic twenty per cent. below the usual cost. The shareholders are, moreover, to have the amount of the shares paid back to them in the space of three years, the money necessary for this purpose to be yielded by the profits. Prospectuses may be had at a penny each to cover the first expenses. Shareholders to have the management of their own affairs.

Poisonings at Bristol.—Last week inquests were held on the bodies of three persons, a female named Hill and two of her children, who were said to have been poisoned by the husband of the female for the purpose of defrauding a life-insurance society. The accused had occupied a respectable position, and had insured his wife's life for £3000. Mr. Herapath, the celebrated chemist, was called to make a chemical analysis of the three bodies, and obtained undoubted traces of arsenic. During the investigation another suspicion arose that Hill had been the cause of the death of a widow lady, a Mrs. Michael, by poisoning, in order to obtain a sum of money which she had bequeathed to him. The culprit committed suicide by taking prussic acid on the day the bodies were exhumed.

London Cesspools.—At the last census in 1841 there were 270,859 houses in the metropolis. It is known that there is scarcely a house without a cesspool under it; and that very many old houses have two, three, and more under them; so that there may be taken to be 300,000 of such receptacles. The exposed surface of each cesspool, taken on an average, measures 9 feet; and the mean depth of the whole is about $6\frac{1}{2}$ feet, so that each contains $58\frac{1}{2}$ cubic feet of filth. The exhaling surface of all the cesspools $(300{,}000 \times 9) = 2{,}700{,}000$ feet, or equal to 62 acres nearly; and the total quantity of foul matter contained in them $(300{,}000 \times 58\frac{1}{2}) = 17{,}550{,}000$ cubic feet; or equal to one enormous cesspool 10 miles in length, 50 feet in width, and six feet six inches in depth, which would extend through London from the Broadway at Hammersmith to Bow-bridge over the river Lea—a length of ten miles. If such a gigantic cesspool of filth were to be seen it would fill the mind with horror; but, as is shown above, a vast number of small ones, which, added together, equal it in extent, is dotted all over the town—in fact, it may be said that the ground in old districts more particularly is literally honeycombed with the barbarous things. From them a nasty, stinking, pestiferous vapour is constantly escaping, corrupting the atmosphere from one end of London to the other, and creating disease, misery, poverty, and other evils among the inhabitants.

Hatching Fish.—Hatching eggs by artificial heat is well known and extensively practised in China, as is also the hatching of fish. The sale of spawn for this purpose forms an important branch of trade in China. The fishermen collect with care, on the margin and surface of water, all the gelatinous matters that contain spawn of fish, which is then placed in an egg-shell (which has been fresh emptied) through a small hole; which is then stopped, and the shell is then placed under a sitting fowl. In a few days the Chinese break the shell in warm water, warmed by the sun. The young fish are then kept in water until they are large enough to be placed in a pond. This plan in some measure counteracts the great destruction of spawn by trol-nets, which have caused the extinction of many fisheries.

Apothecaries' Hall.—Gentlemen admitted members, Thursday, June 22: Joseph Alfred Tapson, St. Germans, Cornwall; John Hendley; Frederic Hodson, Goole, Yorkshire; Samuel Elwin Brand; Joseph Nash, Edenbridge, Kent; John Thomas Arlidge; Joseph Adolphus, Jamaica.

New Museum of the Royal College of Surgeons.—On Wednesday the extensive premises originally occupied as a theatre by Ben Jonson, and known as the playhouse in Portugal-street, Lincoln's-inn-fields, and latterly used as showrooms by Alderman Copeland and Co., the extensive china-manufacturers, were taken possession of by the Royal College of Surgeons, who are about to erect a museum on its site for the reception of the celebrated Hunterian collection presented by Government to the college.

Army Surgeons of the United States.—The returns made of the number of applicants for the situation of army surgeon in the United States, from 1841 to 1845 inclusive, shows that out of fifty-one examined, only seventeen were approved; and it is stated that the most striking causes of failure are insufficient preparatory education; a hurried course of professional pupillage; want of proficiency in practical anatomy, pathology, and clinical medicine.

The Academy of Medicine, Paris, has named a commission charged with the duty of drawing up a work on all the questions which attach themselves to the process of poisoning by the salts of lead, and in particular on the prophylactic means to be applied to establishments where these products are fabricated. This subject involves a crowd of questions in therapeutics, in chemistry, and in public hygiene of the highest interest, and which will be worthy of the profoundest inquiry. Such are, for instance, the question whether the solubility of the salts is or is not a condition indispensable to their absorption—the question of chemical neutralizing agents. The present great development of the poisoning diathesis gives importance to any extension of our means of combating its awful results. We shall look with interest for the report of the academy, to lay it before our readers.

Madame Laffarge.—It is now about six months since an official personage was sent to visit her on the part of the Queen, to whom she applied for some books and prints to lessen the burden of her solitude, basing her claim to address her Majesty upon the relationship which exists between them. The gentleman despatched on the part of the Queen to examine into the mode of life and occupations of the captive found her engaged in forming a hortussiccus, composed entirely of all the poisonous plants used in medicine.

A New Remedy for Toothache. The Principal Agent being Chloroform.—Mr. James Beatson, of Airdrie, says,—"Gum copal, when dissolved in chloroform, forms an excellent compound for stuffing the holes of decayed teeth. I have used it very frequently within the last two weeks, and the benefit which my patients have derived from it has been truly astonishing. The application is simple and easy. I clean out the hole, and moisten a little cotton with the solution; I introduce this into the decayed part, and in every instance the relief has been almost instantaneous. The chloroform removes the pain and the gum copal resists the action of the saliva, and, as the application is so agreeable, those who may labour under this dreadful malady would do well to make a trial of it."

Obituary.—On the 16th of March last, at sea, on his return home, Thos. Brown Barker, Esq., surgeon, 46th Regiment Bengal Native Infantry.—On the 29th of May, at Malta, Arnold John Burmeister, M.D., from the accidental discharge of a pistol in his own hand.—On the 15th of

June, at Cambridge, aged 35, John Linley Sudbury, Esq., surgeon.—On the 17th of June, at Mile-end, aged 65, George Edwardes Carruthers, Esq., surgeon to the Queen's Own Light Infantry Militia.—At his residence, Mary-street-house, Taunton, aged 71, Stephen Henry Maemullen, M.D., F.R.C.P. Edinb., H.P. Army Medical Staff. Dr. Maemullen entered the army at an early age, and served with the 59th Regiment in the East and West Indies, and in the Peninsula. He was appointed president elect of the Provincial Medical and Surgical Association at the last anniversary meeting of the association at Derby.

MORTALITY TABLE.

For the Week ending Saturday, June 24, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	935	943
SPECIFIED CAUSES...	930	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	310	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	34	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	101	122
Diseases of the Lungs, and of the other Organs of Respiration	84	129
Diseases of the Heart and Blood-vessels.....	31	33
Diseases of the Stomach, Liver, and other organs of Digestion	49	62
Diseases of the Kidneys, &c.	17	10
Childbirth, Diseases of the Uterus, &c	5	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	8	9
Diseases of the Skin, Cellular Tissue, &c.	2	1
Old Age.....	40	55
Violence, Privation, Cold, and Intemperance.....	23	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"Chemicus Juvenilis."—1. Yes; but the saliva contains also several salts, as the chlorides of potassium, sodium, and calcium, with a large proportion of bone-earth. 2. The juice referred to appears to be slightly acid, and contains ptyaline and a substance like casein.

"Ignotus."—We have repeatedly stated that we do not prescribo through our columns. Apply to a medical practitioner in the neighbourhood.

"L. M."—The best antidote is albumen.

"Meteorologist."—Doubtless the state of the atmosphere exercises some influence over the disease. The subject, however, is involved in much obscurity.

"A Liverpool Correspondent."—We do not know any such person.

"Mr. S. Brown."—We are not acquainted with any book that treats the subject specifically.

"Pharmacien."—Scientific individuals differ as to the various species of cinchona which correspond with the different kinds of bark.

"Medicus" informs us that he has instituted a number of experiments on the effects of narcotics on the stomach compared with their effects on the rectum, and he has arrived at the conclusion that narcotic substances, when administered in the form of a clyster, exert a more powerful influence on the system than when taken into the stomach.

"Mr. John Lesly."—The request in the note shall receive our earliest attention.

"Inquisitor."—The physiological effect of the alkaloid mentioned is to destroy the power of motion without impairing sensation.

"Omega, Dublin."—The remarks on the decimal system are not suited to our columns.

"Castigator."—We would advise our correspondent to reconsider the subject. The letter sent us for publication we cannot insert, as it would expose us to an action at law.

"W." will find the information he requires in the Students' Number, published last October.

"Chirurgus, Sheffield."—The preparation is inert.

"A Provincial Surgeon."—Our correspondent should consult a paper, published about a year ago in the *Medical Times*, on the subject of disgorging leeches and rendering them fit for use again.

"A Subscriber, Glasgow." — The communicction was acknowledged a fortnight since, under the name of "Subscriber."

"A Subscriber from the First."—1. Yes. 2. A private letter shall be sent.

"B. A. Cantab."—Lactic acid resembles the acetic in its general characteristics.

"A Medical Assistant with the Double Qualification," writes us in reference to the low remuneration which medical practitioners give their assistants; and he especially complains of the ungentlemanly treatment to which they are frequently subjected. Our correspondent says, "He (the assistant) neither enjoys friendship nor hospitality in his *master's* house, though he is entitled to them from equality of birth and education. I do not by this intend to deny that the assistant's place is a subordinate one; but this does not warrant his treatment as an inferior." We fear our correspondent has been rather unfortunate in his situations, as we have reason to think that the majority of the members of the profession who employ assistants treat them as gentlemen.

"M. D., Edinburgh."—A note addressed to the secretary of the College of Surgeons will receive immediate attention.

"Vigilans."—The practices referred to by our correspondent are not unknown to us, and we shall take an early opportunity of referring to them.

"Paracelsus's" wish shall be complied with as far as lies in our power, but we must be allowed to use our own judgment in the matters to which he refers.

"A Subscriber, 1844."—Strychnia.

"F. G. N., Canterbury."—1. The Prussian apothecaries receive a liberal education, and are protected by royal privilege. 2. The business of a druggist is carried on separately and independently of that of the apothecary.

"Philogalenus."—We cannot engage to give "the full particulars of Pittman's treatment of secondary syphilis," although "continental physicians speak highly of its efficacy." For the information of our correspondent, however, we state that the "treatment" consists chiefly in the administration of large quantities of a decoction of sassafras, sarsaparilla, bardana, serpentaria, &c., and twelve grains of chloride of mercury. During the period a patient is taking the medicine, his diet is fixed at four ounces of roast meat and four ounces of bread daily.

"An Old Surgeon."—Amorphous quinine possesses the same virtues as the sulphate, and is given in the same quantity for a dose.

"T.C.D."—All who hold diplomas from British or Irish recognised colleges are legally qualified practitioners, although, in some cases, corporate rights interfere to restrain individuals from practising in certain districts. These rights are now generally disregarded.

"Detur Digniori."—Yes.

"A late Student of University College."—We must decline inserting our correspondent's letter, as it would only renew a discussion on a subject upon which there is but one opinion.

"An Assistant-Surgeon, R.N."—Communication received.

"A Country Medical Pupil."—The Parisian hospitals are recognised by the College.

"Lector."—Dr. Wright's lectures on the Pathology of Expectoration were published in vol. xiii. of the *Medical Times*.

"Mr. F. Littleton."—The questions having no reference to medical science, we decline answering.

"A Reformer."—The article on the College of Surgeons is under consideration.

"Curiosity."—There is no law to prevent a member of the College retailing drugs.

"Scotus."—A licentiate of Apothecaries' Hall, Ireland, is not entitled to practise in England.

"Mr. Douglas."—Communication received.

"Studens, Warwick."—The first four books of "Celsus," and the first twenty-three chapters of "Gregory's Conspectus."

"Mr. G. F. Reader."—Communication received.

"Guyensis."—The report would be acceptable.

"Anti-humbug."—Yes; and there are few members of the profession who are not aware of the fact.

"Anxious."—The Medical-Reform question will probably be brought forward at an early period next session.

"Mr. Thomas Hunt, 28, Bedford-square."—Communication received, which shall appear at an early opportunity.

"Dr. Octavian Royle, Ipswich."—Communication received.

"A Constant Subscriber in Practice prior to the Act of 1815" writes as follows:—"The recent painful decision given in our county court against a legally qualified apothecary is positively *outré*. Is this the reward that medical men are to receive for work and labour done? Surely the learned sergeant's brains must have been steeped in chloroform, and his tongue dipped in the same article, or he would never have given such a disgraceful decision. Why, everbody knows that Storks's legal opinion is contrary to law and common sense, and has no practical use but to promote corrupt squabbles in these already corrupted courts. I ask, is it not cruel in the extreme thus to deprive a professional man of his just and legal claim? Nothing but a foul, selfish, and false desire to deprive the plaintiff of his just and legal due could possibly give rise to such unprecedented and unjust hardships. With all due deference to the learned sergeant (Heaven save the mark!), I can inform him (and so could every schoolboy) that any man can legally practise surgery, style himself surgeon, and sue in all cases of surgery; and can recover, and have repeatedly recovered, in courts of law without possessing the College diploma. Nor is it necessary to possess the same, unless the party wishes to fill some public office. If the College did possess such a monstrous power as the sergeant states, why, half the nation would die, because the law would not allow a man to use the lancet, to save a fellow-creature from a premature grave, but those who possessed its diploma. For my own part, I am resolved not to visit nor attend any one, unless I am sure to have the money, as I find sympathy will no longer do in these hard times."

"A Correspondent, Hull," has sent us a handbill exhibiting in a surprising manner the modesty of quackery. We give the following specimen:—"The Medical and Surgical Institution, for the treatment of all disorders of the human body, on new and scientific principles, according to the new discoveries, under the direction of physicians and surgeons of first-rate talent, members of the Royal Colleges, London and Paris, and late in her Majesty's service. Open to all classes from eight in the morning till ten at night. No charge for consultations. Foreigners may consult without an interpreter in French, German, Dutch, Italian, Spanish, Portuguese, Latin, Greek, Russian, Polish, Turkish, and other languages, which are spoken fluently at this establishment. Persons whose complaints have been pronounced incurable, whether from ignorance and inattention, or from their disorders not yielding to the old-fashioned routine, as practised by our forefathers, may have their cases submitted to a medical board, consisting of physicians and surgeons of eminence, celebrated throughout Europe, not only for cures they *have* performed, but, what is of more consequence, for cures they are daily and hourly performing. Amongst the benefits derived from the new practice, which has constituted an era in the art of healing, and given a death-blow to quackery, the treatment of consumption or decline stands pre-eminent; and whilst we tremble at the appalling fact that in London alone, with a population of 2,000,000, where the deaths are calculated at 53,597 annually (or one every ten minutes), one-fourth of this vast mortality is caused by consumption, we may bend with gratitude to an all-wise Providence, in a firm reliance that this hitherto intractable scourge will shortly be annihilated. The maniac in the most furious paroxysm is reduced to tranquillity; the deaf are made to hear, and the blind restored to sight; rheumatic pains of twenty years' standing vanish as if by magic; the decrepit invalid receives new vigour to his impaired constitution, and to the delicate and pale-faced virgin is imparted the bloom of health. Upwards of 3000 persons have been cured within the last six months, and, what cannot be asserted by any physician on the face of the globe, not a single death has occurred during that period. Should further proof be required, the directors hereby engage to perform any surgical operation, such as the amputation of a leg or arm, extracting a stone from the bladder, or a cancer of the breast, &c. &c. &c., without giving one moment's pain, or will forfeit 100 guineas! Amongst the minor advantages—the excruciating toothache is relieved in an instant, and neuralgia or tic douloureux shortly yields to its benign influences; gout, stone, and gravel are prevented; diseases of the liver and stomach are eradicated; worms from fifty to one hundred feet long are expelled by remedies so innocent that they may be given to a child at the breast; the progress of cancers arrested; tumours dispersed without cutting; fistulas removed without the knife; whilst hundreds whose bodies have for years been covered with blotches from scrofula and scurvy may now be seen walking the streets without a pimple on their face to disfigure them. Persons in the country may state their case by letter, enclosing a post-office order for half-a-crown, when the necessary advice will be sent by return of post; and, if the order be made for a sovereign, the remedies will also be forwarded, carefully sealed, and with full directions. N.B.—Gratuitous lectures will be delivered on the diseases most prevalent at Hull, especially those of the working classes; and, as the cholera appears to be approaching with rapid strides (for the successful treatment of which, both at home and abroad, the directors have received marks of approbation from Government), that disease will form the subject of the next lecture."

Letters and communications have also been received from Chemicus Juvenilis; Ignotus; L. M.; Meteorologist; A Liverpool Correspondent; Mr. S. Brown; Pharmacien; Medicus; Mr. John Lesly; Inquisitor; Omega, Dublin; Castigator; W.; Chirurgus, Sheffield; A Provincial Surgeon; A Subscriber, Glasgow; A Subscriber from the First; B. A. Cantab; A Medical Assistant with the Double Qualification; M. D., Edinburgh; Vigilans; Paracelsus; A Subscriber, 1844; F. G. N., Canterbury; Philogalenus; An Old Surgeon; T. C. D.; Detur Digniori; A Late Student of University College; An Assistant-Surgeon, R.N.; A Country Medical Pupil; Lector; Mr. F. Littleton; A Reformer; Curiosity; Scotus; Mr. Douglas; Studens, Warwick; Mr. G. F. Reader; Guyensis; Anti-humbug; Anxious; Mr. Thomas Hunt, 28, Bedford-square; Dr. Octavian Royle, Ipswich; A Constant Subscriber in Practice prior to the Act of 1815; A Correspondent, Hull, &c. &c.

No. 458. **SUMMARY.** July 8.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 147

A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 148

Clinical Observations on some of the more Frequent Diseases of Children, by W. H. WILLSHIRE, Esq. 149

Clinical Lecture on the Gravity and Treatment of Fractures and Wounds by Firearms, by M. VELPEAU 151

ORIGINAL CONTRIBUTIONS—

Reports on the Diseases of Females, by EDWARD RIGBY, M.D. 151

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 152

Cases of Perineal Abscess, communicated by NATH. WARD, Esq. 154

A Case of Acephalocyst Hydatids, by J. W. TURNER, Esq. 155

REVIEWS—

On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connection of Diabetes, Calculus, &c., with Indigestion; by W. Prout, M.D. 156

Report of the Fever at Boa Vista, by J. O. M'Williams, M.D. 158

Boa Vista Fever, Dr. King's Report on 158

Dr. M'William's Remarks on Dr. King's Report on the Fever at Boa Vista 158

Medical Practitioner's Private Register of Cases Professionally Attended 159

LEADERS—

Quackery in the Profession 159

Death of a Gentleman while under the Influence of Chloroform 160

Election of New Members of the Council of the Royal College of Surgeons 160

Cutaneous Diseases of the Fingers 160

Death from Chloroform—Important Investigation 161

GOSSIP OF THE WEEK 161

Cases of Cholera in the Metropolis 161

Fever and Filth 161

Poisoned Bullets 161

Lusus Naturæ 161

Barber-Surgeons in Germany 161

MORTALITY TABLE 162

TO CORRESPONDENTS 162

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 134.)

ON THE DARK RACES OF MEN—INTRODUCTION.

From the earliest recorded times *might* has always constituted *right*, or been held to do so. By this *right* the Sclavonic race erushes down Italy, withering and blasting the grandest section of mankind. By this kind of *right*, that is *power* or *might*, we seized on Northern America, dispossessing the native raees, to whom America naturally belonged; we drove them back into their primitive forests, slaughtering them piteously; our deseendants, the United States men, drove us out by the same *right*—that is, *might*. The same tragedy was repeated in South Americe; the mingled host of Celtiberian adventurers brought against the feeble Mexiean, Peruvian, and Brazilian; the strength and knowledge and arms of European men; the strength of a fair or, at least, of a fairer race. The Popes of Rome sanetified the atrocities; it was the old tragedy again, the fair races of men against the dark races; the strong against the feeble; the united against those who knew not how to place even a sentinel; the progressists against those who stood still—who could not or would not progress. Look all over the globe, it is always the same; the dark races stand still, the fair progress. See how a eompany of London merchants lord it over a hundred millions of coloured men in Hindostan—I doubt the story of the hundred millions, however; the hot suns of India exalt, I have remarked, the brains of Europeans who sojourn long there; but, be it as they say, the fact is astounding. Whilst I now write, the Celtie raee is preparing to seize Northern Africa by the same right as we seized Hindostan—that is, might, physical force—the only real might is physical foree; whilst we, not to be behind in the grasp for more acres, annex New Zealand and all its dependencies to the British dominions, to be wrested from us by-and-by by our sons and descendants as the United States were and Canada will be, for no Saxon race ean ever hold a eolony long. The eoolness with which this act of appropriation has been done is, I think, quite unparalleled in the history of aggressions. A slip of parchment signed officially is issued from that den of all abuses, the office of the Colonial Secretary, declaring New Zealand to be a colony of Britain, with all its dependencies, lands, fisheries, mines, inhabitants. The aborigines are to be protected! Now, if the Crown will let them alone, they ean protect themselves; but this would not suit the wolf who took care of the sheep. Still, mark the organized hypocrisy of the official opener of the letters of others: the aborigines are not declared Britons; they are merely to be proteeted!

The Indian empire, as we eall it, having turned out so profitable an investment for British capital, although for obvious reasons it never can beeome a permanent colony of England, suggested to "the Office" the idea of founding a similar empire in the heart of Africa. Everything seemed favourable for the enterprise; Southern Afriea had long been ours; the southern extra-tropical part, held nominally by the Portuguese—that is, as good as not held at all—a wide desert separating Central Africa from the Morocen. Thc Celt (in Alger) and the present Egyptian ruler; Central Africa full of wealth, a productive soil, and a feeble, black population! Nothing could be more favourable, and I have not the smallest doubt that the officials at the Colonial-office already contemplated another India in Central Africa; and the wealth, the product of the labour of many millions of Africans, in reality slaves, as the natives of Hindostan, but held to be free by a legal fietion, might be pourcd into the eoffers of the Office! But, alas for land-seeking eolonial secretaries! climate interfered; exterminated the erews of their ships, and scattered the hopes of the patriot lord at the head of the Office.

Sinee the earliest times, then, the dark races have been the slaves of their fairer brethren. Now, how is this? Mr. Gibbon solves the question in his usual dogmatie way; he speaks of the obvious physieal inferiority of the Negro; he means, no doubt, the dark races gencrally, for the remark applies to all. Now, notwithstanding the eontrary opinion professed by Dr. Tiedemann respecting thc great size of some African skulls, and whieh he found in my own museum, sent to me from the western eoast of Africa, I feel disposed to think that there must be a physieal and, consequently, a psyehological inferiority in the dark races generally. This may not depend altogether on deficiency in the size of the brain *en masse*, nor on any partial defeets; to which, however, I shall advert presently; but rather, perhaps, to specific eharacters in the quality of the brain itself. It may, perhaps, be right to eonsider first the different obvious physieal qualities of the dark raees, before we enter on the history of their position as regards the mass of mankind, and espeeially as regards those raees whieh seem destined, if not to destroy them altogether, at least to limit their position to those regions of the earth where the fair races ean neither labour nor live—the equatorial regions and the regions situate within the tropics, usually termed by romancists and travellers, and not unfairly, the grave of Europeans.

First, as regards mere physieal strength, the dark races are generally much inferior to the Saxon and Celt; the bracelets worn by the Kaffirs, when placed on our own arms, prove this. Secondly, in size of brain they seem also eonsiderably inferior to the above races, and no doubt also to the Sarmatian and the Sclavonic. Thirdly, the form of the skull seems different from ours, and is placed differently on the neck; the texture of the brain I think generally darker, and the white part more strongly fibrous; but I speak from extremely limited experienee. M. Tiedemann, I think, it is who says that the eonvolutions of the upper surfaee of the two hemispheres of the brain are nearly symmetrical; in our brain the reverse always happens. Lastly, the whole shape of the skeleton differs from ours, and so also do I find the form of almost every muscle of the body. The upper jaw is uniformly of extraordinary size, and this, together with a peeuliarity in the setting on of the face, I find to eonstitute the most striking differences. I at one time thought that the bones of the nose were peeuliar in some raees, as in the Bosjesman and Hottentot. In these races, or raee, for perhaps they are but one, I fancied that, more frequently at least than in others, the bones of the nose are remarkably narrow, run together to form but one bone, and show even an additional thin germ mesially; perhaps the anterior margin, however, of another bone, or an extension of the spine of the frontal. Still the specimens are so few in Europe, that I feel disinclined to attach much importance to this sufficiently singular fact. I think I have seen one of the nasal bones so short and thin as not to reaeh the frontal.

In the Peruvian skull, at twelve years of age, Von Tchudi thinks he has detected a new germ of bone, an interparietal bone, in fact, peeuliar to the native American raee; the physieal differences in the strueture of the Bosche women and Hottentots are unmistakable. Still be it remembered that we have no accurate account of the structural differences of the raees of *men* on whieh we ean depend—mere scraps of observations scareely worthy of notiee. The Negro muscles are differently shaped from ours; the eurly, corkserew loeks of the Hottentot bear no resemblance to the lank black hair of the Esquimaux. The Tasmanian and Australian raees are said to show many peeuliarities in structure.

Let it be remembered, however, that, after all, it is to the exterior we must look for the more remarkable eharacteristies of animals; it is it alone which nature loves to deeorate and to vary: the interior organs of animals, not far removed from eaeh other, vary but little. To this fact I shall advert more particularly in the lecture on transcendental anatomy; the internal struetures of animals present details which we read imperfectly, eonnected as they are, on the one hand, with mechanical arrangements, and on the other with the primitive laws of creation.

There is one thing obvious in the history of the dark raees, that they all, more or less, exhibit the outline of the interior more strongly marked than in the fair races generally. Thus the face of the adult Negro or Hottentot resembles, from the want of flesh, a skeleton, over which has been drawn a blackened skin.

But who are the dark races of ancient and modern times? It would not be easy to answer this question. Were the Copts a dark race?

Are the Jews a dark race? The Gipsies? The Chinese, &c.? Dark they are to a certain extent; so are all the Mongol tribes — the American Indian and Esquimaux—inhabitants of nearly all Africa—of the East—of Australia. What a field of extermination lies before the Saxon, Celtic, and Sarmatian races! The Saxon will not mingle with any dark race, nor will he allow him to hold an acre of land in the country occupied by him; this, at least, is the law of Anglo-Saxon America. The fate, then, of the Mexicans, Peruvians, and Chilians is in no shape doubtful. Extinction of the race—sure extinction—it is not even denied.

Already, in a few years, we have cleared Van Diemen's Land of every *human* aboriginal; Australia, of course, follows, and New Zealand next; there is no denying the fact, that the Saxon, call him by what name you will, has a perfect horror for his darker brethren. Hence the folly of the war carried on by the philanthropists of Britain against nature: of these persons some are honest, some not. I venture to recommend the honest ones—to try their strength in a practical measure. Let them demand for the natives of Hindostan, of Ceylon, or even of the Cape or New Zealand, the privileges and rights wholly and fairly of Britains; I predict a refusal on the part of the Colonial-office. The Office will appoint you as many aborigine protectors as you like—that is spies; but the extension of equal rights and privileges to all colonies is quite another question.

But now, having considered the physical constitution thus briefly of some of these dark races, and shown you that we really know but little of them; that we have not data whereon to base a physical history of mankind; let me now consider the history of a few of them, of those, at least, best known to me.

(To be continued.)

A COURSE

OF

LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXVII.

(Continued from page 99.)

Gentlemen,—In gunshot wounds the inflammation goes on at first very slowly and insidiously, but in five or six days the swelling is so great that the whole limb is involved, and often gets to twice its proper size, and hard. Not only do the surrounding textures slough and inflame, but also very immense abscesses form under the fascia, larger than I have seen anywhere else. In a hospital of which I had charge there were several soldiers brought in with abscesses of this kind, from which three or four quarts of matter came away daily, and only one of them got better; in fact, amputation should have been performed immediately upon the occurrence of the injury. Where the ball breaks the head of the humerus amputation should be performed immediately. I have seen six or eight cases where the balls have carried away the arm up to the shoulder: no bleeding occurred, and the patients were saved by removing the fragments of the humerus and scapula. A case occurred where I was doing duty in a field hospital: a soldier had been struck on the shoulder, and the whole of that part was torn, and half the scapula taken away. In the end this man recovered. The pieces of bone were removed, and no hemorrhage took place. Sometimes you find the whole artery is exposed, and yet no hemorrhage occurs; and, from what I have said of the structure of arteries, you will understand the reason of this. The constitutional symptoms at first are fainting, trembling, and coldness. Paleness and syncope come on, so that you would think the patient was going to die, but, by assuring him that all is right, and by administering wine, he may be brought into a quiet state; should such symptoms, however, continue any length of time, you will have reason for believing that parts of importance are injured. If the countenance continues yellow, and the pulse faint, with perspiration, the injury should be suspected as of a serious nature. On the other hand, I have seen cases in which men have had a whole limb carried away without exhibiting the slightest symptoms of agitation of mind or body. I once saw a soldier whose arm had been carried away near the shoulder, and he neither fainted nor trembled, nor was any constitutional disturbance perceptible. After the subsidence of the first alarm which often follows the receipt of a ball, a reaction takes place, which is known as sympathetic inflammatory fever. As the effects of the inflammation diminish, this reaction will become subdued; but, should these effects take an unfavourable character, hectic fever may follow, and the patient be destroyed, or at least the removal of the wounded part be rendered necessary.

By the slowness of the inflammation which follows incised wounds, and by the insidious manner in which it proceeds, many young practitioners have been deceived, thinking it would not be very severe, but in a few days it becomes intensely red round the opening, and the inflammation extends to the whole limb, which is also swelled very much throughout its entire length. This preparation which you see is a slough which also forms round the orifice of the wound, and along the greater part of the track of the ball. Where the ball passes under the fascia, inflammation will be succeeded by sloughing, extending often from one joint to another to a a great distance. There is also a later form of hemorrhage, which comes on after gunshot wounds in many cases; I do not refer to that which takes place on the separation of the slough, but to another, which is even more dangerous, coming on after ulceration of large arteries, and produced by spiculæ of bone within the wound. These spiculæ may be deep, and also shift their place after a time, and may be difficult to detect, causing suppuration of the vessel and hemorrhage, when the patient can ill bear loss of blood, as in the lowest stage of hectic fever; it is a very serious occurrence, and often requires amputation. In the treatment of gunshot wounds, the first question is whether to amputate or endeavour to save the limb. If you resolve upon amputating, you must do it as soon as possible, or, to speak more correctly, as soon as the state of the patient's system will allow; for you often must allow time for the patient to recover the shock which is brought on by such a violent interference with the system; thus sometimes you must wait for three or four hours; while in other cases, where the shock has been less felt, you may proceed at once; the pulse will generally be a sufficient guide to you in this matter. If you amputate, you cannot have a better opportunity than this first one, for if you wait you will have inflammation, perhaps, with febrile disturbance or traumatic gangrene, and your patient will require the performance of the operation when he is in the most unfavourable state to endure it, unless, indeed, he has already fallen a victim to your delay. This was the doctrine during the last war, and such was the great experience of the surgeons of the French and British armies, that I have not the least doubt of its correctness. Indeed, it is only another application of the doctrine which Mr. Pott taught in relation to compound fractures; and, as this class of wounds is only another kind of compound fracture, it is naturally to be expected that the same statement should hold good of both.

If you decide on trying to save the limb where it is one of the extremities, the same indications present themselves as in general—namely, you must first stop the hemorrhage, and then remove foreign bodies. In some cases you must expose the wound, on account of previous bleeding, and tie both ends of the vessel; but you are still more frequently called on to extract foreign bodies. I said you are frequently called on to extract foreign bodies, and this is a case so common that the dilatation of a gunshot wound is by many considered as a matter of course. The French surgeons, I believe, almost always dilate, and for several reasons—first, to remove foreign bodies; and secondly, for the purpose of removing constrictions, for the textures under the fascia are constricted in an injurious degree, and the tendency to sloughing is thereby increased; thirdly, to stop the hemorrhage; fourthly, to procure a discharge of blood, whereby the chance of inflammation is lessened; and fifthly, to prevent the lodgment of matter. When the ball penetrates the dense skin you have always abscesses formed under the fascia, and in them a great quantity of matter.

John Hunter was too timid about dilating gunshot wounds; he disapproved of making a counter-opening when the ball had passed to a certain extent, and said that more inflammation followed the extraction of the ball than if it had been left in. But this opinion is at variance with the experience of military surgeons; they make it a rule to extract the ball wherever it can be done without too much irritation of textures; indeed, it has been laid down as a rule by eminent surgeons, that whenever the ball can be distinctly followed with the probe, whatever the depth, it should be extracted. Mr. Alcock, who served in the Spanish legion, relates a case where the ball penetrated the calf of the leg, behind the tibia; it was not taken out, and very large abscesses were formed; necrosis came on, and amputation was indispensable. Another case is on record where the ball lodged between the radius and ulna; it was not taken out, and, in consequence, the limb was twisted inwards, and such was the misery and inconvenience the poor fellow suffered, that he requested that it might be amputated. No doubt, if this ball had been removed by the necessary incision in the first instance, the limb might have been saved and great pain avoided. In dealing with foreign bodies, endeavour to extract them as early as possible, and do not make an incision deeper than is necessary to effect this object. You should not either dilate a wound without a specific reason, unless there is some foreign body requiring removal, as some dense fascia stopping up the outlet of some vessel. Some such reason as this should be in view, and not the mere discharge of blood. Another subject of consideration is the dressing proper for gunshot wounds. Formerly our military surgeons accompanied the troops to the battle-field with an immense store of bandages and tourniquets to screw on the limbs of those who fell in fight, and these were applied so tightly that many were attacked with gangrene; the patients were sent to the rear, and by the time the bandage was removed gangrene had begun. It would have been much better if the surgeon had merely applied linen cloths dipped in cold water till the patient got to the rear, or, if previous bleeding took place, to have the vessel secured as speedily as possible. This tight bandaging has now, however, gone out of use. The best application is lint dipped in tepid water, and covered over with oiled silk. The more simple and unirritating the dressing the better is it. Some surgeons apply a simple ointment, but, if this is used, it must be very superficially; do not use a dossil of lint, for if you do it will act as an extraneous body, and prevent matter from coming out which might form. When inflammation comes on, as it will do, you can apply no local application better than a poultice, and this is accompanied by antiphlogistic treatment, as taking blood, putting the patient on low diet, exhibition of antimonial medicines; and, if the pain is very severe, opium may be given.

When abscesses form, if you have not made a free dilatation in the beginning, it will be necessary to provide an outlet for their contents. We shall now consider some of those cases in which immediate amputation is necessary; and on some of these there is no difference

of opinion, while on others the highest authorities are at variance. When the whole thickness of the limb has been carried away by cannon-ball, gunshot, or bomb-shell, there can be no difference of opinion; here you must amputate, to have a useful stump, and to prevent that danger which would arise when inflammation of the stump came on. Where, however, the whole of the upper extremity is carried away high up the shoulder, you are not required to amputate, for there is not sufficient substance left, and the only indications which present themselves are to remove splintered pieces of bone and stop the hemorrhage. If the artery is exposed and does not bleed, you tie it. Under the removal of foreign bodies the patient suffers great pain; and from the shock which is communicated the whole system is in a very low state, and many sink under it. Where much of the thigh is carried away, the number of cases in which the patient recovers is very small. There was a case in the Peninsula where a man was wounded in the knee-joint, and was well enough to stand up, but, nevertheless, died on the eighth day. Another case for amputation is, where the bones are crushed or comminuted; these cases come under the same rule as fractures; also when the femoral artery is wounded, or the thigh-bone broken: this is a case in which surgeons have small difference of opinion. Dupuytren says that, if it is not broken into several fragments, you may save the limb; but as far as my experience goes it is in favour of amputation. Of all the patients who were in my hospital, in only one case of this kind was the limb saved, and that did not do well. Another case for amputation is where a large portion of the soft textures is carried away, and much injury is done to the nerve, as the tearing of the sciatic nerve, where, if you do not amputate, you will have traumatic gangrene; but I know of cases in which the mere tension of a nerve, say the ulna or median nerve, has not required amputation; there should be other reasons before amputation is determined on: it is better the patient should recover with a more or less paralyzed limb than none at all: this is Dupuytren's doctrine. I remember a case of an officer who was brought to me on the field of battle; a ball had passed through the forearm, and had injured one of the principal nerves; but we did not amputate, and he still has his arm, which, although it is not so available as the other, is of very much more use than any mechanical substitute could be. Wounds of large joints are generally cases for amputation: if the knee-joint is broken by a musket-ball, it must be amputated; if the wound be of the elbow-joint, not too much shattered, you may, perhaps, save the joint. Sometimes the head of the humerus is broken by the ball, where you need not amputate, because you can remove the fragments by incision, and by this means in many cases save the patient's limb. Where you have gunshot fracture of the forearm, you are seldom required to amputate immediately, but may give the patient the chance of saving the limb, and, if the case should go on badly, you must afterwards perform amputation. You may have instances of gunshot wounds of the patella, where the fracture is not compound, in which which you will be in doubt whether to amputate or not, and I think you will often be justified in postponing it in the first instance.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S., Physician to the Royal Infirmary for Children, &c.

(Continued from p. 82.)

GENTLEMEN,—Much of what I have already said concerning the treatment of the adynamic form of remittent fever and its complications applies to that of the typhoid continuous fever of children and its associated local disturbances. I shall, therefore, not dwell so long upon the treatment of the latter as I might otherwise have thought it necessary to do. You must recollect that much of our endeavours is to be directed to the careful guarding against and attention to the local affections of the brain, lungs, and intestines which may arise during the course of the fever; and that, so far as the fever itself is concerned, you may here apply the aphorism of Dr. Watson relative to the exanthemata, that we do not so much cure these fevers as keep the patients alive while they recover. There is no such thing, either, in my opinion, as cutting short typhoid fever when its evolution has commenced.

But there are practitioners who think differently on both these points. Some imagine that they can cut it short, or often stop its progress, by giving an emetic, with a brisk purgative or two, or by employing depletion; whilst others are of opinion that, by following certain special methods of treatment, we can materially assist in *curing* the disorder, or in preventing it from making that deleterious impression on the general system which it otherwise would do.

M. De la Roque and M. Taupin strongly advocate a general and systematic treatment by purgatives, affirming that in well evacuating the intestinal canal and modifying its secretions we remove the principal cause of the intestinal inflammation, and thence the origin of bad forms of fever. M. Barrier leans somewhat to this opinion, but thinks the system of purgation will not have the good effect asserted unless preceded by moderate loss of blood. He, with MM. Jadelot and Wendt, strongly inclines to such an antiphlogistic mode of treatment, whilst Taupin, Rilliet, and Barthez maintain that emission of blood has in general no such beneficial influence over the symptoms or course of the malady, but, on the contrary, in severe cases, according to the latter writers, if it be repeated, it increases the nervous symptoms, and appears but to hasten the fatal termination. M. Littré recommends depletory measures, unless symptoms of great vital depression make their appearance. Other practitioners have strongly urged the necessity of employing a tonic plan of procedure from the beginning of the disorder, and a few have given the disulphate of quinine in *large* doses, as recommended by some continental practitioners in the treatment of the typhoid fever of adults. Lastly, there are some who, like M. Stœber, assert that the *expectant* method is even more indicated in the case of the child than it is in that of the adult.

Let me, however, impress upon you that, in carrying out the treatment of typhoid fever in children, it is utterly impossible to lay down any such general and definite plans as are indicated in what I have said. Fever is a chameleon-like disorder, whose aspect changes according to circumstances, and the therapeutics of one condition is often found to be totally opposed to that of another. You may one day have a case which demands but the administration of a saline draught and a dose of castor oil; on another day, from the moment that you see your patient you will have to order ammonia and cinchona.

In this disorder we may say that we have two things to deal with—the fever as a *fever* merely, and the secondary complications of the brain, lungs, or bowels, which may arise in its course. The treatment of the fever must vary with the grade of the fever, and that of the complication will also much depend on the greater or less intensity of the typhoid state of the constitutional disorder. You cannot expect that that fever which is accompanied all along with a moist tongue, and no trembling of the arms, &c., loss of voice, or involuntary dejections, is to be met with the same therapeutic measures by which you attempt to combat a fever accompanied with a dry almost black tongue, sordes about the teeth, great trembling of the upper extremities, and speechlessness, &c. Nor can you think that the treatment of a similar local complication in either case can be by any means identical. You see, then, neither the treatment of one nor the other can be laid down as invariably the same.

The treatment of typhoid fever, simply as a *fever*, in my opinion never demands any loss of blood; yet a complication, such as *pneumonia*, may arise in its course, and this will often require the diminution of the quantity and force of the circulating fluid. Yet even here regard must always be had to the fever, as well as to the local lesion; for pneumonia of the earlier periods, of a not very high grade of adynamia, will require and permit of that loss which, when it occurs in more advanced stages of the typhoid disorder, it will not admit of. It is the same with congestion of the brain and its membranes, and of the inflammation of the intestinal tube. Whilst in the one case free leeching in young children and cupping in older ones, together with larger doses of antimony, must be ordered; in the other we must depend upon very moderate depletion, counter-irritation, and mercury with ipecacuanha and that admirable antiphlogistic the nitrate of potassa. But in the latter instances, sometimes, whilst we attempt to lower local inflammation, we may have to support, instead of depressing, the general constitutional powers. At the present moment I am attending with Mr. Weaver a case of typhoid fever in a little girl of five years old, in which we have had to give ammonia, bark, and even wine; whilst we have had to combat, with counter-irritation and mercury, affections both of the brain and lungs. Even in those cases admitting of loss of blood local bleeding by leeches at the temples, between the shoulder-blades, or at the top of the sternum just between the insertion of the sterno-cleido-mastoid muscles, and on the abdomen, when either the brain, respiratory organs, and intestines are affected, is preferable to bleeding from the arm or jugular vein, for in typhoid fever we never know how soon a more exalted condition of adynamia may appear. The application of blisters to the mastoid processes, of strong mustard cataplasms between the shoulder-blades, and the turpentine epithem of Dr. Copland to the belly, are the other means to be employed. But in the younger patients beware of blistering the chest; if you do, and a sore is made, you add fuel to the fire and increase seriously the watchfulness and the constitutional irritation. Moreover, I have known the little patient recover from the fever, and afterwards be nearly lost from the irritation and discharge of a large sloughing sore on the thorax. In such unfortunate cases you have to give cinchona and full doses of the tincture of henbane.

In the treatment of the fever of ordinary grades you will find the chlorate of potassa, in infusion of calumba, gentian, or cascarilla, the best febrile saline. But if the stomach is very irritable, as at first it often is, then there is nothing like soda, with hydrocyanic acid, and mustard poultices to the epigastrium; with these should be conjoined a grain or two of the hyd. c. creta, with three times the amount of the sulphate of potash, night and morning. But when the tongue becomes very dark and dry, and there are sordes on the teeth, dorsal decubitus, or any trembling, you must give the sequicarbonate of ammonia, with some preparation of bark. Now and then you will find decided benefit from ordering small doses of wine in strong beef-gravy, allowed to get cool and the fat skimmed off. When there is great watchfulness, accompanied with tremor of the upper extremities, and muttering and squinting—and all these you may see even at five years of age in fever—I have found the tincture of henbane, given so as to produce sleep, of great benefit; this is the best sedative in these cases for children; opium is not so free from danger, as it is more likely to congest the brain.

In the convalescence from typhoid fever you must have recourse to quinine, and, where possible, change of air also.

I shall now make some observations on certain very frequently-met with affections of the nose and mouth of children. They may appear trifles, but let me tell you that in the management of trifles a considerable portion of our professional

endeavours must be spent. I urge this on you, because I know full well that during our student life we are too apt to neglect the every-day and common disorders of humanity, to pay attention to the more unfrequent or startling phases of disease. We, when at the hospital, run after lithotomy and jaw-excision cases, and rarely visit the bedside of the patients belonging to the physician. We pay all attention to a malignant tumour of the thigh-bone, for example, but, as to cases of measles or rheumatism, we think they are far too easy of comprehension or too uninteresting to be able to offer us an equivalent for the sights of surgery. But it is not only in medicine that this admiration for the epic and the dramatic prevails, it pervades our humanity all through; we like a sensation, and, unless by our actions we can gain that, we too often feel disappointed. As said by Marston,

> "The long endurance whose monotony
> No tidings come to cheer! *This* were the trial.
> Hurried adventure when most perilous
> Hath got in it a bracing quality,
> Enabling us to meet whate'er betide;
> But 'tis the detail of blank intervals,
> Of patient sufferance where no action is,
> That proves our nature! Many are who act,
> But oh! how few endure!"

You will frequently have a child of from three to five weeks old brought to you, who is described as having taken a very bad cold, the evidences of which are a somewhat febrile condition of the tongue, and the discharge of a more or less thick mucus from the nostrils, the alæ and septum of which appear red and somewhat swollen. There is no cough, however, and the chief disturbance seems to resolve itself into this *simple acute coryza*. Now, you may think this a very ordinary matter, and in one sense it is, but in another one of considerable importance, for it is frequently of great distress to the child and anxiety to the mother. The latter finds the child cannot suck readily in consequence of the passage of the air through the nostrils being hindered, and its being constantly obliged to remove its face from the bosom to inspire through the mouth; the child's sleep is greatly disturbed; it lies with its mouth open, which becomes dry and painful to it, and its slumbers are broken by its own snoring sound. The patient becomes highly irritable from its ineffectual endeavours to get nourishment and sleep, and from the local irritation of the nose and upper lip, caused by the constant discharge. Under all these things it gets thin and wan-looking, is feverish and constantly crying, throwing its arms about and attempting to rub the nose. But with care and attention the coryza gradually diminishes, the child is able to suck and sleep better, and it regains its pristine state.

Such is the form of simple acute coryza, as I usually see it; but others, like Billard, have observed very untoward results supervene. The little patient, continually agitated by the desire for food and the impossibility for obtaining it, sinks, worn out by fatigue and disease, before any very great amount of marasmus is apparent. "The progress of the symptoms," says Billard, "is sometimes very rapid, in three or four days an infant may perish from coryza." I say that I have never seen such a result, but that it is possible I have no doubt. The danger of the malady arises from the difficulty of respiration and suction, and becomes the greater the younger the child is. The cause of this affection lies in the child—as it is termed—having taken cold; generally, I think, from its having been exposed to draughts of cool air whilst sleeping. Billard lays great stress upon the exposure of the infant to the heat of a strong fire, or of the sun's rays. He says, when, on the return of spring, children are carried out in the sun, we find them quickly affected with sneezing and colds. The rapidity with which insolation acts on the pituitary membrane at the termination of winter is the greater, because the membrane has been for some time unaccustomed to the influence of the sun's rays. I do not believe in the direct influence of this as a cause, or that the mere contact of the sun's rays with the nose of the child causes such an amount of inflammation as to give rise to coryza. I think that a more probable solution will be found in the child having been made warm in the sun, then brought home and put to sleep in a cool room, perhaps with both door and window open, and so from the draught of air "catches cold."

The treatment of this form of coryza resolves itself into the giving of warm baths, the gently acting on the bowels by castor-oil, and the application of a mustard cataplasm alternately to the nape of the neck and sternum. The nose should be bathed two or three times in the day with moderately warm water; and, if the atmosphere has suddenly assumed a low temperature, or the child is liable to be exposed, the parts may be smeared over with olive oil after each fomentation. The little patient must not be allowed to wear itself out in fruitless and exhausting attempts at suction, but must be fed by spoon very cautiously and tenderly upon the milk of the mother.

Again, another child may be brought to you who is a few weeks older than the former. It will be described, also, as having taken a very bad cold, and having got a running at the nose, which it has had for two or three weeks, or even longer, before you see it. On examining it you will find that the discharge is thinner than in the simple coryza; that it does not appear to distress the child quite so much as the latter does. The state of the nose proves that the discharge is of a more chronic character, and the nostrils at their entrance are cracked and scabbed, and partially blocked up by crusts. On looking more narrowly at the countenance of the patient, you may observe along the course of the eyebrows a scaly or scurfy eruption, and a few patches, perhaps, on the forehead. In other cases, also, the child has coppery-coloured patches of a circular form on different parts of the body, or an ulcer on the perineum or near the verge of the anus. There can be no doubt about the nasal affection—it is *syphilitic coryza*. Whenever a child is brought to you suffering under chronic coryza, narrowly inquire into the existence of a syphilitic taint; always examine the eyebrows and perineum; for there either has been or will be eruption at the one spot and ulceration at the other. Such a case of *snuffles*, which is obstinate in its character and has such accompaniments, most unquestionably has its origin in the source I have stated. Amongst the poor, in bad forms of the nasal affection, the lining membrane sometimes becomes ulcerated; scabs form about the nostrils, and completely block up the passage; there is now and then a nasty sanious discharge: in fact, the coryza merges into a modified form of *syphilitic ozæna*.

The treatment is resolvable into the affecting the system with mercury. If the mother still has external manifestations of syphilis, you may make her take blue pill, &c., and so cure her and the child, through her milk, together. But if not, if you cannot discover that the mother is in fault, as often happens, you must give the child from one to two grains of the hyd. c. cret., with four or five of soda, night and morning, and occsionally a warm bath. The nasal and other syphilitic affections will under these disappear. Sometimes you will find the mercury act injuriously on the digestive canal, producing purging, gastric irritation, vomiting, green spinach-like stools, &c. In such a case you must diminish the mercury to half a grain, night and morning, and combine it with a grain of ipecacuanha, or change the form, and give half a grain of calomel. Now and then I have been forced to suspend the mercury for a few days altogether. In a few instances, where the child is in a state of marasmus, I have found that the iodide of potash, with quinine, is a better treatment than the mercury. In this form of coryza you may employ locally a lotion of the sulphate of zinc in rose-water.

Again, you may have brought to you for advice a little girl of from four to ten years of age. She will be described as having a bad nose, and also as being otherwise out of health. On examining the organ, you find that its entrance is blocked up with crusts and scabs, the alæ and septum sore and cracked, and the upper lip contiguous to the nose red and swollen. When made to expire forcibly through the nostrils, a thin discharge, mixed with solid lumps of mucus and crusts, makes its appearance. In other cases, the entrance of the nose and its cavity are quite free, but the lining membrane is highly red and irritable, and at the posterior part swollen, so as there to diminish considerably the vacuity. But, besides the disorder of the nose, you will, in all probability, discover, if the child is young, that there exists eczema behind the ears, or impetiginous eruptions on the face or scalp, herpes about the lips, or ecthyma on the extremities; that there is great redness of the edges of the eyelids. If the child is older, the glands of the neck are swollen, or there is otorrhœa or discharge from the genitals. The nasal affection here is *scrofulous coryza*, which, like the syphilitic, may merge into a slight form of ozæna.

At first there has been scrofulous inflammation of the lining membrane, accompanied with much discharge, as in simple coryza, the more acute stage passes off, leaving an obstinate chronic inflammation with more moderate discharge behind it. The child picks and irritates the nose, attempting to remove the crusts and scabs formed by the concretion of the mucus; ulceration of the membrane results, which now and then scabs over; the crusts are picked off by the child, and a little blood passes, and ulceration proceds once more.

I remarked that in some cases the discharge is thin and does not concrete, and the passage of the nostrils anteriorly is left pretty free. But here there is posteriorly great thickening or swelling of the membrane, especially of that portion lining the septum, and by this the nose is blocked up. These cases are very obstinate, and, from the great protuberance of the membrane, are sometimes mistaken for nasal polypi. This is the more likely to be the case where there is naturally a great breadth of nose externally, as in the boy I pointed out the other morning at the Infirmary to our house-surgeon, Dr. Westley. Sir Benjamin Brodie, in his late lectures, has very ably described this form of chronic inflammation of the Schneiderian membrane simulating a polypus. He remarks, "This may be mistaken for polypus; and, indeed, the disease puzzled me when I first saw it. This appearance, however, is produced merely by the thickening of the mucous membrane of the nostrils at the anterior extremity of the inferior turbinated bone. I do not believe that the mucous membrane there is really more thickened than it is anywhere else; but it is more apparent in that situation on account of the projection of the bone." In one or two cases I have myself seen the membrane rather more forward, distended in the form of a sac or cyst, which, on being punctured, discharged a serous fluid. Sir Benjamin has seen cases in which a small abscess was found in the tumour I before spoke of, suppuration taking place in the substance of the Schneiderian membrane just where it projects in front of the inferior turbinated bone.

The treatment of this scrofulous form of coryza, ozæna, pseudo-polypus, &c., is the following:—Give the iodide of potash with quinine, or the liquor potassæ in cinchona. If there be anemia in a female patient, order the preparations of iron instead. The bowels must be kept open by rhubarb and soda, with a dose of a neutral saline occasionally. The incrustations about the nose should be softened and dislodged by warm water, and then the patient made to snuff up from the hollow of the palm of the hand a lotion of sulphate of zinc or nitrate of silver. I have also found the oxide of zinc ointment introduced into the nasal cavity by means of a camel's-hair pencil advantageous. Where there are herpetic eruptions about the lips, or aphthoid ulcerations within the mouth, the internal use of the chlorate of potash is most advisable, together with a free action on the bowels by a

neutral saline. In all these cases of scrofulous disease of the nose you should examine the tonsils; there will generally be something wrong with them, and demanding the application of the solid nitrate of silver or the tincture of iodine. I have applied the solid nitrate within the nose with advantage to the form simulating polypus. Sir Benjamin Brodie recommends steel, injections of the sulphate of zinc, and the citrine ointment; and in the cases of pseudo-polypus he has introduced a pair of probe-pointed scissors, slightly curved, and snipped off a portion of the projecting mucous membrane. Where an abscess has formed he recommends us to cut off with a pair of scissors membrane and abscess altogether. I may just remark that I see a great many cases of the scrofulous disorder of the nose amongst young men and women as well as children. I shall continue the subject in my next lecture.

CLINICAL LECTURES ON THE GRAVITY AND TREATMENT OF FRACTURES AND WOUNDS BY FIREARMS.

By M. VELPEAU.

ON GANGRENE.

Gentlemen,—Gangrene resulting from gunshot wounds is of two kinds: the one produced by a cause *direct;* the other, by a cause *indirect*. The first always exists from the circumstance of the wound itself, and is the result of contusion and of trituration of the soft parts, which are sloughy. It varies in degree: thus it may attack the superficial layers, or the thick parts; it displays itself also more deeply again in the bone than in the soft parts, for these yield under the force of the body producing the wound, whilst the bones which oppose are fractured. This is the gangrene by the cause *direct*, and which necessarily exists.

Gangrene by the cause *indirect* is that of which we shall now more particularly speak. It develops itself under the influence of a wound, and not in the wound itself, which may probably at the time not exist. There are two species of gangrene *indirect:* the first, which develops itself under the influence and from the same cause as the bruise in the organs implicated; the second, which is the result of the inflammation consequent on the wound. The first depends—1, on a lesion of the bone; 2, of the nerves; 3, of the venous and arterial trunks; 4, on injury of the parts.

When a ball traverses a limb and encounters vessels in its passage, many facts may present themselves: the principal artery and its larger branches may be wounded, then gangrene follows almost as a necessary consequence. If the artery alone is wounded, mortification will not supervene.

If the artery and principal vein are wounded at the same time, gangrene will almost inevitably follow, because, supposing that the blood arrives as far as the extremities by the collateral arterial branches, the venous circulation is necessarily interrupted, the blood infiltrates into the tissues, and very soon they become engorged, swollen, and gangrenous.

If there are many large arteries and veins, gangrene will not necessarily follow because an artery and vein have been wounded, for the circulation will be carried on by the others. Thus when the femoral artery and vein have been injured at the same time, gangrene may not result, for the circulation may be established by the profunda artery and vein.

Division of the nerves is a cause of gangrene. In a limb where there are many nerves, as the arm, for instance, the division of one or two nerves is not a cause of gangrene; but, if most of the nerves be injured, paralysis not only follows, but also gangrene.

Division of the skin, whatever may be its extent, never produces this particular disease, no more than lesion of the muscles, provided that the vessels and nerves remain uninjured. Fracture of a bone alone is not a cause of gangrene, but if at the same time the arteries and nerves are divided, and the soft parts are extensively injured, this will inevitably follow.

Gangrene is a complication of gunshot wounds we must notice, but the surgeon will not rest content with mere observation; he will further endeavour to become acquainted with *indications*, to secure as far as possible the safety of his patients.

Now, the diagnosis of gangrene is easy; it is known that it has certain characteristics by which it cannot be mistaken, but it is by no means easy to foresee and announce its advance. Yet we may, to a certain extent, foretel gangrene from the injuries produced by the projectile. Yet how many difficulties we may have to encounter at the time when we have to decide if such or such an organ has been wounded, or to deduce the probable pathological consequences. For example:—Hemorrhage occurs; it may not often be discovered whether this proceeds from a wounded artery or vein, because the blood, by reason of the contusion of the parts, does not come out in a stream. The division of an artery may not be productive of hemorrhage, because the vessel may be plugged by a hard clot of blood, or much blood may be infiltrated into the surrounding tissues without escaping externally. Where an artery has been wounded two kinds of hemorrhage may occur: either immediate hemorrhage, or hemorrhage produced by the separation of the clot. Thus the surgeon is often very much embarrassed when he attempts to prognosticate the results of the wound as regards hemorrhage.

If the injury includes more or less the substance of the soft parts, and the ball in its course comes in contact with vessels and nerves, it is probable that gangrene will follow.

In fine, when a gunshot wound has been inflicted, it may, to a certain extent, be anticipated whether or not it will be complicated with gangrene; there are cases, however, in which it is impossible to foresee the results. When gangrene has declared itself, whether it has been foreseen or not, two things remain to be accomplished by the surgeon—to determine the prognosis, and then the mode of treatment.

The *prognosis* of gangrene resulting from a gunshot wound is more unfavourable than if the disease resulted from an ordinary wound. Yet spontaneous gangrene is more dangerous than that which follows wounds from firearms, because it depends more frequently upon causes over which the surgeon has no control: thus a spontaneous arterial lesion may be the result of extensive alteration in the organism, &c.; an arterial lesion may, on the one hand, be the result of inflammation of the vessel, which, in consequence, becomes obstructed; on the other, it may be produced by an entire degenerescence of the artery.

Accidental gangrene is not so serious, for though it may depend on a lesion of the vessels, and this lesion is local, yet art may find a remedy.

We have said that gangrene complicating gunshot wounds is more dangerous than that which follows ordinary wounds—and why? Because the projectiles make the soft parts slough, destroy the vessels and nerves, and fracture the bones. The result speedily of this trituration is a *putrilage*, which exercises a baneful influence on the economy, and sets up the commencement of a species of poisoning.

What should be the treatment of gangrene? It must be altogether surgical, and is summed up entirely in the amputation of the diseased parts. Formerly, when ligature of the arteries was not attempted, it was thought better to leave the dead parts to detach themselves and drop off; but, now it is known how to tie the vessels, amputation is preferred, because, in leaving the gangrenous parts to drop off spontaneously, a bad stump is the consequence, and the bone protrudes in the middle of the flesh; for at the bone the mortification does *not* go so far as in the soft parts. This, as may be expected, produces great inconvenience. It is needful, therefore, when gangrene supervenes, to have recourse to amputation: this is imperative on us if the general health is good; a commencement of infection, however, will be a formal contraindication.

Here, gentlemen, the important question presents itself: is it proper to amputate immediately when the gangrene has manifested itself; or is it proper to wait till its progress is arrested? The surgeons who advocate the latter opinion do it for the following reasons:—Gangrene, they say, produces gangrene; it is never known where it will stop, consequently it will attack the stump.

The vessels are obliterated, not only at the surface of the wound, but even within, to a distance which cannot be determined; and this obliteration may extend through the large vessels into the splanchnic cavities. Moreover, in gunshot wounds there is a shock, a stupor, and an impoisonment—three things which make it most uncertain when the gangrene will be arrested—from which it follows that it is by no means proper to amputate before there are indications of its progress being staid. These are the principal arguments of those who are opposed to an operation before the disease is arrested.

Gentlemen, it is proper here to consider the question — What is the cause of gangrene? When it depends on spontaneous lesion of the arteries it is certainly far better to wait till there are indications of its ceasing to advance, because we are not certain when the arterial lesion will be arrested.

But if the gangrene is traumatic—if the vessel has been opened, and there is no reason to suppose that it is diseased above the wound—it is not necessary to wait for the separation of the parts, for the mortification will still go on. The presence of a gangrenous part excites, in the living tissues adjacent, an inflammatory and eliminatory reaction; and the organism, infected by a double source of poison, cannot sustain the struggle of the living tissues with the dead, and the system will very soon be exhausted. Thus, in a general way and *à priori*, it will be better, in gunshot wounds, to amputate at once. Yet this is not an invariable rule.

If, for example, as M. Larry has asserted, the gangrene commences at the extremities of a limb, near the fingers, we must wait till its progress is arrested; but if it show itself in the thigh, or in the substance of the arm, immediate amputation, before the separation of the dead parts, is the only chance of safety which remains to the patient.

Those also who have been operated on before gangrene has been arrested are found in an unfavourable condition. In general, as you may observe in two men who have lately undergone amputation, the one of an arm the other of the leg, in both of which the gangrene was not arrested, that the stumps are flabby, suppuration is established with difficulty, and the whole system appears to suffer. These unfavourable conditions exist more rarely when the disease is left to take its own course. The conclusion, then, at which we arrive is, that it is necessary very frequently to amputate before the dead parts separate, lest in temporizing the favourable opportunity may pass away, and thus the only chance of saving the patient be lost, for often the longer an operation is deferred the more impracticable it becomes.

ORIGINAL CONTRIBUTIONS.

REPORTS ON THE DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

The subject of oophoritis is so interesting, so important and varied in its result, besides being a cause of sterility, that I shall be excused giving a few cases of it. The affection itself has only recently excited any degree of general attention,

and I trust that the five cases which I have reported in the *Medical Times* (Jan. 18, Feb. 1, 15, and March 8, 1845) have tended to throw some light on the diagnosis and treatment of it.

C. C., aged thirty-one, brunette; tall; married six years. One child born about a year after her marriage.

Oct. 18, 1845. Complains of constant and severe pain of both groins, especially the left, with severe dragging pain in the loins and lower part of abdomen, both of which are increased by stooping, but relieved by standing. The catamenia come regularly, and last three or four days; they are preceded for nearly a week by much suffering, which also continues during the whole period; the discharge is very profuse, with clots and exudations; constant urging to pass water, which is turbid; bowels unhealthy; tongue red and dry; has had profuse and painful menstruation from her youth. Since the birth of the child the pain has been considerably relieved, although the discharge has been increased.

Examination per Vaginam.—Nothing wrong about the os or cervix uteri; the uterine sound passes easily to the full distance (2½ inches), without pain, but is followed by profuse discharge of blood.

Examination per Rectum.—High up in the direction of the left ovary a hard body can just be reached, which is acutely sensitive to the touch, and which she describes as the centre of her pain.

℞. Ung. antimonii pot. tart. inguini sinistro omni nocte applicand.

℞. Pil. hydrarg. chlorid. co. gr. v., alternis noctibus.

℞. Sodæ potassio tart. ʒj. o.m.

25. Catamenia appeared on her return home last week; a copious eruption has come out on the left ovarian region, which is very sore; the pain on passing fæces and on sitting down is not diminished; evacuations more healthy; appetite bad. Rep. pil. and sodæ potassio tart.

℞. Acidi nitr. dil. m. xv. ex infus. gentianæ comp. ter die. Hirudines vj. ovario sinistro.

Nov. 1. The ointment has produced much irritation and pain, so that she cannot say whether the original suffering is relieved; the eruption discharges freely; appetite better; bowels rather confined; catamenia still continue. The leeches do not appear to have afforded much relief. Rep. med.

8. Eruption still very sore, and discharges freely; the ovarian pain, the irritability of the bladder and of the rectum, are distinctly less; catamenia returned with less pain; fewer coagula, and exudations; appetite better; bowels regular. Rep. med.

15. Continues to improve in her health; pain of left groin diminished, but considerable suffering is produced on examination in the direction of the left ovary. Rep. med. Hirudines vj. ovario sinistro.

22. Leeches did not bleed very well, but she felt easier and better afterwards; general health much improved; bowels open about three times a day; frequent desire to pass water; no tenderness in left ovarian region. Rep. med.

29. Feels better; was in great pain four days ago, and observed some blood with the fæces, to the amount of two or three tablespoonfuls, since which she has felt better; on examination this morning some blood was observed upon the finger; the ovary is not so tender. Rep.

Dec. 27. Feels much better this week, but still has occasional pain; has been suffering from slight catarrh during the last week; catamenia appeared at the beginning of the month, with but trifling pain; no coagula or exudations; bowels confined.

℞. Pil. hydr. c. coloc. gr. x. h.s.p.r.n.

℞. Aquæ menthæ viridis, aquæ destillatæ, aa. ʒ vss.; acidi sulph. dil., m. x.; syrupi rhœados, ʒ ss. M. ft. haustus ter die sumendus. Sodæ potassio tart. ʒ ij. o.m.

Jan. 3, 1846. Feels well; expects catamenia in about a week. Rep.

24. Catamenia have not yet appeared; she has no pain in the groins, but slight pain in the back; bowels open; tongue tolerably clean. Rep.

Feb. 14. Thinks that she is between two and three months advanced in pregnancy; feels pretty well in general health, but is much troubled with morning sickness; the breast presents a well-marked areola, the follicles are enlarged, and the nipple œdematous. Rep.

28. Health improved, but the tongue is red, with a white fur; the bowels are healthy but relaxed.

Haust. sodæ tartratis ter die. ℞. Pil. hydrarg., ext. hyosc., aa. gr. v., alternis noctibus. Rep. sodæ potassio tart. o.m.

April 11. Has continued to improve slightly in health, but has had considerable irritation of the bladder this week, with pain on passing water.

25. Pregnancy advancing favourably: let her pay strict attention to the state of her bowels. Rep. med.

May 2. Complains of much irritability of the bladder; fancies herself harder than natural, and that the supposed movements of the child are more like throbbings.

Examination per Vaginam.—Os uteri high up in the hollow of the sacrum, round, soft, and closed; cervix barely a quarter of an inch in length. I think I can distinguish a slight trace of ballottement. Rep.

9. Pregnancy progressing; irritability of bladder; urine high coloured.

℞. Liq. potassæ m. xv. ex inf. aurant. co. bis die.

June 27. Feels well. Rep.

Sept. 16. Was delivered this day of a healthy living child; the whole course of the labour was perfectly favourable, and she is doing well.

It is difficult, and sometimes impossible, to trace the history of these cases to their origin; but from the fact of her having suffered from dysmenorrhœa up to the time of her marriage or pregnancy, and never afterwards, we have reason to conclude that the canal of the cervix, or os uteri, had been unusually small, and produced considerable resistance to the free discharge of the catamenial fluid. That this form of dysmenorrhœa is not necessarily a barrier to conception is a well-known fact, although it is equally certain that sterility is the more frequent result; but, when pregnancy does occur under these circumstances, the expulsion of the fœtus, even when very premature, produces such an amount of dilatation in the contracted canal as effectually to remove the cause of dysmenorrhœa. I have long since (Feb. 15, 1845) pointed out the fact, that obstructive dysmenorrhœa, when of sufficient severity and duration, is frequently attended with ovarian inflammation, which may be reasonably accounted for by the severe struggle and painful efforts which the uterus is excited to make at the menstrual periods for the purpose of expelling the catamenial fluid which has accumulated within its cavity. This state of uterine excitement must be a source of considerable irritation to the ovaries, occurring at a time when they are known to be highly congested, and their vessels in a condition near akin to that of inflammation. That the uterus suffers great distention from the menstrual fluid accumulated within its cavity is known by the fact that the patient herself will frequently feel it like a hard painful ball behind the symphisis pubis, which disappears as soon as the discharge comes on. In a great many instances I have reason to know that the uterus never entirely clears itself of the catamenial fluid, but remains full for many days afterwards, and probably retains a certain quantity until it is expelled at the next period, as in many of these cases the moment a dilator is introduced a quantity of brownish-red shiny discharge comes away, the characters of which are also evident from its peculiar smell. I may also add that, in almost all cases of long-standing obstructive dysmenorrhœa, the cavity of the uterus is considerably enlarged, being frequently half and sometimes a whole inch longer than natural, and allowing the sound to move about with an unusual degree of freedom. The blood which followed the introduction of the sound in the present case was probably merely from the circumstance of the catamenial period having just arrived.

I had hoped, from the irritability of the bladder, that the anterior portion of the ovary was the part chiefly affected, and applied the tartar-emetic ointment accordingly; but the little relief it produced, the pain on defecation and sitting down upon a hard seat, as also the results of examination *per rectum*, proved that the posterior half of the gland was also implicated. The second application of the leeches appears to have given considerable relief, and the discharge of blood from the bowel, which followed a few days afterwards, was attended by a similarly beneficial effect.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 136.)

Scrofula, so closely allied in its pathological characters to tubercular disease, might have been placed in the fourth class, but for this reason, that, in addition to the peculiarly wan countenance of a strumous individual, we usually have some external swelling to denote the glandular disease which is in progress. It has often suggested itself to my mind that the spawn or embryo of scrofula is the produce of a syphilitic taint on the one hand, and the virus of unprotected smallpox on the other. Variola was, there can be no doubt, the sore affliction with which Job was attacked, as we read, "So went Satan forth from the presence of the Lord, and smote Job with sore boils from the sole of his foot unto his crown" (Job ii. 7; Isaiah i. 6); and the description given by modern writers of this fearful malady in the East leaves no question as to its identity. The other scourge of mankind, which is the result of sin, namely, syphilis, is plainly noticed in the sacred scriptures as one of the curses which man has entailed upon himself; and, therefore, the parent stock of the disease under consideration is as ancient, I believe, as is the fall of man from his pristine state of innocence and uprightness, into rebellion against God, his Creator, and transgression against man, his neighbour.(a)

Thus the grandsire of all evil and misery which has befallen the human race since that terrible event is, Sin, which has conceived in the womb of lust, and brought forth her hideous progeny. Well may we, therefore, take up the words of that pious author and exclaim,

> "O thou hideous monster, Sin!
> What frightful ills hast thou brought in?
> All Creation groans with thee,
> Pregnant cause of misery."

Now, as these supposed parent diseases of scrofula, namely, variola and syphilis are capable of transmitting their respective poisons to the fœtus *in utero*, and that in a more pre-eminent degree than any disease with which we are acquainted, so it can be easily understood that the offspring of these two diseases when combined—scrofula—should be equally capable of transferring its virus to the unborn infant. Tubercular disease of the lungs and of the mesenteric glands are the offspring of scrofula, and, therefore, it enjoys the power of its sire and grandsire in propagating its species through the embryo. But as the copper-coloured Indiaman, the tawny Chinaman, and the fair European are all the offspring of one common parent, though each one is capable of producing a progeny exactly similar to its mother, so is it also with variola, syphilis, scrofula, phthisis, podagra,

---

(a) Let the following scriptures be read and compared together:—Leviticus vii. 21, and xv. and xxii.; Numbers v.; Job xx. 11, and xiii. 26; together with 1 Samuel xxi. 4, 5; and also 2 Samuel iii. 29; when it may be readily gathered that whoredom is the parent of syphilis, and that the one is coeval with the other.

mania, &c. &c.: the father taints the child, and the children infect their offspring from generation to generation; and thus it will continue until time shall be no more, and death, disease, and mortality are swallowed up in endless life.

The physiognomy of scrofula is not less marked than are the features of a tubercular diathesis. There is a particular formation of body which is common to both of these sister diseases: a long neck, with prominent shoulders, and a narrow, conical, or "pigeon-breasted" chest; a delicate, clear, and soft skin; a fine, well-arranged set of teeth, rarely surcharged with tartar, and presenting an unusual degree of whiteness; fair hair, a delicate rosy complexion, large blue or black eyes, a thickness in the upper lip, an effeminate voice, with prominent veins on the surface of the body. Such individuals are usually possessed with no small share of beauty, and are particularly liable to repeated attacks of tonsillitis, bronchitis, diarrhœa, and such-like disorders of the mucous membranes. I am acquainted with three gentlemen at present who answer to the above description in a striking manner, and they are the subjects of severe attacks of cynanche tonsillaris, so that active treatment has been imperatively called for in the early stages of the disease, and change of air has appeared to be the only means of inducing a perfect convalescence.

But there is a form of subacute tonsillitis, accompanied with more or less hypertrophy of these glands, which is constantly occurring in females who are the subjects of severe leucorrhœa, and who are of a delicate habit, and confined in a close, hot, and moist atmosphere. In such cases the attention of the practitioner to the cure of the leucorrhœa is of equal importance to the treatment of the cynanche. The latter disease has oftentimes subsided when the patient has become convalescent from the former one.

Having already made some observations on the subject of dropsy, I may now proceed to make a few remarks upon the varied forms of this disease, taking them in the order in which they stand pathologically in the classification before us.

In the first place, therefore, we may proceed to notice general or, I might say, "idiopathic dropsy."(a) This unusual form of disease is more prevalent amongst the robust, hardy agricultural labourers, than it is amongst the mechanics and artisans of large towns. The subjects of it usually possess a strong bony frame, firm and powerful muscles, a due share of subcutaneous fat, and who live freely upon animal food and malt liquor. I cannot say that I have seen a score of such cases during the last twelve years, but whenever they have presented themselves the following characteristic features have been observed:—The countenance is bloated, but ruddy and healthy in colour; the legs, thighs, and arms are swollen, hard, and give the sensation of handling a swine's back; the pulse is full and strong; the skin hot and tense; the tongue is furred; the appetite not much impaired; the urine is scanty, high coloured, depositing a copious brickdust sediment, acid, and contains no albumen; the bowels are costive; the nights are passed in a restless, unrefreshing manner; and the patient finds that the slight impediment in respiration which is creeping upon him wholly incapacitates him for further work.

The effusion, in such instances, is the result of some alteration in the chemical qualities of the fluids in the system. A suppression of any vicarious discharge, as from hemorrhoids, the catamenia in females, perspiration, &c., will induce such a disease; but the most common cause is the gluttonous indulgence in eating and drinking, whereby, such a phlethoric condition of the circulating system is induced, that, it relieves itself by effusion of its serous portions from the capillaries of the body into the cells of the cellular membrane.

The treatment in such cases is, in the first place, to relieve the general plethora of the circulation by one or more bleedings from the arm; active purgation with calomel, colocynth, and saline purgatives should follow this depletion, and the alkaline diuretics, with a spare and not too highly azotized diet, should be ordered.

Where this plethoric state of system has continued long together, it not unfrequently happens that cardiac disease becomes established in the form of hypertrophy of its muscular walls. If, however, the latter disease has not advanced beyond this point, and valvular obstruction does not exist, the exhibition of elaterium in this form of dropsy is unquestionably of great service. With such an exception as the above I have rarely observed any decided amelioration in the patient's condition by the use of elaterium in any form of dropsy but in that of "renal or albuminous dropsy." The following instance of "brawny dropsy" may illustrate the preceding remarks. John Magrath, aged thirty-five, Irish labourer at Covent-garden Market. Face, chest, and legs swollen to such an extent that, as he lay in bed, he occupied nearly a square surface. His appearance resembled the portrait of the celebrated fat man, Daniel Lambert. His legs were of a boardy hardness, mottled, with blebs and dark meandering veins, approaching in character to elephantiasis. His abdomen was much swollen, but did not fluctuate. His breathing, in the earlier stages, was not much distressed, nor did he require a high posture in bed, but he lay for some weeks in the recumbent position. He stated that his urine had been very thick and high-coloured, but had lately become quite clear and pale. There was no evidence by auscultation of cardiac disease, and only slight emphysema of the lower lobes of the lungs. His appetite was bad, and he acknowledged that he had been a spirit-drinker. He never had had acute rheumatism, nor any previous attack of dropsy.

His present illness commenced a few weeks before his admission here, and was dated from getting wet through in the market, whilst standing amongst the wet filth of the refuse vegetables. His legs first swelled, and then the thighs, and latterly the chest and face, &c.

This poor fellow continued to get worse, notwithstanding the active treatment adopted, and he increased to such an incredible size that I much regret that the dimensions of his body were not taken down, or a drawing made of his extraordinary appearance, as I am persuaded it was the most aggravated form of this disease. The peculiar brawny hardness remained until a week before his death, when the vessels in the toes, ankles, and hands relieved themselves of much watery fluid, and their surfaces freely pitted on pressure; with this exception no indentation by the finger on the skin could be made throughout the progress of the case; and this surface was as tense and as hard as a pig's back.

He at length sunk from dropsy of both lungs and pleuræ. We could not obtain permission to make a *post-mortem* examination. I may also mention that a similar case occurred here in 1833 in a female aged eighteen. The thighs measured thirty-three inches in girth, and were equally as hard and brawn-like as the preceding instance. She presented such a spectacle that many medical gentlemen visited her, and were astonished at the features of the case.

When the peritoneal covering of the intestinal canal, or that portion which is reflected over the surface of the liver or spleen, is the seat of acute inflammation, the necessary result of such morbid action will be thickening of that membrane, with more or less adhesion of its surface to the continuous layer of the peritoneum which forms the inner covering of the abdominal walls. Organization of that coagulable lymph which is deposited by inflammatory action upon a serous membrane is the immediate cause of such thickening and agglutination of parts. Whenever this process is fully completed in the serous covering of the heart, and chronic pericarditis is established, the effect of such adhesions is sooner or later manifest in the disturbed action of the organ itself. That free undulation, natural play, and equal contraction of the various chambers of this viscus are now gradually but progressively altered; its movements from the apex to the base are fettered, its free distention impeded, and its due contractions prevented; and it is, therefore, no matter of surprise to find its action irregular, its impulse violent, and its sounds increased, when its investing sac, in lieu of affording it moisture, freedom, and support, has now clogged its movements by the bands which it has thrown around it. These may be considered, then, as the primary results of such an inflammatory attack upon the pericardium; they, however, soon give rise to other equally serious effects upon the parts immediately around this vital engine. Those large venous sinuses, the auricles, together with the main vessels which disgorge their contents into these cavities, become dilated; column after column descends into them, but they no longer find that easy ingress and egress through these chambers which health and vigour once afforded. The principal trunks of the organ now become gorged by the delay in the progress of the blood through the respiratory system. Distention of the jugulars, congestion of the pulmonary capillaries, and an increasing distress about the action of the heart, are the disturbed movements which spring from an adherent pericardium; whilst, on the other hand, the hepatic venous engorgement which ensues from the same cause exercises its baneful influence over the abdominal circulation, and the secretions of the several organs contained in that cavity.

It is an invariable law in pathology that whenever obstruction to the course of any fluid occurs the pent-up fluid must find an exit in some part of the body. That portion of the circulating fluids which is thinnest and most capable, therefore, of escaping from its vessels finds the readiest egress. Serum in one form or another, therefore, escapes into circumscribed as well as into uncircumscribed cavities. Hence we soon find the disease in question has induced ascites, or hydrothorax, in addition to the varied changes noticed above. Now, if these observations are applied to the results of *acute peritonitis* we shall understand why dropsical effusion is so constantly the effect of agglutination of the intestines to the peritoneal walls of the abdomen. The same laws in pathology which act so as to give rise to hydrothorax in pericardiac adhesion, also act so as to induce ascites when adhesion of the peritoneal sac exists. The vermicular motion of the intestinal tube whereby it contracts and thus propels its contents is now suspended. The gradual flow of bile from the common hepatic duct into the upper portion of the alimentary canal, so essential in the processes of nutrition and of fæcification, is now impeded in its progress; the chief stimulus to the peristaltic action of the intestine is the flow of bile into them, and any deficiency in this latter action is always attended with a retarded flow of bile into the canal itself. But the hepatic lobules are, moreover, gorged by this delay in the progress of the bile which chronic peritonitis induces, and thus the liver and spleen soon become altered in structure. When the abdomen is thus the seat of serous effusion, it usually follows that the firm bands which unite the layers of the peritoneum together prevent any large amount of effused fluid taking place; and the true character of ascites is not so commonly observed in this chronic disease as it is in that of hepatic dropsy, which shall shortly be noticed.

PERICARDIUM ADHERENT.—ASCITES.

Mary Oliver, aged forty-five, married, and has had six children, admitted November 13. Skin dingy and opaque; countenance and body emaciated; swelling of legs, thighs, and abdomen, with distinct fluctuation; pain at the epigas-

(a) Dropsy, occurring independent of any organic change in the animal frame, is unquestionably a rare disease, as I have already observed; and, if our pathological and chemical researches were more advanced than they are, it is doubtful whether we should find any effusion into the texture of the body which had not its corresponding cause in the alteration of the component parts of the solids or fluids of the animal economy.

trium aggravated by eating; dyspnœa; slight cough; palpitation; lies easiest on the *left* side; cannot lie on the back for pain in the abdomen; urine scanty, clear, pale, but contains no albumen. Never had rheumatic fever. Ascribes her illness to over-fatigue, and states that seven months ago her legs and thighs began to swell, and crept up to the abdomen, which swelled three months ago.

Percussion over the abdomen evidences ascites, as the sound is clear on the front, but dull at the flanks. The whole venous system is singularly congested, especially the jugulars, and the veins on the chest. Pulse occasionally intermits.

As diuretics proved unavailing, she was tapped on the 24th of December, when eighteen pints of clear serum were drawn off. But she never rallied from the operation, and gradually sunk and died on the 3rd of January. The liver was found to be harder and its edges rounder than natural. The gall-bladder contained eight small, angular, black calculi, friable, and breaking with a crystalline surface, and affording a yellow colour when mixed with water. The spleen was larger than natural, and its peritoneal covering thick, white, and opaque. The kidneys had undergone the earliest stage of Bright's disease. The pericardium was universally adherent to the heart, which organ was rather large, the increase belonging almost entirely to the auricles, both of which were large. No valvular disease, and no apparent alteration in the internal lining.

MESENTERIC DROPSY.

When, however, there is a scrofulous diathesis in the constitution, and the processes of digestion and of assimilation become impaired, the mesenteric glands are usually fixed upon as the seat of a tubercular deposition, in children more especially. The features become pinched and very attenuated; the countenance is pale and distressed; the limbs are atrophied and very feeble; the abdomen is tense, hard,and shining; fluctuation is distinctly felt; the evacuations show an absence of bile; and the child pines away until apthæ, dysentery, sloughing over the sacrum, &c., carry the patient off, wasted to a mere skeleton of bone, muscle, and skin.

(To be continued.)

CASES OF PERINEAL ABSCESS.

(*Read before the London Hospital Medical Society.*)

Communicated by NATH. WARD, Esq., F.R.C.S., London.

Case I.—I was requested by my friend Dr. Bentley, three or four months ago, to visit a middle-aged, unhealthy, sallow-looking man. I found that he had been suffering for several years from the effects of gonorrhœa, contracted a long time back, and, according to his own account, improperly treated by a chemist. He was in bed and suffering a good deal from irritative fever. There was considerable induration in the perineum and along the whole course of the urethra; great difficulty in voiding the urine, five minutes or more being occupied in its escape from the bladder. After the passage of the urine he had great pain in the fundament, referred to the perineal swelling, and which, to use his own probably exaggerated expression, was like a red-hot iron being applied to him. The calibre of the urethra was contracted throughout its entire length, down to the swelling in the perineum, and it was with difficulty that a moderate-sized catheter could be passed into the orifice of the urethra.

I prescribed diminished diet, saline medicine, and the application of leeches every second day to the perineum. This treatment was followed by facility in urinating, but by little relief to the pain after it. On the tenth day he had a slight attack of shivering and increase of the swelling, which became very tender on pressure, but not injected on the surface. A catheter was with difficulty introduced, and about half an inch before entering the bladder hitched at the lower wall of the urethra, so that it was obliged to be guided steadily against the upper wall. The instrument was kept in for three days, and then changed. This treatment was persisted in for three weeks, at the end of which time the use of the instrument was dispensed with, all severe symptoms had subsided, the swelling in the perineum had all but disappeared, and he could urinate without subsequent pain or inconvenience. This amelioration, however, was but of short duration, for the patient, supposing himself all but well, set to work smoking, drank freely of gin and water, so that, on the evening of the third day after the catheter had been taken out, all the previous symptoms had returned, with increase of the excruciating perineal pain, even if he did not pass his urine. He passed a restless night, pacing about the room and moaning with pain. He sent for me early on the following morning, when I found him tossing himself in bed, with flushed face, intolerant of being questioned, heated skin, excited pulse, &c. On examining the perineum the swelling had much increased in its original dimensions, and there was a peculiarly excruciating tender spot just behind the spongy portion of the urethra. I immediately made a free incision through the whole of the tumour, which was tense, highly injected on the surface, but presented no distinct fluctuation. A good deal of serous fluid tinged with blood escaped, and from the sides of the incision oozed out several small quantities of pus at interrupted intervals. Urine passed freely through the opening on the following morning, and the wound presented in two days a healthy granulating surface. Elastic catheters were kept in the bladder for a day or two together during two or three weeks. Two months after the operation he could empty the bladder with the greatest facility, and "never felt freer in his passage in his life." The sinus had quite healed about a fortnight from this time.

Case II.—A middle-aged labourer was admitted into the London Hospital, under Mr. Hamilton, having twenty-four hours previously fallen, owing to the giving way of a rope, a few feet, and alighted with his perineum on the fluke of an anchor. There was much hardness at the lower part of the right nates, with bloody discoloration; hardness also, and great tenderness, at the anterior part of the perineum, the whole of the cellular tissue being extensively ecchymosed; considerable pain and tenderness when passing his urine, referred principally to the lower part of the spongy portion of the urethra. The urine passed three or four hours after the accident was thick and bloody, but that after his admission was clear. A catheter was introduced without much difficulty, and hitched only in passing the membranous portion of the urethra. Two pints of highly coloured urine were drawn off. Skin hot; pulse sharp and quick; tongue foul. Col. c. cali gr. x. quâque nocte. Mist. salin. cath. ter die. Leeches and fomentations to the perineum, and the catheter to be used twice in the twenty-four hours. This treatment was pursued till the sixth day. The constitutional disturbance had, however, not diminished; he had uneasy nights, and throughout the day was feverish and irritable. Swelling, tenderness, and throbbing in the perineum had supervened, accompanied with tension and redness. On passing the catheter about two ounces of pus escaped, with material relief to the symptoms. On the following morning a free incision was made in the perineum, a little to the left of the median line, followed by the escape of pus and very marked relief. In the evening he was troubled with flatulence and tympanitis, which shortly subsided after free action of the bowels. A catheter was passed three or four times a day for four days, when its use was dispensed with, the urine passing freely through the wound in the perineum and the urethra. On the nineteenth day after his admission the urine ceased to flow through the perineal opening, the wound rapidly granulated, and he left the hospital on the forty-third day after admission quite cured.

Remarks.—In the treatment of the first case, the swelling in the perineum and other local symptoms clearly implied that circumscribed suppurative inflammation had all but supervened. A free incision would no doubt have relieved the local uneasiness. Bearing in mind, however, the numerous instances of prolonged and tedious healing of perineal fistulæ in those cases where the calibre of the urethra is considerably obstructed, and the soft parts in its immediate vicinity deviate so much from their ordinary character, owing to effects of chronic inflammation, it was determined to adopt the palliative treatment, by the recumbent position, leeching, low diet, and, at the same time, the gradual dilatation of the obstructed canal. This line of treatment was carried out with every prospect of a satisfactory result, when an absurd piece of imprudence on the part of the patient rendered it necessary to have recourse to a free perineal incision. This incision was not made, however, till, on account of the previous treatment, the urethra had been so dilated as to admit of the free passage of a large-sized catheter. The rapidity with which the wound subsequently healed seemed, therefore, mainly attributable to the free egress which the urine had from the bladder. But, even with this advantage, the time that was requisite for the perfect closure of the sinus was great, when contrasted with the period in the second case, where an abscess formed on account of mechanical injury without there having been any previous urethral obstruction and chronic morbid alteration of the soft parts around the canal. Thus the two examples form a good illustration of two of the principal forms of perineal abscess which so frequently come under the attention of the surgeon, and suggest the practical inference that in the first type palliative treatment should be adopted (and which in the present instance would, no doubt, have been attended with radical success but for the folly of the patient); that in the second there are no grounds for hesitation in making a free incision in the perineum, as in this instance there would be no doubt that the fistula would rapidly heal, the soft parts in the perineum not having assumed chronic induration, and there being a patent means of egress for the urine from the bladder, the absence of which latter condition appears to constitute one of the chief obstacles to the healing process.

A CASE OF ACEPHALOCYST HYDATIDS.

Reported by J. W. TURNER, M.R.C.S., L.A.C., &c., Kensington.

The patient, Mrs. W., aged twenty-nine, first came under notice in August, 1844. She had been an invalid for years, and was now in the last stage of a decline; but had been advised change of air as a last hope. She was extremely thin and emaciated; features pinched; complexion sallow, yet not indicative of phthisis or the impress of malignant disease; pulse small, rapid, and feeble; expectoration-vessel contains quite half a pint of odd-looking matters, stated to have been coughed up during two attacks this morning. A cough came on whilst I was with her (an attack at her chest, as she called it), and of which she complained most bitterly. The expulsive efforts were, indeed, very violent, the countenance becoming livid and the eyes projecting as in strangulation; the hands too were forcibly pressed to the sides, to aid the efforts which were as much abdominal as thoracic. After about ten minutes of this violent coughing and retching combined, attended with the expulsion of a great quantity of matters having the appearance of mucus, blood, pus, and portions of opaque white membrane mixed up together, she again quieted down utterly exhausted by her prolonged efforts, but yet apparently content that I had witnessed one of her severe attacks; tells me for years she has suffered in this way, seldom a month free; always fears its approach when her chest begins to get tight, and the pain is severe in the right side, and her breathing becomes quicker and oppressed. On examining the abdomen, it presented a most unnatural appearance; the epigastric and hypochondriac regions were very prominent and unyielding on

pressure, although I could gain the outline of what at the time was imagined an enlarged liver, and on the other side an enlarged spleen; again extending from the right iliac to the upper part of the umbilical regions was another large, rounded, prominent mass, smooth as to its surface and very firm, but yet on percussion it conveyed to the opposed fingers a distinct yet peculiarly tremulous fluctuation. The small intestines were pushed over to the left iliac region; here and there one might feel (by pressure with the open hand over the abdomen) small rounded masses escaping from beneath the hand; yet these bodies might have been within the intestines; for she has great difficulty in obtaining relief from the bowels, and never without the aid of medicines, and then attended with much pain, prolapsus of the bowel, and bleeding, from an ulcerated state of the prolapsed portion; menstruates regularly, and takes her food very well; no œdema of legs or feet. On examining the chest there was total absence of those indications which percussion and the stethoscope would afford on examining a phthisical person; there were, however, great dulness and absence of respiratory murmur over the base of the right lung, and throughout both lungs more or less mixed crepitation; there was pain also on percussion over the lower half of the right lung. On more carefully examining the opaque white membranous matters ejected with the expectorations, which at first were imagined to be portions of false membrane, I had reason, from their form and appearance (when immersed in clear fluid), to suspect they must be distinct investing membranes of hydatid cysts, and such also was the opinion of my friend and coadjutor, Mr. Pollock, as also Mr. Hussall, of Notting-hill, to whom several of the specimens were sent for investigation. After a time the attacks became gradually less frequent, and by aid of mineral tonics, careful diet (generally liquid), and the employment of enamata, and to avoid active aperients, the patient regained sufficient power to undertake the duties of her house, and even to walk out a mile or two, yet still complaining of great pain and difficulty in relieving the bowels. On examination, the perineum appeared distended, and the pelvic cavity occupied by a large firm mass. Another severe chest attack occurred in October, 1845, and again in a few months later. She now became more and more feeble and emaciated; the abdominal tumours had evidently increased; the respiration had become more hurried; the tension and effects of the pressure on the abdominal pelvic and thoracic viscera more marked and distressing; the superficial abdominal veins were greatly enlarged; pulse always above 120; and the pain and discomfort, after taking the smallest quantity of food, was very great. Life was now a perfect misery, yet she still refused any proposition for the direct relief of the tumour (which I suspected was hydatid). For some months she still lingered on in this state, subsisting principally on oysters, stout, and new milk.

March, 1848. The chest attacks had not troubled her for many months, although her other abdominal troubles had greatly increased. She now implored relief; if any operation could ease her distress she would gladly consent to it. Although her present state of health was most deplorable, yet I judged it still prudent to carry out the measures formerly proposed as a last and only hope, if these should be sanctioned by the judgment of other medical men.

In consultation with her former medical attendant, Mr. Sharpe, of Eaton-square, Mr. Pollock, and Mr. Read, of Kensington, the operation was consented to. On the 19th of April I made the first application with potassa fusa over the most prominent part of the tumour; and where the abdominal parietes were most thinned by distention (viz., midway between the umbilicus and superior iliac spine), destroying the superficial textures over a surface to the extent of a five-shilling-piece. (The patient was placed under the influence of chloroform during the application, and was not conscious of pain.) The slough produced did not separate until the 1st of May, exposing a healthy granulating surface beneath, and a very limited arcola of inflammation around the margin of the eschar. The second application was made the same day. The slough produced separated on the 7th, exposing longitudinal muscular fibres of the edge of the expanded rectus. The third application after a few days exposed the under tendinous sheath; and then I daily reapplied the caustic to the centre of the eschar, wishing, if possible, to hasten the opening over a smaller space than the general eschar. On the 14th the point of my probe entered the large tumour, and on its withdrawal a quantity of watery fluid escaped through the opening; there was not the least tenderness over the abdomen. On the next day, the opening being enlarged, I could see an opaque glistening substance presenting at the orifice; on attempting to grasp it a little gush of watery fluid escaped, and afterwards I was able to extract the collapsed cyst of a hydatid. Immediately another hydatid presented at the opening; this, too large to pass, was punctured and withdrawn; some came away entire; in this way, during an hour or more, some quarts must have been discharged. For six days I continued at my visits to withdraw a pint or more each day; for, on pressing firmly over the bowels, occasionally a large round mass appeared to break under the hand, and discharge its contents into the large open cyst, from which I could withdraw the hydatids. On the eighth day from the opening into the tumour the hydatids appeared evacuated not only from it, but from those communicating with it. The abdomen had become much smaller and softer, the breathing easier, and the intestines appeared to have taken up the former position of the tumour. The patient expressed herself much relieved, and took her food better, and the bowels had since the first discharge of hydatids been relieved without medicine, and unattended with loss of blood as hitherto. The eschar was well covered with healthy granulations and healing in the circumference; a probe passed within the collapsed cyst, six inches in the direction of the liver, nearly eight towards the spleen, and five and a half inches downwards towards the pelvis, exposed the yellowish edge of a thick tough tissue, which was regarded as the parent cyst, which, appearing loose, I was enabled, by gentle traction with the forceps, to withdraw large thick portions of it without much difficulty. After some days the patient began to complain of the tightness at her chest, and feared she was about to have another of her old attacks; and so it proved. For some days she was able to throw off the matters accumulated in the air-passages; but, her appetite and general powers failing, the cough ceased, and death relieved her from further suffering.

On examining the body after death with Mr. Pollock we found many distinct cysts apparently developed between the duplications of the peritoneum; one, very large, posterior to the liver had expanded itself in such a manner as to render the contiguous organs subservient to it for investment; it had made its way through the diaphragm, or behind the right crura, gaining an oval opening of full six inches in its longest diameter. When opened this cyst appeared to be bounded anteriorly by the expanded liver; posteriorly, by the thickened and right crura of the diaphragm and spine, as well as the posterior inferior wall of the right chest; inferiorly, the right kidney was flattened out and distended by its pressure; superiorly, the base of the right lung formed the upper boundary of the cyst (that portion of lung which in health would be opposed to the diaphragm): this presented a large but shallow concavity, invested with a smooth, delicate, transparent membrane (as in healthy lung), presenting numerous trumpet-shaped orifices of canals passing into the substance of the lung. From one of these orifices we dislodged a small hydatid, but could not detect any in the substance of the lung itself, or within the bronchial tubes. Another large cyst had developed itself in the duplicature connecting the stomach and spleen; this had expanded the spleen in such a manner as to make the organ appear part of the investing tissue, as also the pancreas in part. These organs, as the liver and kidney, did not appear in any manner changed in structure, although so much compressed. Another tumour occupied the pelvis, and was so tightly impacted as to render it difficult to get it away without discharging the hydatids; the ovaries were not implicated in the mass. The larger parent cysts must have weighed seven or eight pounds each; oval in form, with irregular bulgings; the investing membrane was tough, and did not appear to possess any vascular connection with the organs upon which they had encroached, and to which they were adherent. When the tough elastic outer coat was punctured, the fluid escaped in a powerful jet; the interior was made up of a watery fluid and cysts, varying in size from a cricket-ball to a pea, the smaller ones having a beautifully transparent investing membrane, which in the larger was opaque; in some, of intermediate size and slightly pyriform in shape, the smaller extremity only was opaque. The larger opaque cysts were highly elastic, curling inwards forcibly when opened, and displayed on the inner surface a granular appearance, marked here and there with very minute black spots. One small contracted and puckered membranous cyst was found to contain a soft, dark-brown, cheesy kind of matter, which I am inclined to suspect was the remnant of a former cyst, perhaps a *solitary* one, and passed through its different stages to this its last, or may have been ruptured. Mr. Hunter, in speaking of this form of hydatid, remarks that "The hydatid itself becomes a sac, containing numerous small hydatids; these, after a certain time, decay, and the sacs or empty bags are squeezed together into a substance like isinglass; and it is probable they still undergo some further change, for two small bodies of the size of a common bean, of a cheese-like consistence and covered with membrane, were taken notice of in examining a case after death." If simple non-productive hydatids are evolved, we can imagine, by growth, a single cyst might become enormously distended, whilst at the same time its investing membrane would become more and more expanded until some slight accident might produce its rupture; on the other hand, the parent cyst of a compound hydatid would become denser by the successive deposition or apposition from within it of the sacs of those included hydatids which had by their own development attained the full limits permitted by the parent cyst. I have been induced to direct attention to these brownish cheese-like deposits, having formerly found a deposit of the kind within a single contracted cyst which had been developed between the peritoneal duplicature connecting the stomach and spleen. The subject in whom this was found had been some years previously a cause of much anxiety owing to the rapid development of an enormous tumour, commencing in the left hypochondrium, and about which there was much doubt. The patient being in other respects healthy, young, and newly married, after a time became pregnant, and the natural tumour in due time advancing to its proper position, the morbid growth as gradually receded, and was never thought of more until some years after. The lady dying from chest disease, on examination the only vestige of the former tumour was this peculiar cyst, so exactly resembling in structure and contents what one has reason to think is the last stage of a hydatid cyst. I remember a case of this nature some years ago in St. Bartholomew's Hospital. The patient had a large tumour in connection with the liver; the man was under the care of Dr. Roupell; and I believe the cyst was perforated by means of potassa fusa in a similar manner to the case here related, and large quantities of hydatids evacuated. The patient recovered. I once saw what at the time I believed to be a *solitary* hydatid cyst removed by excision from amongst the muscles on the inner aspect of the thigh. The operation was

performed by Mr. Stanley at St. Bartholomew's Hospital.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 141.)

The other case was a stout lusty gentleman; and in this case also the urine was far from copious. The specific gravity in both cases was very high—from 1·030 to 1·047; and sugar was extracted from the urine. Here are two cases in which diuresis and emaciation, as well as voracious appetite—all constant characteristics of diabetics—were wholly absent, and we have reason to know that they never appeared. Now, should such instances be placed in the diabetic category? Thirst and a harsh dry state of skin are almost invariably present in the more exquisite forms of the disease.

"A dry state of skin is one of the next most constant," after thirst, "symptoms present in diabetes," but some rare instances occur in which sweating even prevails. Emaciation and debility are, as might naturally be expected, invariable symptoms. When we reflect upon the immense daily drain upon the system—from ten to twenty or even thirty pints of urine of specific gravity of from 1·030 to 1·040, or 1·045—we can hardly be surprised at excessive emaciation and debility, or the rapidity with which they proceed.

The tongue assumes a fiery red colour, with a sense of heat or burning in the stomach; and a curious coincidence, which would hardly be imagined unless by those who have observed it, is, that this irritation frequently extends and appears as an inflammatory redness or irritation at the orifice of the urethra, or may assume the form of phymosis. Yet, occasionally, they present among the first symptoms, and prove a source of great annoyance and distress, particularly to middle-aged females of corpulent habit. So important does Dr. Prout consider this symptom in females, that, when such irritation exists in corpulent women above forty, he strongly recommends an examination of the urine, and relates the following interesting case:

"A corpulent middle-aged lady had for several years laboured under severe irritation about the orifice of the urethra, &c., and for which almost every remedy had been resorted to by eminent practitioners, both in England and France, without success. The condition of the urine had never been inquired into or suspected, but on examination I found it in the highest degree saccharine, and, from the history of the case, I have no doubt it had been saccharine for a long time."—P. 30.

We, ourselves, have in our recollection an instance of a case somewhat similar. A gentleman, about twenty-five years of age, was suffering from redness at the orifice of the urethra, attended with most intolerable itching. He had been suffering for nearly twelve months. He was at first told that he was labouring under gonorrhœa; but he had no discharge, no painful micturition, but occasionally there was a slight glueing together of both sides of the orifice. He took copaiba and cubebs, used astringent injections; but without the least amelioration of the urgency of his complaint. Stricture was now supposed to be either formed, or in the course of formation. The introduction of a bougie, however, soon rendered this view untenable. We saw the patient under these circumstances. The urine in amount varied between three and four pints, but seldom exceeded three, unless subsequent to some unusual indulgence in the use of fluids. The patient himself did not consider the quantity of urine unnatural. It was of a sort of a bluish-green colour, and perfectly transparent and watery-looking, which first caused us to suspect the real condition of the urine. The odour very faint, but something of that of newly-mown hay; specific gravity oscillating between 1·038 and 1·045; taste distinctly but feebly sweetish; it slightly reddened litmus-paper, and sugar was very easily separated. We mention this case, not merely in confirmation of the statement in the text, but with a view of fixing a very important pathological fact in the recollection of the junior practitioner.

Of the fatal terminations of diabetes, phthisis may be considered as by far the most frequent. To this Dr. Prout adds disease of the liver, jaundice, apoplexy; a peculiar affection of the stomach brought on by improper food, or by over-distentions; by acute gastritis induced by taking cold fluids when heated; inflammatory fever excited by exposure to cold, and rapidly assuming the typhoid character, &c. It sometimes terminates in dropsy of an incurable nature, and in various other affections.

Indeed, diabetes is a disease in which life may be said to "hang upon a thread," for many circumstances of no moment in themselves, or in a healthy state of system, prove fatal in this disease. Thus, says the author:—"As illustrations of the frail tenure of life and fatal results from slight causes in diabetes, I may mention that, within the last few years, no less than four individuals have died from the fatigue and excitement incidental to a journey from the country to consult me. The first was a gentleman from the Channel Islands, who, having suffered much from cold and sea-sickness during a boisterous voyage, died the next morning after he came to town. A second gentleman died before I saw him, almost immediately on his arrival at a friend's. A third very nearly died in my house. I happened to be from home when he called, and, unable to go further, he waited for me. I found him nearly speechless, and it was only after the free use of stimuli that he rallied so far as to be able to say where his friends lived. To them he was immediately taken with every care, but he continued to sink rapidly, and died in a few hours. A fourth gentleman recently died soon after his arrival at home, apparently from the excitement of his journey to London. In all these different cases it may be observed, that the individuals were in their ordinary state of health when they left home, and their deaths could be only ascribed to the fatigue incidental to travelling." (Pp. 32, 33.) We mention these cases merely to put before our readers the uncertain tenure of life in the confirmed or advanced periods of diabetes, and to prove how necessary it is to be cautious in either recommending or in any way sanctioning any measures which may at all endanger the patient's life.

Predisposition to diabetes, according to the author, is much more frequently inherited than acquired. Temperament, sex, and age he likewise ranks amongst the predisposing causes. The disease attacks more frequently individuals of the sanguine temperament, with light or reddish hair; and next to these the melancholic; but it attacks, in its more unmanageable and fatal forms, persons of a strumous habit, with dark eyes and hair, and fair skin. It is less frequent in women than in men. Old age and infancy enjoy the more perfect immunity. "There is, however," says Dr. Prout, "a modification of diabetes occasionally occurring in very young children, to which the attention of the profession was first distinctly drawn by Dr. Venables, and of which we shall presently speak."—P. 34.

Although the diagnosis of diabetes is anything but difficult, yet it is an extraordinary circumstance in its history, that its existence is seldom suspected even, much less discovered, till it has advanced to its most inveterate and confirmed stages, when cure becomes absolutely hopeless.

The following the author lays down as sufficient to render its existence probable:—

"When the urine of an individual is constantly of a pale colour, transparent, and of a specific gravity of 1·030 or upwards, the presence of diabetes may be suspected, even though the quantity of the secretion may not exceed the standard of health. If the properties of the urine above mentioned be occasional only, diabetes may or may not be present; and in this, and in other doubtful cases, recourse must be had to the means pointed out in the third part of this volume, for determining the presence or absence of sugar in the urine."—P. 36.

Patients, when they learn the real nature of their complaint, often become alarmed and very anxious about the event. Prognosis, therefore, becomes a subject of great interest to both the practitioner and the patient. Now, as the event in a great measure depends upon the stage of the disease, and this in no small degree upon its duration, it becomes of some importance to determine, as nearly as possible, the commencement of the attack. The urine before the commencement is generally turbid, but when the disease has begun this turbidity gives place to clearness and transparency. Upon this point Dr. Prout observes:—"By inquiring minutely as to the period when the urine was last observed to be turbid, I have several times traced attacks very nearly to their origin. In such instances patients have usually stated, that at some former period the continued turbidity of the urine was such as to attract their observation; and, on being questioned as to the supposed cause of such turbidity, some have ascribed it to exposure to cold; others to an attack of gout or rheumatism; others, disordered health from mental anxiety, &c. In most instances the cessation of this turbidity was not accurately noticed; in a few the termination was observed to take place rather abruptly; and the urine, on becoming clear, was likewise observed to become increased in quantity. Now, it is probable that, at the time the urine became clear, its saccharine condition commenced or, at least, became confirmed, though, in general, the increased flow of urine was not so great as to attract the patient's attention for several weeks, sometimes for several months, after this period."—P. 27.

If, then, we find from the history that the disease is of long standing; that the flow of urine steadily much exceeds the average, and the specific gravity also steadily continues above 1·035; that the urine is clear, transparent, and pale or straw coloured, and albuminous, we may conclude that confirmed diabetes is established. If to these we add severity in the constitutional symptoms, inordinate thirst, insatiable appetite, harsh dry skin, emaciation, and debility, however lingering, it may prove the case is hopeless. Amongst the favourable symptoms Dr. Prout enumerates the following:—"A moderate flow of urine of a specific gravity not higher than 1·035;(a) the appearance in the urine of lithic acid, either in its amorphous (b) or crystalline form; the recent appearance of the disease, and absence of thirst; the retention or gain of flesh and strength, and, more than all, immunity from organic disease, especially from organic disease of the lungs."—P. 36.

The author next proceeds to detail the morbid anatomy, but nothing interesting presents in this department. In some cases there could not be found a trace of any disease; whilst, in other cases, sometimes one organ, sometimes another, was variously affected. These facts do not enable us to connect the disease with any peculiarity of either lesion or tissue. This appears to be the view upheld by the author himself:—"In different instances, different organs have been found affected; while, in other instances scarcely a trace of disease has been discovered in any organ. Thus besides the lungs, which are the organs most generally affected, I have seen, in different individuals, the liver, the mesenteric

(a) We, ourselves, should say 1·030, or even under.

(b) Lithic acid, except in combination with a base, as ammonia, never appears in the amorphous form. The reader must recollect this.

glands, the prostate gland and bladder, and one or both kidneys, in a state of organic disease; while, in other individuals, each and all of these organs have been observed to be apparently sound. Such diversity in the organs affected, and particularly the occasional absence of all organic disease, seem to render it probable that the presence of sugar in the system neither necessarily depends on nor produces visible organic lesion of any particular organ; but that organic diseases, when they do exist, are merely concurrent affections. This inference is still further corroborated by the fact that sugar is constantly passing through the sanguiferous system in diabetes, without producing any very striking disturbance, much less organic disease. This remarkable peculiarity of the saccharine principle probably arises no less from its mild and innoxious character than from its great solubility in water. Did sugar possess active properties, or were it as insoluble as the albuminous principle, there can be little doubt that the constitutional disturbances produced by it would be much greater; and that organic disease would be a much more frequent consequence of its presence in the blood."—P. 37.

Still, however, diseased (*post-mortem*) appearances generally present. Our author states that the liver is always deeply involved in diabetes; the kidneys enlarged, flaccid, and occasionally congested; and a section of them, when first removed from the recently dead body, frequently assumes, on exposure to the air, a peculiarly deep orange-red tint, difficult to be described. Next a gorged condition of the veins terminating in the portal system, and especially the masenterie; also an unusually dark-coloured fluid condition of the venous blood throughout the assimilating organs. There is also, but not so constantly, a vascular state of the mucous membrane of the stomach and upper portion of the alimentary canal.

Upon the treatment of diabetes Dr. Prout states that the methods of cure have been as various as the opinions respecting its nature; and perhaps there is no disease the treatment of which has been proclaimed more easy, more simple, or more successful. Were we to be led away by the statements put forth, no disease can possibly be more under the control of art; but, notwithstanding all this, we must agree, and that most decidedly, with the author, that "perhaps there is no disease in which so much mischief has been done on false principles, and by random experiment."

The treatment proposed by the author is based upon principles enunciated as follows:—"The facts and observations I have to offer on the subject are founded on the opinion already advanced, viz., that diabetes is nothing more nor less than a form of dyspepsia; that this dyspepsia principally consists in a difficulty of assimilating the saccharine alimentary principle; and that, like all other forms of dyspepsia, whether it be an inherited or induced affection, diabetes is liable to be much modified and aggravated by concomitant circumstances."—P. 38.

It has been already remarked, and indeed is tolerably well known and admitted, that urine holding sugar in solution may be natural in quantity; or that the saccharine condition may be attended with a preternatural flow, or diuresis. Inattention to these circumstances has given rise to a great deal of confusion, and remedies, consequently, have been extolled which have acted merely as urinary astringents, without any power over, so as to correct, the morbid qualities of the urine. Now, whether there be any remedy capable of correcting the saccharine state of the urine appears very doubtful; but certainly, as Prout says, "there is none at present known."

From the general history of the disease, and calm reflection upon its various phenomena, we naturally look to diet as one of the chief agencies in the therapeutics of diabetes; and under this head we include both forms—the solid and the liquid—of aliment. Upon this subject we find the following remarks; their importance will be hardly disputed:—

"For some years past a diet exclusively animal has been much insisted on in this disease; and, from the principles we have attempted to establish, it will be readily understood that an animal diet ought to form an essential principle in the treatment. I do not, however, approve of a diet exclusively animal, but consider a certain portion of vegetable matters proper. The vegetable matters to which I particularly here allude are the green portions of plants. The reasons for this recommendation will be presently stated. With regard to farinaceous matters, I have lately prohibited them altogether in the confirmed stages of diabetes. As the disease, however, recedes, I think it proper to gradually introduce the use of farinaceous matters. It is difficult to find a substitute for bread; and in a subsequent note a process is given for making a species of bread without farinaceous matter. The recommendation of this admixture of farinaceous matters is founded on the fact elsewhere alluded to, and apparently well established, viz., that the assimilation of the saccharine principle is one of the last functions that becomes extinct in animals. The introduction of farinaceous matters must be gradual, and be varied according to the degree in which the patient is able to assimilate albuminous in preference to farinaceous matters; a point not difficult to be determined by a little attention. Of farinaceous matters the high or strong, as the farina of wheat in the shape of unfermented bread or biscuits, appeared to be most easily assimilated. The low kinds of farinaceous matters, as arrowroot, potatoes, &c. (with the exception, perhaps, of rice), seem to be more easily reduced to sugar than the farina of wheat; and in general, therefore, should be avoided. Every variety of the saccharine principle in its crystallizable form is absolutely inadmissible as an article of food in diabetes. This rule excludes, therefore, at once all fruits, whether subacid or sweet; as well as every compound, natural or artificial, into which sugar enters. The practical importance of this rule is so great, that I am doubtful, if it be neglected, whether good can be obtained from any plan of treatment; even its occasional infringement cannot be indulged with impunity. Thus, I have known the use of a few saccharine pears undo, in a few hours, all that I have been labouring for months to accomplish; and the disease, with all its horrors, has become re-established in an aggravated form. In the use of all prohibited articles. Dr. Johnson's saying, with respect to himself, viz., "that he found it easier to abstain than to be abstemious," should be constantly kept in view. In general, therefore, in diabetic cases it will be much better to prohibit altogether the use of doubtful articles, than to allow a little of them to be taken; for the latitude which inclination gives to the term little, and the want of stoicism to resist, are certain to lead to abuse and all its consequences."—Pp. 38—40.

But we shall effect very little by attending to the quality of the food if we neglect the quantity. Indeed, when we consider the constant craving which occurs in diabetes, and its urgency, we cannot feel surprised if the patient should give way to his feelings and to over-indulgence. The worst consequences, however, may result from such imprudence. Sudden death is by no means a very unusual termination in continued diabetes; and Dr. Prout has found such instances distinctly referable to errors in the quantity or quality of the food, or to both; that is, the patient is cut off after a "hearty meal." The quantity, therefore, should be regulated, and the food taken at stated intervals of four, five, or six hours; and no fluids taken for an hour or two afterwards. As food, our author prefers mutton or beef, plainly cooked; for instance, mutton-chops or beef-steaks, done rare, and these may be taken twice in the twenty-four hours; other meals consisting of some simple preparations from milk, eggs, butter, &c., only. "The recommendation of this solid plan of diet," says the author, "is chiefly founded on the well-known fact, that the reducing or dissolving function of the stomach is unimpaired or morbidly active in diabetes. When the reducing function is impaired, as happens in a few instances, a system of diet less solid and consisting of animal matters reduced to the pulpy state by stewing after the French fashion, will be more appropriate."—Pp. 60, 61.

Precautions of a similar nature, in reference to drink or the use of fluids, are equally essential; it is unnecessary to observe that quantity and quality should be strictly attended to. The Bristol Hotwell water has been long celebrated in diabetic affections. This water holds carbonate of lime in solution; and consequently water artificially impregnated with carbonate of lime, or of magnesia, have been substituted. Even limewater, or this mixed with milk, seems to quench the thirst better than most other diluents. Alkaline solutions, from their tendency to excite diuresis, are not so well suited. The effervescing solution of carbonate of magnesia is very grateful, quenches the thirst, and is by no means exceptionable, like alkaline beverages.

From the morbid activity of the stomach, unassimilable articles should be intermixed with the alimentary matters. Lignin, therefore, a modification of the saccharine radical, properly forms a part of the alimentary mass in diabetes. The bread should be made of undressed flour, or flour to which bran has been added is best. Unfermented bread, too, is more suitable, and the author gives directions for preparing such, for which we refer to the work.

With respect to the medical treatment, we regret to say that even Dr. Prout's extensive experience has not discovered anything specific, or even very efficient, at least in the advanced stages, or confirmed disease. He considers purgatives admissible only for the due regulation of the bowels, not as a special remedy in the treatment of the disease. But saline purgatives, excepting phosphate of soda, should be excluded.

Diaphoretics, and indeed all means of keeping up the action of the skin, are valuable. "Among the most efficient remedies of this class may be mentioned the use of warm clothing, and particularly of flannel, next the skin; frictions over the whole body with the flesh-brush; the use of the warm or vapour bath, &c. In conjunction with these, Dover's powder, antimonials, sulphur, camphor, &c., may be given internally in various doses and combinations, according to the circumstances of the case, or according as the stomach of the patient will tolerate them."—P. 49.

With these may be given astringents, sedatives, tonics, antacids. Of sedatives, opium is by far the most powerful, and we have seen much benefit from a combination of Dover's powder with acetic extract of colchicum.

Diabetes is, generally speaking, complicated with other diseases, even from an early period, and the author insists, not only on the necessity of studying these and their nature, but also the modifications in the treatment which their presence may require. "The complications usually existing in the early stages of the affection are by far the most important; for, when the accompanying disease is recognised, there is often a possibility of averting by its means the diabetic affection itself; whereas a single false step at this early period may determine the fate of the patient, by developing the saccharine disease in its confirmed state."—P. 51.

The most frequent complication, at least in the advanced periods, is phthisis; but in the earlier stages hepatic disorder is the more frequent. This frequently leads to the use of mercury—a practice often attended with the most mischievous results. The subject of mercury in affections generally of the assimilating organs, as well as in diabetes, has been largely discussed by the author. We ourselves can bear testimony to the pernicious effects arising from the indiscriminate use of mercury, given partly from the existing complication, and partly from the practitioner not being aware that his patient was suffering from diabetes. The observations of Dr. Prout are so apposite that we shall quote them in this place:—

"The extraordinary and immediate benefit often afforded by mercury in common affections of the assimilating organs is one of the great sources of its abuse. Medical men know they can produce by its means a certain off-hand effect; and to save themselves trouble, and at the same time to gain the doubtful reputation of being decisive and quick in their practice, they resort to mercury without due regard to its remote consequences. Twenty or thirty years ago this abuse of mercury was carried to a much greater extent than it is at present. A calomel pill at night and a black dose in the morning were the panacea for all diseases in all kinds of constitutions, from the congested liver of the over-gorged alderman to the torpid liver of the weak and indolent female. Although the miserable consequences of this indiscriminate use of mercury was often too apparent to escape notice, yet such was its inconvenience, and such the force of habit, that the practice long maintained its ground. Nay, even yet the abuse of mercury is not so entirely obsolete as to cease to be an object for animadversion."—P. 52.

We not only fully concur in the propriety of these strictures, but, further, we feel satisfied that, in certain abnormal conditions of the urine, mercury is a poison. We might instance albuminous urine, and certain phosphatic aberrations, if we may be allowed the expression, of the same fluid. There are many affections of the kidney, too, in which mercury proves injurious, and often, indeed, of itself brings on albuminuria. However, we must say that bichloride of mercury may be given as an alterative, not only with impunity, but even with advantage, in morbid conditions, in which any other form would prove highly pernicious. But, perhaps, in such instances, including diabetes, it will be more prudent to resort, when necessary, to some less objectionable alterative.

The evil consequences resulting from the empirical administration of mercury having been clearly stated and examined, our author lays down the following maxims regarding its use:—

"First. Mercury ought in no instance to be administered for those slight deviations from health which can be readily removed by safer expedients.

Secondly. Mercury ought to be cautiously administered to strangers, and to those on whose constitution its effects have not yet been ascertained."—Pp. 52, 53.

The practical value of these maxims is very important, and clearly established by the author, and to whom, therefore, we refer for a more full account. The author concludes the section on this subject with a few remarks on the diabetic diuresis as it occurs in very young children.

This form was first noticed by Dr. Venables, under the title of the "Tabes Diuretica," or Urinary Emaciation,"(a) in children. That such a disease exists we have the authority of the orginal observer, confirmed by the corroborative testimony of Dr. Prout; and, although it appears to be a very serious and important disease as affecting infants and young children, it seems strange that it has not received the slightest notice from those who devote themselves, more especially, to the diseases of women and children.

Diuresis in children, as in adults, may arise from a variety of causes; and may of course prove a symptom or other concomitant of very different forms of disease. In all these cases the urine is not only excessive in quantity, but always more or less unnatural. The following history of the disease in question is thus given by Dr. Prout:—"In infantile diuresis the urine frequently contains albuminous matters; in other instances an excess or deficiency of urea exists; while in a few cases saccharine matters, more or less perfectly developed, are met with, either alone or in conjunction with the above, or with other unnatural ingredients. Of the most remarkable of these forms of disease the following is a brief sketch, which, from their close analogy to each other, we give here, once for all:—

"All the forms of diuresis, as they usually appear in young children, commence soon after the period of weaning. From having been to that time healthy, the child begins to get dull and inactive, and daily to lose flesh. The skin feels harsh and dry, and is hotter than natural. The bowels also become irregular; the motions assume an unnatural, often greenish, appearance; and the abdomen becomes prominent, so as to lead to the suspicion of mesenteric disease. The pulse is quick, and denotes great irritability. At this period the urine is generally scanty and high-coloured, becomes turbid immediately on cooling; acid lets fall a pale clay-coloured precipitate of lithate of ammonia, sometimes intermixed with the oxalate of lime, or phosphates. As the disease proceeds, the quantity of urine rapidly increases; and, the thirst being commensurate, large quantities of fluid are consequently taken; so that an infant under twelve months old will be often-found to pass from two to four or five pints of urine in twenty-four hours. The urine in this, and indeed in all the subsequent stages of the affection, is commonly transparent and of a pale yellow or greenish tint. Its specific gravity varies from 1·010 to 1·025; and, on examination, will be found to contain a great excess of urea, and occasionally traces of albumen and sugar."—Pp. 58, 59.

Infantile disease of this sort is really of a very formidable nature; and it is surprising that it has not received more of the attention of the profession. According to the author before us:—"If neglected or maltreated, it most usually terminates in organic lesion of the kidneys, accompanied by deficiency of urea, and the presence of albuminous matter in the urine; or occasionally it terminates in diabetes."

In the ulterior form, Dr. Prout observes:—"Diuresis, with deficiency of urea, &c., in young children is usually accompanied by all the symptoms above mentioned, but in a more strongly-marked degree. The thirst and dryness of the skin are more troublesome; the bowels more deranged; the debility and emaciation more extreme; the quantity of the urine also is greater, and its qualities of a worse character; that is, its specific gravity is depressed far below 1·010, even to 1·005, or less; and it often contains albuminous matter. This state of things continues for an indefinite period, according to circumstances, when the little patient is generally cut of rather suddenly, either by coma, preceded and accompanied by suppression of urine, or by convulsions."—P. 59.

When infantile diabetes prevails, symptoms very similar to those just enumerated set in. In these there is great thirst, a ravenous appetite, or insatiable craving after food; urine straw-coloured or greenish, sometimes opalescent or milky: the specific gravity is higher than in the forms we have been considering—generally coming within the diabetic range, as above 1·030, but it very seldom reaches the gravity of adult diabetic urine. [Dr. Prout, too, observes that this urine frequently contains a sort of "chylous albumen," which, acting as a ferment, excites a fermentative process of the lactic or vinous nature, or both in quick succession. These forms of disease occur more particularly in the children of strumous parents, who are at the same time dyspeptic or gouty. Hence they prevail in large towns and among the children of profligate artisans, "when want of pure air, improper nourishment, and injudicious treatment cause these affections to assume their most unmanageable forms."

These diseases must be looked upon in an unfavourable light; for, even if arrested in the earlier stages by judicious treatment, the individual remains delicate, and dies in early life of phthisis or some other organic disease.

With respect to the treatment, the first object is change to a purer air, and to the seaside. A warm and dry atmosphere should be preferred; "and extreme degrees of temperature, particularly of cold, as well as extreme degrees of moisture, which always increases the flow of urine, should be carefully shunned."—P. 60.

A variable climate should be avoided, and the more uniform, serene, and mild, the better. Thus we have known diseases of this character thoroughly eradicated by migration to a warmer latitude, where the system, as it were, purifies itself, and the health becomes restored. Warm or tepid salt-water baths are usually very beneficial, with frictions of the skin. Animal diet is the best, and those involving the albuminous rather than the gelatinous principles are preferred by Prout. Cows' milk diluted with water, or asses' milk, may be taken freely.

Of farinaceous matters, those which have not been fermented are preferable. Hence biscuit-powder, roasted flour, &c., answered better than common bread; and on this account the highly-fermented rusks, so injudiciously selected for young children, are improper. The use of fluids should be regulated and carefully restricted, which regimen is rendered more reconcileable by small doses of Dover's powder. Opium, from its tendency to cause suppression of urine, which almost always terminates in coma and death, should be given with extreme caution.

The bowels should be regulated by hyd. c. creta, with rhubarb and magnesia, and the strength kept up by mild tonics. To invigorate the frame, "Other tonics," says Prout, "suitable to the age and circumstances of the patient may be resorted to. Dr. Venables has strongly recommended the blue phosphate of iron; and this, or the tartrate, citrate, ammoniated tincture, or carbonate of iron, combined with a little calumba or magnesia, is often highly useful."—P. 61.

We have dwelt at some length upon this infantile form of disease, because we thoroughly believe in its existence as well as its unmanageability and general fatality, and in the hope of bringing these matters more prominently under the notice and pathological researches of the profession.

(To be continued.)

(a) "Practical Treatise on Diabetes, &c." By R. Venables, M.B. Oxon.

Report of the Fever at Boa Vista. By J. O. M'William, M.D. Presented to the House of Commons in pursuance of their Address of the 16th of March, 1847. Fol., pp. 112.

Boa Vista Fever, Dr. King's Report on. Ordered, by the House of Commons, to be printed, March, 1848. Fol., pp. 16.

Dr. M'William's Remarks on Dr. King's Report on the Fever at Boa Vista. Ordered, by the House of Commons, to be printed, 1848. Fol., pp. 15.

The first of these reports is the result of an inquiry instituted by Dr. M'William, with the authority of the British Government, for the purpose of discovering whether the fever that ravaged Boa Vista during 1845 and 1846 was endemial, or the result of communication from the sick crew of the Eclair steamer.

Dr. M'William's investigations appear to have been conducted with the most scrupulous regard to the eliciting of the important truth he was commissioned to discover. Every the most trifling fact that could be made to bear upon the great question was sedulously sought by him, and the collected evidence, after due comparison with itself, led to the following inferences:—

"1. That the fever on board the Eclair was primarily the remittent fever of the African coast, which is not a contagious disorder, but that the disease acquired contagious qualities in virtue of a series of causes.

"2. That, although there exists on the island of Boa Vista a physical cause capable of producing remittent fever, yet it does not appear that that cause was in action when fever broke out in September, 1845, and that the island was quite healthy when the Eclair arrived there.

"3. That the disease of which the Portuguese soldiers died at the fort (Duke of Braganza) on the small island was that which afterwards ravaged Boa Vista, and the same as that which prevailed among the crew of the Eclair.

"4. That the fever was propagated throughout the island, almost exclusively, by direct inter-

course with the sick, there being only two cases in which there appears any probability of persons having been affected in any other way.

"5. That, although those who had passed through the fever were much less liable to the disease than those who had not, yet it would appear that a person having had one attack possesses no absolute protection against a second attack.

"6. That, connecting the whole of the circumstances attending the arrival and stay of the Eclair at Boa Vista with those under which the disease appeared on the small island, and afterwards on Boa Vista itself, leaves no doubt of its having been introduced by the Eclair.

"7. That in all probability the mortality from fever in the island was much increased by the want of proper nourishment for the people, as well as by the total absence of medical assistance for some months.

"8. That the disease had in no case spread to any of the other islands of the Cape de Verd archipelago."—Pages 111, 112.

These were the conclusions at which Dr. M'William arrived, after a most studious and scrupulous inquiry into available matters of fact, in so far as these were cognizable to experimental research. Subsequently to the mission of Dr. M'William, Government in no wise doubting his judgment or the validity of his conclusions, Dr. King was despatched on a similar errand, and on the scene of Dr. M'William's labours estimated the rise and progress of the Boa Vista fever, and thence inferred concerning the source of it. His inferences, though in the main agreeing with those of his predecessor, are yet at variance with them in the most vital part of the subject. Dr. M'William thought that the fever of Boa Vista was directly communicated from the sick on board the Eclair, and that it acquired, from atmospheric and other peculiarities in the island, a virulent tendency; and hence its rapid spread, and the disastrous results thereof. Dr. King says—

"I have not been able to ascertain that the fever was communicated to a single individual by a specific poison or virus, which is supposed by some to emanate from the bodies of the sick; but I trust I have brought to light a combination of remote and directly exciting causes in active operation quite sufficient (and altogether independent of contagion) to account for the origin and spread of the fever, both in the ship and on the island."—Page 3.

With all due deference to the labours of Dr. King, we do not think he has for a moment established the conclusion at which he has aimed. He is evidently a non-contagionist in the utter sense of the word, and seems to us rather to labour to verify a favourite crotchet, than to stare naked facts fully in the face, without any care as to whither they might tend. Not for a moment that we doubt Dr. King's honesty or rectitude of intention, but we cannot help thinking that prepossessions have somewhat warped his judgment. To our own mind, it would far more have accorded with probability to have allowed the communication from one individual to another of the fever (deriving intensity and peculiarity from the condition of the individuals it attacked), than to have supposed that this said fever, with its said pathological types, was the exclusive offspring of some miasm and atmospheric contamination. Without going into the details which suggest these inferences on our part, and which details would occupy more space than it is necessary we should devote to the subject, we will conclude with the summary with which Dr. M'William terminates his reply to Dr. King's report. This summary, to our mind, is a most effectual verification of the conclusions to which Dr. M'William's original researches tended.

"1. *That the epidemy did not arise from any endemial source.*—(*a*) Because fever appeared before any of the commonly recognised conditions to produce endemial causes existed.—(*b*) Because, even after these supposed endemial conditions existed, where malaria ought theoretically to have been most ripe, there was least fever.

"2. *That the epidemy did not depend upon any general atmospheric vitiation.*—(*a*) Because the whole of the other islands (which are within sight of each other, and all within the trade-wind influence) were, when fever raged at Boa Vista, in their usual health.—(*b*) Because the manifestation of the epidemy was in no degree general or simultaneous, as it ought to have been if it had been owing to a cause so diffused as the common atmosphere, but was confined for long periods to certain localities, while other districts were wholly exempt from the disease.

"3. *That the Boa Vista epidemy is an instance in the history of yellow fever in which that disease is proved to have been imported into, and afterwards diffused over an island by virtue of infectious properties.*—(*a*) Because Boa Vista was perfectly healthy until the arrival of H.M.S. Eclair there with a fever-stricken crew.—(*b*) Because fever of the same nature as that which afflicted the Eclair appeared amongst the inhabitants of Boa Vista within a reasonable time after her departure from the island, and first in the persons of those who had been in direct intercourse with the sick crew.—(*c*) Because the progress of the disease from one district to another, and from person to person, was, in every case, clearly traced to communication with infected individuals.—(*d*) Because isolation of healthy individuals in places remote from, as well as in places near to, sick villages bestowed perfect immunity from those who were thus segregated."—Page 15.

Medical Practitioners' Private Register of Cases Professionally Attended. Smith, Long-acre, London. 1848.

Accumulated experience has had no small share in enabling medical practitioners of the present day to treat diseases more successfully than they were in bygone times. We owe much, therefore, to "the fathers" who carefully marked and recorded the various phases of disease, and the remedies which they found most successful in subduing them. We are now reaping the fruits of their labours, and, as we have derived benefit from those who were once engaged in the same vineyard that we now occupy, it is our duty to endeavour to bequeath to those who shall succeed us some additional advantages.

Every medical practitioner may do something to advance the progress of medical science by carefully noting the cases which come under his observation, and the remedies he has found most useful in treating them. It is to be lamented that so many lose the advantages even of their own experience by neglecting to record medical facts; and, while they are thus unjust to themselves, they cannot possibly bequeath anything to posterity. A private register ought to be considered by the general practitioner as indispensable as a private ledger, and the entries should be made as carefully in the one as in the other. Facts are as important as figures, and we hope that those who have hitherto neglected to *register* the former will be stimulated to do so now that Mr. Farr has published a book so well adapted for this purpose. It consists of a number of pages ruled and divided into compartments in order that the principal circumstances connected with the progress of any particular disease may be noted. The book is neatly got up, and we would recommend every medical practitioner to purchase one.

The graduates of the University of London, which now consists of 26 colleges and 400 members, are agitating for a representative in Parliament. We should be glad to see them enfranchised.

The Cholera.—Accounts from St. Petersburg of the 24th ult. state that the cholera had broken out there on the 21st, and many deaths had already ensued. Six large hospitals were opened in that city, and others were in course of preparation. At Moscow it raged with great violence, and out of 222 cases 122 were fatal. Many other places are suffering from the disease.

THE MEDICAL TIMES.

SATURDAY, JULY 8, 1848.

QUACKERY IN THE PROFESSION.

The history of the medical profession presents numerous facts which illustrate the truth that "the race is not to the swift nor the battle to the strong." The records of the past inform us that most of the successful competitors for worldly emoluments amongst the disciples of Æsculapius were not those most renowned for their scientific attainments or for their skill in the treatment of disease, but those who excelled in craft and cunning. Riches and popularity have seldom been awarded to the most worthy practitioners in proportion to their merits, while individuals with less *nous* and more *brass* have reaped an abundant harvest by professedly espousing doctrines in which they placed no credence, because they did not understand them.

Scarcely had a quarter of a century elapsed from the death of our English Hippocrates (who had promulgated certain views, and had adopted a particular line of practice in the treatment of a disease which till his time had been as successfully combatted with patience and flannel as with any other of the remedies then used) than three large fortunes were made by mere adventurers who preached his tenets. Their craftiness received an unmerited reward; and there are not a few in the present generation who are treading in their footsteps in hopes of ultimately attaining the same end.

It would be well for the profession if quacks were not found within its pale; this, however, is far from being the case; but here they generally assume disguises which prevent casual observers from detecting their real characters. They are a brotherhood whose creed is contained in a single doctrine, but whose works are many. Some quacks of the profession would appear learned, and these write books; some charitable, and these attach themselves, if they can, to some hospital or dispensary; while others, caring nothing for the good opinion of the profession, are only concerned to appear before the credulous public as peerlessly skilful, and these circulate handbills.

The quackery of bookmaking is evident from the vast amount of trash which is constantly issuing from the medical press. We have "a thousand and one" *treatises* on consumption, and as many on dyspepsia, without one original idea; an infinite number of false "guides" and useless "hints," so far as science is concerned; and these multifarious productions accomplish no other useful purposes than those of making known to the world the names of the authors, and of furnishing the public with an abundant supply of waste paper. Authorship is, perhaps, the least objectionable way of advertising for notoriety, as, *per se*, it is not calculated to lower the status or emoluments of the profession.

We cannot take so favourable a view, however, of quackery in the garb of benevolence; for under this guise it has inflicted upon the great mass of practitioners many evils. Complaints are generally made of the low remuneration which is received for medical services in sickness, and not without reason. We are not of the number of those who would desire to see medical practitioners charging a high sum for medicines

and attendance furnished to those who are generally denominated poor; this would cause medical men to be less useful and less respected; what we advocate for them is a *fair* remuneration for the exercise of their talents. But do they receive this in general? We are compelled to answer—No. The Bethnal-green practitioners, to whom we have so lately referred, are not singular in charging so low a sum to their patients as sixpence for a mixture and a crown for attendance upon a midwifery case. There is scarcely a district in London where there are not many others who do this; and how comes this to pass? Are we to ascribe it to the overstocked condition of the profession, which excites a competition so keen as to render medical services in time of sickness of little value? We believe that this is not the grand cause, but the system of "getting up" *charitable* institutions for the *benefit* of the sick poor. The "pures" of the profession are here the guilty parties, who, to push themselves into practice, do everything in their power to injure the general practitioner. They affect to despise him, because he charges a small sum for his medicine; but they do worse, by giving "advice gratis" to persons who are able to pay, or by getting up "self-supporting dispensaries," where physic can be obtained even cheaper than at a druggist's establishment.

We have before us a prospectus of one of these "medical concerns" at the West-end; and we are modestly informed that the object of this institution is to enable the labouring classes to ensure to themselves and their families *efficient* medical advice and medicine during illness by their own small weekly payments during health, &c. "*Efficient medical advice*"! as if this were a scarce commodity in the vicinity of the Palace. It is the fashion with officers of public institutions to look down with contempt on private practitioners, but for what reasons we are totally at a loss to divine. Professional phariseeism may perhaps, to a certain extent, be tolerated in ancient hospitals, but must be severely rebuked when manifested in mushroom self-supporting dispensaries, which are nothing more than medical clubs with a new name. Professor Holloway only assures the public that he is more "efficient" than the members of the faculty; and medical men who would lord it over their brethren will be thought worthy of the same renown as the illustrious Professor Grease.

But the peculiar charity of self-supporting dispensaries will appear by referring to the persons who are entitled to become free members. These are "working persons and servants, their wives and children, not receiving parish relief, and who are unable to pay for advice in the usual manner." There are very few "working persons" in London who earn less than a guinea per week, and numbers earn from two to three or four guineas in the neighbourhood where the handbill from which we have made the quotation has been circulated. This regulation, therefore, is so worded as to include all who choose to avail themselves of the benefits of the institution, for, doubtless, the medical officers would not trouble themselves to examine into the pecuniary resources of any one in the garb of a mechanic who came cash in hand to pay his subscription. The amount which each person is required to subscribe is one penny per week for an adult, and half that sum for a child. Thus, for 4s. 4d. and 2s. 2d. per annum, they may have the attendance of a physician and surgeon for any length of time, and physic *ad libitum*. Moreover, "any married free member, being pregnant, may have the attendance of the surgeon on depositing at the dispensary seven shillings and sixpence one month before her expected confinement." This beats Bethnal-green completely; for, though in some cases in this neighbourhood 5s. only is charged for a midwifery ease, yet there is a chance of making more when sickness occurs than 2s. 2d. or 4s. 4d. per annum from other members of the family.

But the quackery of these self-supporting medical concerns does not end here: publicity is necessary to their existence, and hence there are distributed, far and wide, handbills containing rules and regulations; and, above all, the names and addresses of the medical officers. These bills are sent to the wealthy—ostensibly to solicit their support, but really to inform them that certain medical practitioners live in their neighbourhood.

Were anything more wanting to show that these "institutions" are got up for the especial benefit of those who are called the medical officers, it is the fact that the dispensary is in general at the house of the surgeon; and this is the case with the one in the neighbourhood of the Palace to which we have made especial reference.

Such charity as this is most injurious to the members of the profession, and they ought emphatically to raise their voices in condemnation of it. It involves all that is connected with quackery, with the exception of patent medicines; and those who connect themselves with these institutions must occasionally feel that their benevolence is of a doubtful character.

We cannot wonder that quackery should flourish without, when it is luxuriant within, the pale of the profession; and in proportion as it decays in our own body so will uneducated charlatans find less favour with the people. We are anticipating a medical reformation; we hope that it will include something more than the founding of a new college or the enactment of new laws by the Imperial Legislature.

DEATH OF A GENTLEMEN WHILE UNDER THE INFLUENCE OF CHLOROFORM.

In another part of our columns will be found the account of an inquest recently held, touching the death of a gentleman who had inhaled chloroform prior to his having a tooth extracted. The deceased had travelled from Rotherham to town, in order to place himself under the skilful treatment of Mr. Robinson, the eminent dentist.

It appears that the medical attendant of the deceased Mr. Badger had on various occasions endeavoured to dissuade him from inhaling chloroform, in consequence of supposed disease of the heart. It appears also, from the evidence of Mr. Robinson's servant, that her master did not wish to administer the anæsthetic agent, but that the deceased insisted upon having it. Within two minutes after its exhibition the patient's head dropped, and he appeared quite dead.

A *post-mortem* examination of the body revealed such an amount of disease in the heart and liver as to make it highly probable that the least excitement from any cause would have produced death. While, therefore, in this case the patient expired after inhaling chloroform, his death must not be attributed to it.

This is another case which should teach the members of the profession to use great caution in the administration of anæsthetic agents. There are circumstances, of which medical men alone can judge, which forbid the administration of chloroform to some persons; and yet there are numbers who recklessly inhale it merely for the pleasurable sensations they experience while under its influence. A few more fatal cases will render the profession very shy of using anæsthetic agents, and, perhaps, will do more than anything to prevent their being employed for improper purposes.

ELECTION OF NEW MEMBERS OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

On Thursday the fellows proceeded to exercise their privilege of electing three new members of council, vacancies which occurred in consequence of the death of Messrs. Liston, Briggs, and Morgan. Two hundred fellows were present, who received the announcement with great satisfaction. Messrs. Skey, Bransby Cooper, and Stafford were elected. The council and fellows afterwards adjourned to the Freemasons' Tavern to dinner.

CUTANEOUS DISEASES OF THE FINGERS.

[To the Editor of the Medical Times.]

Sir,—In the number of the *Medical Times* published on the 10th of June, a correspondent (A. M., page 96), inquires concerning the nature and treatment of a cutaneous disease of the fingers, which he describes as being hard and horny, with a disposition to crack, extending around the extremities of the fingers, and under the nails, altering their colour. No reply to this inquiry having yet appeared, I am induced to enclose a short account of the nature and effective treatment of this disease, and others of a like nature affecting both the fingers and toes. I am the more persuaded to lay this account before your readers because I am aware these diseases are not generally understood, and that they are rarely treated with success. It is likewise singular that scarcely any author has so much as mentioned their existence.

Several of the chronic diseases of the skin, especially the squamosæ, are occasionally found affecting the fingers and toes. The surface under the nail, which is a secreting membrane, sometimes partakes of the disease, and the nail becomes discoloured, irregular in form, and sometimes deciduous. I have seen the thumb-nail permanently lost, and the secreting gland destroyed, by the same disease. In other cases the skin around the base of the nail becomes very tender, inflamed, and swollen. When this happens, if there be febrile action present, a leech should be applied to each finger so affected; and beyond this no external application is required. The disease is constitutional, and, if it be not syphilitic, may be safely cured by the internal administration of arsenic, exhibited in the method described in my "Treatise on Intractable Diseases of the Skin."(a) Some of these cases, however, prove difficult of management, and require much nicety as well as perseverance in order to get them permanently well. I subjoin one for the better illustration of my method of treatment, taken at random from my case-book.

Case of Lepra Unguium yielding to Arsenic.

Mrs. —, a young lady recently married, had suffered from lepra in the scalp from the age of fourteen, which was cured (as she reports), or rather repelled, by the application of red precipitate in the form of an ointment. This "cure" was effected about the year 1845, the disease having then existed three years.

August 16, 1847. She has now a slight return of scaliness in the scalp, and has for a few months observed a gradual degeneration of the nails of all the fingers and toes. The nails are irregularly secreted, thick, and horny. The toes are swollen and inflamed around the roots of the nails; and on one or two nails the skin is slightly ulcerated, and the feet and ankles are œdematous. She can scarcely walk, the soreness and pain preventing. The finger-nails are in the same plight, but less swollen and inflamed. She cannot wear a thimble or play on the pianoforte. There is a scaly patch on the left knee, clearly leprous in its character. General health excellent. Catamenia regular.

(a) Churchill.

A dose of cathartic pills [illegible] draught, and five minims of Fowler's [illegible] of arsenic thrice a day on a full stomach.

Sept. 2. Better. Less swelling and soreness in the toes; but there is a slight accession of fever. A saline effervescing draught every four hours. Continue the arsenic.

7. Less fever. Perstat.

26. Toes better; no fever. She can walk better. Œdema gone; finger-nails restored; knee well.

Oct. 21. Toes free from inflammation, but nails still horny.

Jan. 6, 1848. The scalp has long been quite well. The fingers continue well, and the toe-nails are now healthily secreted.

Feb. 3. Toes quite well. She has continued the arsenic to this time; and it has produced its usual effects, viz.: conjunctivitis, and a papulo-squamous eruption over the trunk.

Discontinue the medicine.

April 10. She continues quite well. The nails are all healthily restored.

I am, Sir, your obedient servant,

28, Bedford-square, London. THOMAS HUNT.

DEATH FROM CHLOROFORM.—IMPORTANT INVESTIGATION.

An inquest which occupied several hours took place before Mr. T. Wakley, M.P., and a jury, on Saturday last, at the Apollo Tavern, Francis-street, Tottenham-court-road, concerning the death of Walter S. Badger, Esq., aged twenty-three, who died whilst under the influence of chloroform, administered to him by Mr. Robinson, surgeon-dentist, Gower-street. The inquiry excited intense interest among the medical profession, a large number of whom were present during the proceedings. The body having been viewed by the jury,

Mr. Badger, the father of the deceased, identified the body as that of his son. He said he was the coroner for the West Riding of Yorkshire, and resided at Nasborough-hall, near Rotherham. He last saw deceased alive on Tuesday, the 27th ult., when he left him at the Rotherham railway station, on his way to London, where he was coming for the purpose of having six of his teeth taken out. He then appeared in his usual health, which was apparently very good, although he frequently complained of violent beating of his heart. He had frequently expressed his desire to inhale chloroform whilst undergoing the operation of having his teeth taken out, but he was dissuaded from it by a medical friend, and also by members of his family.

Harriet Wilson said she was servant to Mr. Robinson, surgeon-dentist, of 7, Gower-street, Bedford-square. The deceased gentleman called at Mr. Robinson's on Thursday, but as Mr. Robinson was engaged he left, and said that he would call on the following day (Friday), at two o'clock. Deceased came on the Friday at his appointed time, and she was called into the room, as she understood deceased was to have chloroform administered whilst his teeth were extracted. It was customary for witness to be called in on such occasions. Mr. Robinson, having prepared his apparatus, administered the chloroform, and when deceased had inhaled it about a minute he said "he did not think it was strong enough." Mr. Robinson turned away for the purpose of obtaining some more chloroform from the bottle to place in the apparatus, in which, perhaps, three quarters of a minute was expended. During this interval the deceased's hand dropped, letting fall the apparatus, which he himself held, and his head dropped on his chest, and he appeared quite dead. Mr. Robinson felt his pulse, and sent instantly to Mr. Drew, a surgeon over the way, and for Dr. Waters, and prepared the deceased's arm ready for bleeding. The doctor came directly, and, on deceased being bled, only about half a tablespoonful of very dark blood was obtained, and he was pronounced dead. In answer to questions, the witness stated that she had seen her master administer chloroform in 500 cases, as she was in the habit of being called in case of her assistance being required, the larger majority of patients being ladies. When Mr. Robinson first looked at deceased's teeth, she heard him say to deceased, "You had better let me take them out without chloroform." Deceased replied, "No, I will have it; I am not afraid."

Mr. Robinson repeated in his evidence the statement made by Harriet Wilson.

The apparatus, as also the bottle containing the chloroform, was here produced, and minutely examined by the coroner, jury, and medical gentlemen present.

Dr. John Waters was next examined: He said he resided at No. 2, South-crescent, Bedford-square, and was a physician and member of the Royal College of Surgeons of Edinburgh. He was called to see deceased shortly after two o'clock on the afternoon of Friday, the 30th of June. He was apparently dead, but he attempted to bleed him, and resorted to artificial inspiration, friction, and other remedies, for half an hour, but to no purpose. He made a *post-mortem* examination of the body seventeen hours after death, in the presence of Mr. Erasmus Wilson and Dr. Emery. On opening the head he found slight congestion of the membranes. On opening the chest he found the lungs pushed upwards by the liver between the third and fourth ribs. On opening the pericardium the heart was found to be of an unusually pale colour. The tissue of the heart was thinner than natural, and interspersed with fat, particularly at the apex of the left ventricle, where the muscular tissue was replaced by fat. There was only about one line of muscular tissue, when in a state of health there would have been five or six lines. The valves of the heart were not in a healthy condition. The surface of the edges were unequal, and there was the commencement of the formation of cartilage. The liver was found to be enormously large. It was double the usual size, and, instead of four pounds, the natural weight, it was found to weigh eight pounds. The pressure of the liver upwards had evidently impeded the action of the lungs and heart, and therefore any excitement of any character was exceedingly dangerous to the deceased. With a liver and heart in such a state, the mere extraction of a tooth even without the administration of chloroform might have produced death.

By the Coroner: My opinion is that the deceased's heart had not sufficient room to play on account of the pressure of the liver and other organs. I am also of opinion that the deceased died from arrest of the heart's action, owing to the administration of chloroform.

Dr. Erasmus Wilson, at considerable length, corroborated the evidence of Dr. Waters, and expressed his opinion that the administration of chloroform to patients having any internal disease was exceedingly dangerous.

The coroner and jury completely exonerated Mr. Robinson from blame, and returned a verdict, "That the deceased died under the influence of chloroform, acting on a diseased heart and enlarged liver."

GOSSIP OF THE WEEK.

WAR-OFFICE, June 30.—Hospital Staff.—Assist.-Surg. William Barrett, from the 77th Foot, to be Assist.-Surg. to the Forces, vice Matthew, deceased.

APOTHECARIES' HALL.—Gentlemen admitted members on June 29:—Augustus Robert Henry Padmore, Pilton, near Barnstaple; Thomas Rhys, Penlline, Glamorganshire; Samuel Nathaniel Squire, Pakefield, Suffolk; Eade Sewell, St. Oakley Hall, Essex; Alfred Drew Dunstan, Wadebridge, Cornwall; James Kingdon Luke, Wick St. Mary, Cornwall; John Vacy Lyle, Launceston; Hugh Creolahan; Blackall Marsack, Barnstaple, Devon.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on June 30:—B. W. Browne, A. Harris, A. Brown, H. Swift, T. R. Armitage, J. S. Burton, J. Dix, C. Miles, B. Buck, M. P. S. Ward.

UNIVERSITY OF OXFORD.—We believe we are correct in stating that M. Guizot has declined the offer of the Chair of Modern Languages made to him by the curators of the Taylor Institution in Oxford. M. Guizot declined the offer from personal motives, with every sense of the compliment, which we still think was paid to him by the curators at the expense of the trust confided to them by the university.

CAMBRIDGE, July 3.—Before a congregation holden this day the following gentlemen received the degree of M.D.:—Thomas Blackall, Gonville and Caius College; Herbert Davies, Queen's College.

The Medical Benevolent Fund Society of Ireland have published their annual report, from which it appears that the fund for the succour of the widows and children of physicians who die without fortune amounts to £2000.

DR. CHAMBERS.—We have authority to state that Dr. Chambers is suffering from a temporary indisposition, and is expected to return to practice in the autumn.

CASES OF CHOLERA RETURNED IN THE WEEK ENDING JULY 1.—The registrar's report states that in Haggerstone (West) a boy, aged 13 months, died of cholera, after an illness of 36 hours. In sub-district Goswell-street a girl of seven months, of "cholera biliosa infantum," after an illness of 48 hours. In sub-district of White-cross-street a woman of 75 years, "natural death; sudden, from bilious cholera."

FEVER AND FILTH.—By the registrar's report we learn that two girls, sisters, died, after a few days' illness, in Devonshire-place, Newington-causeway, which is situated on the bank of an open sewer, in which the water is at all times nearly stagnant. In heavy rains, such as recently occurred, the sewer overflows its banks into this court, and into some of the houses around. In the sub-district of Gray's Inn-lane a child, five years of age, died of typhus, caused by the filthy and unwholesome condition of the locality in which she lived.

MILITARY GOSSIP.—The number of wounded at present under surgical treatment in the military hospital of Val-de-Grace amounts to 500. Amongst them are Generals Damesme and Duvivier. The loss of life and casualties, though lamentably great, are much fewer than had been at first supposed.

POISONED BULLETS.—It is said that a number of the bullets extracted from the wounds inflicted on the National Guards and troops of the line were composed of pieces of iron, through which, with a refinement of cruelty almost incredible, a portion of copper was passed. This infernal precaution, in many cases, prevented the extraction of the iron, and the victims consequently died.

The number of wounded admitted into the civil hospitals of Paris during the 23rd, 24th, 25th, 26th, 27th, and 28th ult., amounted to 1619, namely, 773 civilians, 813 military, and 33 women. The dead carried to these hospitals during the same interval, were 162 in number, namely, 127 civilians, 33 military, and 2 women. 195 died in the hospitals within the same period, namely, 115 civilians, 77 military, and 3 women.

CORONERS' INQUESTS IN LONDON. — The increase in the number of deaths registered in the last week is caused by an accumulation of coroners' cases, many of which occurred in a previous part of the quarter, but were not registered till the end of it. The whole number of inquests registered in thirteen weeks was 716; the weekly average is therefore 55. The inquests registered last week were 164. By deducting 109 (viz., 164—55) from 1100, the total deaths registered, 991 deaths are obtained as the result, which may be considered an approximation to the actual number of deaths which occurred in the week.

LUSUS NATURÆ.—Mr. Joseph Bailey, landlord of the New Inn, Coldbath-road, Harrogate, is in possession of a cow, which last Sunday afternoon produced him a calf possessed of *half-a-dozen ears!*

BARBER-SURGEONS IN GERMANY.—An agitation in favour of reform is rising among the class

of teachers, an important body, and in the medical profession. It would require too much space to specify their respective grievances and the changes they require; but one fact may be mentioned, as illustrating the mode in which the healing art is practised here, rather surprising when the unquestionable eminence of the German school in the higher departments of medical science is considered. Neither learning, nor experience of the evils of ignorance, nor the law itself, has yet rescued surgery in Berlin wholly from the hands of the barbers. A notice of the late President of Police, Minutoli, dated as recently as the 22nd of last month, warns all "practising physicians" of the penalties attached to the employment "in any surgical operation of barbers, or other unqualified persons; they must be performed by authorized surgeons (*wundärtze*), as the necessity of employing barbers and others which exists in rural districts or small towns cannot occur in the capital." A physician who permits a barber to assist him is, by the law here, answerable for all the injury the shaver may inflict, and the barber himself, whether he does any harm or not, is subjected to punishment; yet, from the necessity of this, and repeated warnings from the authorities, it is evident the abuse continues.

OBITUARY.—On the 23rd ult., at Warrington, J. Stanton, Esq., licentiate of the Royal College of Physicians, London, aged 32.—On the 26th ult., of fever, at the residence of his brother, Partry-house, Mayo, George Lynch, Esq., M.D., late physician to the Fever Hospital, Ballinrobe, aged 34.—On the 23rd ult., at Launceston, Mr. J. F. Smith, surgeon, aged 44.

MORTALITY TABLE.

For the Week ending Saturday, July 1, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	1100	943
SPECIFIED CAUSES...	1096	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	347	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	53	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	125	122
Diseases of the Lungs, and of the other Organs of Respiration	76	129
Diseases of the Heart and Blood-vessels.....	27	33
Diseases of the Stomach, Liver, and other organs of Digestion	70	62
Diseases of the Kidneys, &c.	7	10
Childbirth, Diseases of the Uterus, &c	12	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	1	9
Diseases of the Skin, Cellular Tissue, &c.	2	1
Old Age.....	34	55
Violence, Privation, Cold, and Intemperance.....	92	29

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"Dr. T. East."—We are obliged for the offer, which is accepted.

"P. P."—The "events" may be interesting to persons in the immediate neighbourhood where they occurred, but not to the profession generally. We decline, therefore, giving them publicity.

"Homo."—It is not yet decided.

The communication of "A University College Student" is declined.

"Mentor" is unduly alarmed. We are acquainted with all the circumstances, and will at a proper time publish them. We shall feel obliged by hearing again from our correspondent.

"A Sufferer."—The amount of the bill can be recovered.

"Medicus."—A coroner's inquest ought to have been held, as there is no doubt, from the statement of our correspondent, that the unlicensed practititioner treated the case improperly.

"A Medical Student."—The letter, containing as it does reflections on the surgeons of the hospital, cannot be published without our correspondent sending us his name and address.

"Mr. Page."—1. No. 2. The list of members was published in August last.

"Verax" is labouring under a mistake, which may easily be rectified by addressing a note to the secretary of the college.

"Pestle."—The new Pharmacopœia is not yet published, nor can we say "when it is probable that it will."

"Anæsthesia."—A sponge in a pocket-handkerchief will answer the purpose as well as an inhaler.

"Chirurgus."—The "diagrams of a new fracture apparatus" are too rudely executed to enable us to give an opinion upon the merits of the "invention."

"Beta."—The phenomenon is produced by the presence of a small portion of fibrine.

"M. D., Edinburgh."—It would be necessary to obtain the license of the London College of Physicians.

"Simon Pure" on "Surgical Manœuvres" is under consideration.

"Expectans."—The report of the committee is not yet published.

"Inquirer" should apply to any of the principal shipbrokers in the City, some of whom, perhaps, may furnish him with an appointment.

"A General Practitioner, Colchester."—Good cod-liver oil is of a light colour, without any unpleasant smell.

"Chemicus" remarks, in reference to the recent experiments on the diamond, performed by Professor Faraday at the Royal Institution, that "if, as the lecturer supposed, coke may be eventually converted into diamond, we shall possess what the alchymists so long laboured to obtain—the *philosopher's stone*.

"Amicus."—We have not yet seen a specimen of the naphtha used in the Russian army for the cure of the cholera. Mr. Guthrie, as stated in our report, has sent to Circassia for some.

"M. D., Dublin," "on the narcotic properties of Indian hemp," received.

"Glostrensis" is not sufficiently original.

"Mr. Deacon."—The offer is accepted.

"Cyclops."—A letter was published on the subject in the daily *Times*. We shall refer to it at an early opportunity.

"Assistant-Surgeon, R.N."—Communication received.

M. B."—"Suggestions for the formation of a sanitary tract society," received.

"A Subscriber, 1844."—The back numbers can be obtained.

"Verax."—Potassium can be obtained at Horne, Thornewaite, and Co.'s, Newgate-street.

"L. M., Woolwich," wishes to be informed what are the best means for bleaching the bones of a skeleton. Chloride of lime will answer the purpose very well.

"M. D."—We cannot give our correspondent the information he seeks. Address a note to Mr. Baillière, foreign bookseller, Regent-street.

"Scalpel."—A good skeleton may be purchased for about £8.

"Erinensis."—A candidate for the fellowship in the Edinburgh College of Surgeons is required to present an essay on some surgical subject, which, if approved, he must print for circulation amongst the fellows. He must then undergo three examinations—I. On anatomy and surgery; 2. On chemistry and materia medica; 3. On the essay he has written. Fee, £250.

"N. B."—It is doubtful whether the majority of cases of mental derangement depend on morbid alterations of the structure of the brain.

"Ignotus."—The indentures will be received at the Hall.

"A Constant Reader, Glasgow."—Our correspondent has been misinformed; the three London medical corporations have not disagreed on the subject of medical reform.

"Bristolian."—The disease is incurable.

"An Essex Surgeon."—Yes: it is a symptom which has been observed to attend poisoning by the sulphate as well as Scheele's green.

"Jurist."—It is a mistake: our laws in reference to infanticide differ in some respects from those on the Continent.

"Microscopist."—Sometimes the nucleus occurs as a more or less solid body, of a granular aspect; while at other times it appears as a pale vesicle, with a distinct cell-wall and fluid contents.

"J. G. S."—Communication received.

"Cantab."—In the library of the College of Surgeons.

"J. C. Ford, M.D." — 1. By a written application only. 2. It is not certain.

"Galen." — Quinine has been lately given with success in similar cases.

"T. C. D."—We must decline making a comparison between the London and Edinburgh schools.

"An Old Bartholomew Student" asks if it is true that Mr. Lawrence is about to resign his surgeoncy at the hospital. We have not heard such a report.

"A Licentiate [illegible] the society will give an order for admission being made to him.

"M. R. C. S." [illegible] entirely of albumen.

"Apothecary" [illegible] was discovered by Pelletier and Caventon.

"Sigma."—The double qualification is necessary.

"R. M., Glasgow."—No difficulty whatever. Apply to Mr. Stone, at the College.

"Mr. G. Gibson, Ulverstone."—Communication received.

"Mr. H. Hastings, Stokenchurch."—The paper referred to has been mislaid. The article on "Medical Coroners" received, and will be noticed at an early opportunity.

"A Constant Subscriber."—Not in that part of North America subject to the British Government.

"A Subscriber."—1. The double qualification. 2. To alleviate pain and spasm.

"Studens Juvenilis."—We know of no "*test*" for the article referred to.

"M. J. L'Estrange, 39, Lower Dawson-street, Dublin."—Communication received.

"L. M. N."—1. Not without danger of the prosecution. 2. Yes. 3. Yes.

"Mr. A. Young."—Mr. Braid still resides at Manchester.

The signature of a correspondent who writes from Battlebridge we cannot decypher.

"Mr. J. R. Bedwell, Northleach," writes as follows in reference to coroners' doings:—"On the occasion of an inquest which took place recently on the body of a child in the workhouse of this union, Mr. Lovegrove, the coroner, brought with him a surgeon from Cheltenham to make the *post-mortem* examination. In the town of Northleach there are three resident qualified medical practitioners, besides others in the neighbourhood. I am myself the workhouse and union surgeon for the district; and, as the child died within my district, and for the purposes of the coroner's inquisition was after death removed to the workhouse, I naturally feel that I ought to have been called upon to make the *post-mortem* examination of the body, if such were deemed necessary; and the circumstance of the coroner bringing a surgeon all the way from Cheltenham (a distance of thirteen miles) implies a reflection on the medical men of this place, and on myself in particular, which I am not at all disposed to submit to in silence. I should, perhaps, observe that the deceased was not attended before death by myself or any other medical man, so that there existed no pretence for saying that I was in any way interested. I trust that the insertion of these remarks in your journal may suffice, without entering more explicitly into the subject, to prevent a repetition of this injustice to the local medical practitioners."

"Philologist" writes as follows, in reference to a passage in "Gregory's Conspectus:"—"In the ninth chapter of Gregory's Conspectus, paragraph 269, the following sentence occurs:—'Vis quoque capiti illata, raro quæ ipsis oculis infectur vis, nisi quatenus totum capuit afficiat, vertiginem inducit.' That sentence is thus translated in the English edition, supposed to be by the author himself:—'Also force applied to the head, which force is seldom applied to the eyes, except inasmuch as it affects the head generally, brings on vertigo.' This version Steggall and most of the other translators have adopted. Venables, in his 'Interlineal Translation,' renders the passage thus:—'Violence also done to the head, seldom the violence which is done to the eyes themselves except inasmuch as it may affect the whole head,' &c.' Now, these two versions are very different in the sense or meaning which they convey. In the first we learn that violence done to the head is seldom done to the eyes, except it affects the head generally, &c. But, according to Venables' meaning, is, that an injury done to the head brings on vertigo, but that an injury to the eyes themselves very seldom causes vertigo, unless the injury extend to the head generally. Now, as these meanings are widely different, and at a late examination furnished matter for some warmth of discussion, will you, Mr. Editor, or some one of your classical correspondents, favour the writer, through your journal, with their view of the critically correct version or real meaning of the passage—in other words, whether Venables' be the right one or not?"

"An Old Apothecary prior to the Act of 1815, St. Alban's, Herts," begs leave to say, that as the local court judge has displayed such remarkable ignorance of surgical law, and should have known that any person could legally sue and recover for surgical cases without possessing a surgical diploma, and that the party was liable for the amount claimed; and the case is so monstrously unjust towards the plaintiff—that he ought immediately to apply to the Court of Queen's Bench for a prohibition, the same will be granted, which will nullify the decision of the benighted judge, which is opposed to law and common sense."

Letters and communications have also been received from Dr. T. East; P. P.; Homo; Mentor; A Sufferer; Medicus; A Medical Student; Mr. Page; Verax; Pestle; Anæsthesia; Chirurgus; Beta; M. D., Edinburgh; Simon Pure; Expectans; Inquirer; A General Practitioner, Colchester; Chemicus; Amicus; M. D., Dublin; Glostrensis; Mr. Deacon; Cyclops; Assistant-Surgeon, R.N.; M. B.; A Subscriber, 1844; Verax; L. M., Woolwich; M. D.; Scalpel; Erinensis; N. B.; Ignotus; A Constant Reader, Glasgow; Bristolian; An Essex Surgeon; Jurist; Microscopist; J. G. S.; Cantab.; J. C. Ford, M.D.; Galen; T. C. D.; An Old Bartholomew Student; A Licentiate; M. R. C. S.; Apothecary; Sigma; R. M., Glasgow; Mr. G. Gibson, Ulverstone; Mr. H. Hastings, Stokenchurch; A Constant Subscriber; A Subscriber; Studens Juvenilis; M. J. L'Estrange, 39, Lower Dawson-street, Dublin; L. M. N.; Mr. A. Young; Mr. J. R. Bedwell, Northleach; Philologist; An Old Apothecary prior to the Act of 1815, St. Albans, Herts, &c. &c.

No. 459. **SUMMARY.** July 15.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 163

Clinical Lectures on the Gravity and Treatment of Fractures and Wounds by Firearms, by M. VELPEAU 165

ORIGINAL CONTRIBUTIONS—

On Gunshot Wounds of the Chest, by G. J. GUTHRIE, Esq. 166

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 166

On a New Operation for Varicose Veins, by W. B. HERAPATH, Esq. 168

On the Biniodide of Mercury as a Remedy in Secondary Syphilis, by OCTAVIAN ROYLE, Esq., Ipswich 169

Paralysis from a Stroke of Lightning cured by Galvanism, communicated by REGINALD ORTON, Esq. 169

Case of Necrosis of the Fingers, communicated by T. BROWN, Esq. 170

On the Liquor Ferri Persequi Nitratis, communicated by JOHN POSTGATE, Esq. 170

HOSPITAL REPORTS—

Westminster Hospital 170

Hopital St. Pierre 170

Cumberland Infirmary, Carlisle—Jaundice from Congenital Absence of the Gall-Bladder, &c.; communicated by EVAN THOMAS, Esq. 171

PROGRESS OF MEDICAL SCIENCE 171

REVIEWS—

On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connection of Diabetes, Calculus, &c., with Indigestion; by W. Prout, M.D. 173

LEADERS—

Medical Heresies—the Homœopathic System 176

The Necessity of Reform in the Universities of Oxford and Cambridge 176

Upton Poor-law Union 177

The Inutility of Non-Medical Coroners, and an Extraordinary Verdict 178

Mr. James Bird on Medical Reform 178

Doings in Private Lunatic Asylums 180

GOSSIP OF THE WEEK 181

Honorary Degree to Dr. Wright, of Birmingham 181

MORTALITY TABLE 182

TO CORRESPONDENTS 182

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 148.)

JEWISH RACE.

It was during the summer, when the Dutch and Belgians were carrying on a war after their own fashion—marching and countermarching, advancing and retreating, but never fighting—that, having a few weeks' leisure from the routine of a most laborious life, I resolved to visit personally two countries where I hoped to see two distinct races of men, as distinct from each other as possible, or at least as modern amalgamations admit of; these countries were Holland and Wales. I determined to witness for myself what changes had been effected on the population of these two countries by time and civilization; the results, in as far as regards these races, shall be submitted to you when describing the dominant races of men; but first let me speak to you of another race I found in Holland, favourably placed for observation—the Jew. I had reached London, that compound of all the earth, and I had looked attentively at the Jewish physiognomy on the streets, as he perambulates our stony pavements, and with a hoarse, unmusical voice proclaims to you his willingness to purchase the cast-off clothes of others; or, assuming the air of a person of a different stamp, he saunters about Cornhill in quest of business; or, losing sight of his origin for a moment, he dresses himself up as the flash man about town; but never to be mistaken for a moment—never to be confounded with any other race. The women, too, were not forgotten; the beauties of Holywell-street; there they are; the lineal descendants of those who fled from Egypt—spoiling the Egyptians—forgetting to return what they had borrowed—but never returning to that land to which one might suppose them attached, though it does not really seem so—the land of promise.

But where are the Jewish farmers, Jewish mechanics, tradesmen? Can he not till the earth, or settle anywhere? Why does he dislike handicraft labour? Has he no ingenuity, no inventive power, no mechanical or scientific turn of mind? no love for war, nor for the arts of peace? And then I began to inquire into this, and I saw, or thought I saw, that the Jews who followed any calling were not really Hebrews, but sprung of a Jewish father and a Saxon or Celtic mother; that the real Jewess admits generally of no intermarriage; that the real Jew had never altered since the earliest recorded period; that 200 years at least before Christ they were perambulating Italy and Europe precisely as they do now, following the same occupations—that is, no occupation at all; that the real Jew has no ear for music as a race, no love of science or literature; that he invents nothing, pursues no inquiry; that the theory of "Coningsby" is not merely a fable as applied to the real and undoubted Jew, but is absolutely refuted by all history.

The following critique by Arpetigny seems to me harsh and unjust:—

"Those which Poland rears form pretty nearly two-thirds of the population of the towns. They wear in summer a tight cassock made of a bare and shining cloth; in winter a velvet cap something like a thick turban, and a robe lined with fur, fitting closely about them, with a girdle of red wool, which serves them for a pocket, compose all their dress. They allow their hair and beard to grow long and flow free; they have an aquiline nose, oval countenance, and pale complexion; they have long, dark eyes, full of lustre, and which betoken cupidity; they are engaging and polite in their manners; very emaciated, for the most part; one would take them, at the corners of the shops, where they station themselves generally motionless and erect, for black cypress-trees or pear-trees cut out like bedposts; they throw around them I know not what reflection of Capernaum and Jericho, recalling the impression produced by the engravings of old copies of the Bible; they do not practise any corporeal exercise, any fine art, making traffic their sole occupation; to lie to secure a good bargain, to lie to sell again at a high price, their infamous life is spent between these two lies; they give a preference to the calling of a courtier, an old clothesman, a go-between, a stock-jobber, a broker, a publican, a banker, a tavern-keeper—in a word, the callings where cunning of the mind surpasses the gifts of science, the profound knowledge of the arts, and the skill of the hands. Against these the Jew contends by cunning alone. They speculate openly on the luxury and drunkenness of others; but we owe them this justice, that they lose nothing of their gravity, neither under the thyrsus, nor under the caduceus. Their hand is the same as that of the Normans, with the palm altogether less developed, and the fingers, as it were, square."

As I attentively surveyed the Jewish population on the streets of London, I fancied I could perceive three different casts of features: the first, Jewish *par excellence*, and never to be mistaken; a second, such as Rembrandt drew; and a third, possibly darker, of other races intermingled. It seems to me, indeed, that almost every race shows, as it were, three forms of face which run into each other, connecting them possibly with others, so that this is not peculiar to the Jewish race. Of the first form I need say little to you, begging you merely to recollect that the contour is convex; the eyes long and fine, the outer angles running towards the temples; the brow and nose apt to form a single convex line; the nose comparatively narrow at the base, the eyes consequently approaching each other; lips very full, mouth projecting, chin small, and the whole physiognomy, when swarthy, as it often is, has an African look. When fine, that is in the young person, with no exaggeration of any of the features; when the complexion is delicate, and neither passion nor age has stamped their traits on the face; before the energies of the chest and the abdomen, the stomach and reproductive systems, have told on the face; before the over-development of the nose and mouth has indicated their sympathies with other organs than the brain, and dislocated by their larger development that admirable balancement of head and face, of brow and nose, eyes and mouth, cheeks and chin—constituting beauty in any face wherein it exists; before the eye of the observer is enabled to say at once, these features want proportion; that is, in a word, when youth prevails, then will you occasionally find in the Jewish face, male and female, transcendant beauty, provided your view be not prolonged. But why is it that you must not prolong your view? Why is it that the female Jewish face will not stand a long and searching glance? The simple answer is, that then the want of proportion becomes more apparent, and this is enough; but there is more than this; and I shall endeavour to explain it to you.

The living face cannot remain long unmoved; the play of the mind is at work on every feature; a passing thought kindles up the features, expands the nostrils, widens or contracts the mouth, dimples or furrows the cheeks, enlarges or diminishes the apertures of those glorious orbs through which the soul looks beamingly. Now, to stand those changes, and remain beautiful, the proportions must be perfect so as to permit of change; but the Jewish woman's features do not admit of this; the smile enlarges the mouth too much, and brings the angles towards the ears; these are, perhaps, already somewhat too far back; the external angles of the eyes extend in the same direction, and the whole features assume a hircine character, which the ancient Copt, as I shall show afterwards, knew well how to caricature. If to these be added, as happens in the male face, that certain features display the internal structure, the skeleton of the face, then all beauty flies. A brow marked with furrows or prominent points of bone, or with both; high cheek-bones; a sloping and disproportioned chin; an elongated, projecting mouth, which at the angles threatens every moment to reach the temples; a large, massive, club-shaped, hooked nose, three or four times larger than suits the face,—these are features which stamp the African character of the Jew, his muzzle-shaped mouth and face removing him from certain other races, and bringing out strongly with age the two grand deformative qualities,—disproportion and a display of the anatomy. Thus it is that the Jewish face never can, and never is, perfectly beautiful. I of course include not those rare exceptions which at times appear, nor those faces composed of two races which at times approach perfection. But, before I speak of this further, let me pursue my history of inquiry.

I had looked attentively at the Jews of London, but felt inseeure as to my conelusions; in London we constantly meet with persons having Jewish features and Christian names; believed to be born of a Jewish father and Saxon mothcr, or of a Saxon father and half-Jewess, for no real Jewess will intermarry with a Saxon, or accept him as a lover, at least so I have been told; and, therefore, the Jewish blood can never alter so long as the real Jewish women, or a majority of them, are of this mind. This fact I believe to be eertain; it is the same with the truc gipsy, and, perhaps, with thc Copt, ancient and modern; the mingling of races, however, appeared to me eonsiderable in London. On my way to Chatham there sat opposite me a middle-aged man, whose features reminded me strongly of a drawing by Rembrandt. His face, though swarthy, had not that characteristic look which marks the Jew of Coptic descent; but I could not ask him if he was of Jewish origin; so when the carriage drew up in Chatham, and the landlord informed us that he had a leg of pork for dinner, I objected that some of us might be Jews. Upon this the stranger informed me that he was a Jew, and yet had no objeetion to the use of pork.

Having heard that I should find, in the Jew quarter of Amsterdam, such an assemblage of Jews as would give me an opportunity of perfectly appreciating the Jewish face, I was about to embark for Holland, when willing to embrace every opportunity of looking at those glorious specimens of art in the British Museum, and especially desirous of knowing the precise form of the ancient Coptic head, and its distinctions from the Grecian of ancient and modern times, I repaired to the Museum, where, again eontemplating the bust of the young Memnon, new light broke at once on my view. It seemed to me that I had, at one time or other, and that even lately, seen persons who might have sat to a seulptor for a likeness of the head of the Coptic prince; that the precise features and form, even to the most perfect resemblance of look, were to be found to this day unaltered in Britain; that the Coptic blood, or at least a race analogous, remained unaltered and strongly affiliated even to this day here in Britain; this fact, for sueh I felt convinced it was, excited in my mind the deepest reflections. An examination of the works of Rosselini, and also the *grand ouvrage sur l'Egypte*, led me almost to believe in the theory that the Egyptian priests and aristocracy had succeeded in so far crushing down the national progress as to compel the artist to repeat only certain forms, unalterably and for ever, an attempt which has been repeated in modern times, as far as could be ventured on as a first attempt, lately here in Britain in the decorations of the House of Lords; but still I could not believe that the Coptic artist would give to the head of the reigning prince an ideal form; he might nationalize it, but still it would be a portrait or resemblance. So soon as I began to suspect that I had seen a person in the streets of London from whose face the sculptor might have modelled the bust of the Memnon; so soon as, on relooking and re-examining, I felt sure of the fact, I became more anxious to visit the Jew quarter of Amsterdam, where I was told I should meet with ten thousand Israelites, male and female, walking about, or in collected groups, apart, to a certain extent, from the other race; that other race, the Saxon, strongly contrasted with the Jew: in groups assembled, kindling up deep associations with Eastern regions, with Egypt, and Jerusalem. To the result of this short visit I now earnestly beg your attention.

What I saw on landing at Rotterdam appertaining to the Saxon race I shall afterwards explain to you; it is to the Jewish I wish to direct your attention. Having repaired to the quarter of the city occupied by this race, I found the synagogue open and crowded; divine worship was going on, the people standing in crowds around the high altar; it was not proper to take off the hat. Near me, almost within reach, stood a youth about sixteen, and not far from him others, the perfect likeness of the young Memnon. I borrowed from him a Hebrew book he held in his hand, that I might the better observe his face. The whole congregation were singing, but exceedingly noisy and unmusical, for the Jews seem naturally to be without a musical ear; and they have no taste for national airs that I can discover. The book was a Hebrew work, beginning at the end, or what we call the end. The women, seated in the gallery, were not visible; but in the streets they could not be mistaken: unveiled and upright, a forward look, and eyes fixed on you as you passed; nor did the eyes quit their glance until you had fairly passed them. No one turned the head, but gazed at you until you and they passed each other. In that fixed look nothing could be seen more than in the statue.

Thus I learned that originally the ancient Copt and a large section of the Jewish people were one and the same race, with slight differences, however, which the Egyptian sculptor knew how to caricature. Of the modern Copt I can learn but little; our British and American travellers are so intensely occupied in describing their culinary arrangements for crossing the Desert of Suez, that they want time or capability to say a word about the descendants of those who built the Pyramids and the Temple of Karnac; these are trifles compared to the culinary matters; the individual, the *personnel*. Thus what I have to say of the Coptic and Jewish as affiliated races must be brief. With their history I must not touch—I mean, of course, their historic records; but one thing, at least, is certain, that, according to their own showing, they left Chaldea a small family, and quitted Egypt a considerable people. With the Egyptian, then, they had the closest relations by intermarriage and otherwise; we cannot say how—for all is mystery here, and a mystery which must not be touched. They then mingled with the Phœnicians extensively; for the Jebusites (who were the Jebusites?) remained quietly in possession of their city and property, undisturbed apparently. Now, the city of Jebus was simply Jerusalem; and, therefore, the very capital of the kingdom was inhabited by and occupied by strangers to the latest period of the Jewish kingdom.

From the earliest recorded times the Jews had commenced wandering over the earth, and seem to have been trafficking in cast-off garments in Italy before Rome itself was founded. Wanderers, then, by nature—unwarlike—they never could acquire a fixed home or abode. Literature, science, and art they possess not. It is against their nature—they never seem to have had a country, nor have they any yet. Like the Copt, they built temples, but not houses; they were, like the Copt and the Phœnician, a *building race*. The usual struggle exists amongst them as among Christians regarding the *value of tradition;* but as regards belief they present the most extraordinary spectacle the earth ever presented.

Now, nothing like so vast a difference in the matter of belief exists anywhere else, and it convinces me, with other facts, that the present Jewish race is composed of more than one: the Coptic, the Chaldee, and the Phœnician—allied races no doubt, but still distinct. With them originated monkeries and nunneries. They never will, of course, think with any other people. The greater number, I presume, do not believe in the existence of a soul, of a future life, or after punishments. Nothing of the sort is mentioned in the law books of Moses—these are all seemingly Egyptian ideas, derived no doubt from the East. But it is not to be forgotten that, when they resisted the power of Rome, our Saxon and Celtic forefathers were mere barbarians. When they penetrated into Britian it were impossible to say; if they came with the Phœnicians it must have been some 4000 years ago. But here they are now unaltered and unalterable. Shakspere drew the character of the race, but he added a feature, which I believe to be impossible, namely, the elopement of a Jewish lady with a Christian—such an event I do not believe ever happened. The Christian divines translate and comment on their sacred books. Gesenius denied some important prophecies; Voltaire launched on them the whole force of his terrible satire; Buckland offers you half a dozen versions of the sacred volumes in as many weeks. Meantime the Hebrews themselves pass over all these with silent contempt—they give them not even a passing notice. Societies are got up for their conversion! Be it so. Nothing can be said against them; but in one hundred years they will not convert one hundred Jews—not even one real Jew. This is my opinion and solemn conviction. Nature alters not; remember I speak of the true unquestioned Jew—not of the spurious half-breed, whom I notice here only for the sake of a passing remark.

About two years ago a very beautiful woman appeared as barmaid in a coffee-house on the Boulevards of Paris: all the world, as the phrase is, went to see her, so that night and day the coffee-house was crowded. She was far from being a perfect beauty, and quite inferior to the antique Greek; but still she possessed sufficient beauty to attract the attention of the Celtic capital. On looking attentively at her I felt convinced that she was born of Jewish and Belgian or English parents.

When the Jews left Egypt they were probably about three and a half or four millions in number. At this moment there are not on the earth more than four millions and a half, say six millions at the most. My opinion is that they are becoming extinct. There are not more than 35,000 or 40,000 in Britain and Ireland. Now, they were much more numerous in Rome two thousand years ago. Cicero, in his *Oratio pro Flacco*, particularly alludes to the numbers of the Jews in Rome, to their turbulence and their restlessness. They were supposed to have been the chief supporters of the Julian party against Pompey, and were accused by Flaccus of collecting the gold of the empire and conveying it to Judea. Which, then, was the era of the Jewish dispersion? I have failed in ascertaining this point, which I had once thought so simple. That they were wandering over the earth, and settled, in so far as a Jew can settle anywhere in Rome, in the time of Cicero, and, therefore, long before the destruction of Jerusalem, is a fact which admits of no sort of doubt. As I had supposed, their dispersion to be simply a historical fact, and one admitting of no dispute. I recommend the matter to theological scholars, who seem to me universally to have overlooked Cicero's observations on the race, and the important deductions which may be drawn from his remarks.

POSTSCRIPT.—JEWISH RACE.

I have not thought it worth while to refute the romances of Disraeli; it is sufficient merely to observe here that, in the long list of names of distinguished persons whom Mr. Disraeli has described as of Jewish descent, I have not met with a single Jewish trait in their countenance, in so far as I can discover; *and, therefore, they are not Jews*, nor of Jewish origin.

In my lectures about a year ago in the Royal Institution, Manchester, I stated that the Jewish population in Britain was comparatively small; it appears now that it amounts to about 35,000 or 40,000. This confirms me more and more in the belief I then stated, that, but for accidental intermarriages, the race would have been all but extinct. In France, with the most unlimited liberty, they amount only to about 70,000.

My observations on the Jewish race were misunderstood and, indeed, misrepresented by an anonymous writer in the Manchester newspapers. When I denied to the Jews any claims to literature, science, or art, which might be called their own, this writer insisted that I had denied them talents and abilities. Now, this I never contemplated. All races have produced men of ability: Confucius is said to have been a Chinese,

I took notice in these lectures of the aversion the Jews manifested everywhere to agriculture; the illustrious Humboldt, I find, has made the same observation—a fact of which I was not aware, and could not be, the second volume of the "Kosmos" having been translated into the English language but a few months ago. His observation is as follows:—

"They," the writings of the Old Testament, "portray the variations of the climate of Palestine, the succession of the seasons, the pastoral manners of the people, and their innate disinclination to agriculture."—Page 45, vol. ii.

One third of the Jews of the whole world are said now to reside in Poland, amounting to about 2,150,000 Jews. It has been said, also, that in Poland the Jews have become industrious, laborious mechanics; but this is most distinctly denied by Arpentigny, and refuted by what we see takes place in Britain and in France. In addition to the authority of Arpentigny, who seems to have been an eyewitness to the really astonishing condition of the Polish Jews, or rather, I ought to say, of the Jews settled in Poland, I might quote the Russian ukase, published in 1847, *ordering* the Jews to become members of municipal corporations, to follow trades, to cultivate the ground, and to act and work like other people. Any more remarks on these points must, I think, be quite superfluous. Their skill in metallurgy has not been made out satisfactorily.

On the subject of the dispersion of the Jews and their expulsion or emigration from Judea I observed in my lectures that the Jews seem to have been scattered over the then known world, nearly as they are now, many years before the capture and destruction of the city of Jebus by Vespasian. I called them a *wandering race*, but it appears that this expression is inexact, and some of my most distinguished friends have objected to the term. My whole object being an investigation into *the true character of the races of men as they now exist and have existed on the earth*, I shall ever be most ready and willing to correct any inaccuracy of expression. If the term a *dispersed race* seem a more suitable one, I willingly substitute it for that already used. But I see not how a change in term alters the facts. That the Jews were a *dispersed* race in Cicero's time, and therefore dispersed some hundred years before the taking and destruction of Jerusalem by Vespasian, is simply a fact which cannot be refuted nor explained away; for the question always returns, why were they a dispersed race? and why are they now a dispersed race? No sane person doubts their power to seize Judea if they thought fit. One of their capitalists might absolutely buy it from the present Turkish Government. Some £25,000, judiciously used by Lord Ponsonby, I think, expelled the Egyptian armies and the French party from all Syria. Now, why not use the same means, and appeal to the all-powerful effects of gold?

As I have been accused—in which accusation Dr. Middleton is also included—of not clearly comprehending the scope of Cicero's observations respecting the Jews in his (Cicero's) times, I have returned to "Middleton's Life of Cicero," and to Cicero, "Oratio pro Flacco," which on a former occasion (at Manchester) I had quoted merely from memory.

The passage, as it stands in Valpy's edition of Cicero, relating to the Jews, referred to by Dr. Middleton, occurs in Cicero's defence of Flaccus for misconduct during his prætorship of the province of Asia. He was accused by the Greeks and Jews. Cicero disposes of the Greek witnesses by showing to the judges that the Greek race totally disregarded the sanctity of an oath; that the whole nation, in fact, looked upon an oath as a mere jest. In respect of the Jews, Cicero observes,—"Sequitur auri illa invidia Judaici. Hoc nimirum est illud, quod non longe a gradibus Aureliis hæc causa dicitur; ob hoc crimen, hic locus ab ste Lœli, atque illa turba quesita est. Scis quanta sit manus, quanta concordia, quantum valeat in concionibus. Submissa voce agam tantum ut Judices audiant; neque enim desunt, qui istos in me, atque in optimum quemque incitent; quos ego, quo id facilius faciant, non adjuvabo. Cum aurum, Judæorum nomine, quotannis ex Italia et ex omnibus provinciis Hierosolyma exportari solenet, Flaccus sanxit edicto, ne ex Asia exportari liceret. Quis est judices qui hoc non vere tandare possit? Exportari aurum non oportere, cum sæpe antea senatus, tum me consule gravissime judicavit. Huic autem barbaræ superstitioni resistere severitatis; multitudinem Judæorum fragrantem nonumquam in concionibus pro republica contemnera gravitatis summæ fuit. Al. Cn. Pompeius, captis Hierosolymis, victor ex illo fano nihil attigit. Imprimis hoc, ut multa alin sapienter, quod in tum suspiciosa ac maledica civitate locum sermoni, obtrectatorum non reliquit; non enim credo religionem et Judæorum et hostium impedimento, præstantissimo imperatori, sed pudorem fuisse."—P. 1519, vol. vi.

With the interpretation that Dr. Middleton has put on these remarkable passages I entirely concur, although I admit that at first sight his view may appear overstrained. I leave it to others to decide, but in the meantime remain in the opinion that the "quanta sit manus, quanta concordia," &c., have a reference mainly, if not solely, to bodies of turbulent Jews with which Rome *at that time abounded*.

I may now dispose of the last question—are the Jews a nation? This, I think, cannot be allowed of them any more than of the present Germans, who certainly are no nation as yet, otherwise, why this anxious search after "vaderland"? That they are a race I admit, dispersed over the globe since very remote times, without a country, a home, a rallying point; but we might as well say the Gipsies are a nation as the Jews. Such difficulties arise from the abuse of language and from the use of terms, which, though sanctioned by ages, are yet merely conventional. Authors still speak of the *German empire* as if there really had ever existed an *empire of Germans*, which we know was never the case. States and powers made up of fragments of other states, of races hating each other, as Prussia and Austria (I trust we may not have to add Great Britain), &c., will now be tried to their utmost by the war of races, which, some fifteen years ago, I foretold was sure to happen sooner or later; but, being a new element in human affairs, the principle will be opposed to the utmost by those who will not or cannot understand it; and the threatening aspect of a portion of the *Celtic race* in Ireland may render it inexpedient, impolitic, and imprudent to discuss at this particular moment the probable stability of an empire composed of at least two races who cordially hate each other, even although that monarchy may be one of *absolute perfection* in its own estimation, and of such extent that the sun never sets on its vast possessions.

Human contrivances are no doubt at times skilfully arranged, and gold will do much, especially if backed by the sword. By these, in 1815, Belgium and Holland, inhabited by opposing races, were tied together for a time; but Nature at last asserted her rights, and snapped the artificial cord of human policy. The selfish German has long oppressed the Sclavonian race, but his reign of tyranny and of horror touches a close he ought not to be allowed to remain in Bohemia, nor in Posen, nor in Hungary, nor in Vienna, if the Sclavonians be but true to themselves.

On the free and united provinces of republican Holland a monarchy was thrust in 1815—a dynasty; will the democratic Hollander submit long to this? I should think not. Their dislike to the French Celt is, I am aware, very great, but their dislike to monarchy must be still greater. Historians, statesmen, journalists, settle all such questions on maxims of political economy and the balance of power; Nature arranges them in quite a different fashion. Not comprehending, or unwilling to look this great question boldly in the face, these conventionalists speak of the dislike of the Italian to the German, and to his government. But this is not true: it is the savage rule of the Sclavonian, of the Goth, of the Greek, of the Tedeschi, which they abhor; it is the Sclavonian rule of the House of Hapsburgh which they detest; they have, I have been assured, no particular dislike to the true German.

To mystify the position of Central Europe; to speak of the German of the north and the German of the south as one race; ringing the changes upon the indefinable word *German;* to support antiquated treaties, forced on the European races by fraud and violence, engages at this moment the nearly united daily press of Britain. But Nature's laws will prove stronger than treaties, however skilfully drawn up by those long-headed and far-seeing statesmen, Guizot and Metternich. Holland must ere long be free; the Celtic race of France, if they rightly comprehend their position, will extend their republic to the Rhine; the mingled and discordant population of Central Europe, calling themselves Germans, and at present anxiously inquiring for a place called Germany, must discard themselves at once and for ever from the Sarmatian and Sclavonian races hanging on their eastern frontier, claiming connection with them, and willing even to be called German too. They must at once cut the link between them and these barbaric races, governed by the knout, the crucifix, and the sword; reconstitute the seven united provinces of Holland; go back to their own natures, their Saxon laws and Saxon institutions; then will the *continental Saxon* find his position as a man and as a race, but not till then. "The Thirteen United States" of Germany will enable once more "freedom" to alight on continental Europe; the despots of Spandau and of Hapsburgh will return to what they were. But I anticipate a portion of my lecture on the Saxon races, and wander like the Jew. He, it would appear, has no country, no locality; in this respect he seems to resemble the present Germans. But they, sooner or later, will find a country, and so must the Jew. Perhaps, like other races, they await a leader, or, in the language of modern essayists, "a man,"—"the man,"—an Alexander,—a Napoleon,—a Saviour. Such a dream may yet be realized!

CLINICAL LECTURES ON THE GRAVITY AND TREATMENT OF FRACTURES AND WOUNDS BY FIREARMS.

By M. VELPEAU.

ON INCISION, AND ON THE EXTRACTION OF FOREIGN BODIES.

After having proved the grave nature of wounds occasioned by firearms, and the accidents which most frequently complicate them—after having paused to consider on each of these accidents, and on fractures in particular—let us now approach the treatment of gunshot wounds in themselves, and indirectly the treatment of their possible complications.

At various epochs of science different modes of treatment have been employed by different surgeons living at the same time, who have been completely at variance as to the therapeutics of these wounds: a fact of which you can easily convince yourselves by the critical and historical considerations on which we are about to enter, in connection with the principal methods of treatment employed.

DILATATION.

There was a time when it was the rule to cut or dilate immediately gunshot wounds; many surgeons still hold to this practice; and the following are the arguments on which they base their treatment:—

1. It was thought that circular wounds and ulcers could not cicatrize. In effect it was argued by one party, in order that cicatrization shall take place it is necessary that all the points of a wound or an ulcer should be in contact; but this is impossible in a round wound; hence it was argued that another shape was necessary to make it heal. This reasoning is not valid at the present day, for it is perfectly well known that

round wounds can cicatrize; that the whole of their circumference and their depth produce granulations, the result of which is the formation of a layer of new tissue, which at length becomes level with the skin, of which it assumes all the characteristics.

Although this principle should be proved false, yet dilatation should be employed, nevertheless, for two reasons—1. In order to obviate strangulation. 2. To give room for probing foreign bodies contained in the wound. This last reason is valid in a great number of cases: in fact, it is rare that there do not enter with the ball other foreign bodies of various kinds, as fragments of dress, paper, &c., with which the ball has been in contact, and which are pushed before it. Thus even the portion of skin which it carries before it, and is found in the middle of the tissues, is to be regarded as a foreign body. Hence we see that gunshot wounds frequently contain foreign bodies, and, in order to their discovery and extraction, it is necessary to enlarge the wounds, for which reason dilatation is useful. But, even as thus considered, incision should not be practised as an invariable rule, because if there be no strange body, or it it can be easily seized, it is not necessary; and, to sum up, there is no necessity for dilatation, except space be required to lay hold of any extraneous substances.

Now, is incision necessary with the mere object of preventing strangulation? No, gentlemen, strangulation in gunshot wounds is nearly always chimerical. You may convince yourselves of this by our wounded men themselves. A great number of these have their limbs pierced from one end to the other. In a great number the wounds are straight, deep, and yet you will not find any appearance of strangulation. Scarcely is there any swelling in the region of the wound. On the contrary, the borders of the wound are flaccid and depressed. In former times all the surgeons would have enlarged; and, inasmuch as the practice was then universal, they would have attributed to it those cases of cure which would have certainly taken place without. In Paris, in 1830, some curious comparisons on this point were instituted: thus, at the Hôtel Dieu, Dupuytren dilated; but at La Piété Lisfranc never did so; at St. Louis I only did it in two cases: yet equal results were obtained under all the methods. What are you to conclude from this? Are we to say that incision is necessary in a general manner, and, *à priori*, to prevent strangulation? Is it dangerous? Yes, gentlemen, it is, at least in many cases: thus, if we should go on enlarging wounds, as Dupuytren wishes, through their whole length, we should encounter many real dangers. Suppose, in fine, that a ball traverses a thick fleshy part like the thigh, what would be the consequence of dilatation then? Would it not expose the surgeon to the danger of disturbing important vessels and nerves, and thus of producing a change which might become very embarrassing?

To resume. Incision, which has been established as a principle of treatment in gunshot wounds, is a bad practice. We should reserve it for those cases where its utility is incontestable. Thus, for the extracting of foreign bodies difficult to be seized; for the section of an aponeurotic tissue, which might become the cause of strangulation; and, lastly, for those cases where strangulation really does exist.

EXTRACTION OF FOREIGN BODIES.

Is it, as some surgeons think, requisite to effect the immediate extraction of foreign bodies from gunshot wounds? Yes, if they are lying loose in the wound, if it be not necessary to make numerous incisions to draw them out. Frequently there are cases in which extraneous bodies are embedded in tissues. Thus, in comminuted fractures many of the fragments of bone are often found adherent to each other, to the original bony mass, to the periosteum, or to other tissues. In some cases, on the contrary, hey are perfectly free: these should be immediately extracted; as to the others it is better to wait a little. Most of the former, in effect, are so situated that they could not be easily seized; and we must throw the task of separating them on Nature herself. They will be eliminated by suppuration, after the manner of every sloughing part.

As to the projectiles themselves, what shall we do with them? Frequently it happens that we cannot find them, notwithstanding all our researches. If a ball, for instance, impinges on the chest posteriorly, and takes an oblique direction on one side, it may deviate from its original course to follow the curve of that side, and ultimately lodge in the vertebral column, and yet for all that never touch the lungs. What good, then, would it be in this case to search about, and to make two wounds instead of one? If the wound has really traversed the chest, the danger is not from the presence of the ball in the thoracic cavity, but in the injuring of the viscera.

If the viscera were really wounded, and we had opened the wound to look for the ball, we should by this means let air into a cavity from which it ought to be carefully excluded by every means in our power. The greatest accident would be the consequence of a reverse course. If the ball had lodged in the groin, or in the axilla, there would be equal danger of seeking for it on account of the nerves and vessels which would be likely to be wounded. Moreover, balls are foreign bodies to which tissues very soon become accustomed. Larrey calls our attention to an old soldier, in whom was found a ball embedded at the bifurcation of the bronchial tubes. It had been there thirty years, and he had suffered nothing from it.

It is only a short time since that I extracted from the poplitcal cavity of a patient a ball which had been there ever since 1843, and which, during this time, produced no unpleasant results.

Balls, in fact, whatever may be the part in which they lodge, soon become enveloped in a kind of small sac which isolates them from neighbouring tissues, and hence prevents them reacting on those tissues, and producing irritation or inflammation, as is the case with other foreign bodies.

ORIGINAL CONTRIBUTIONS.

ON GUNSHOT WOUNDS OF THE CHEST.

By G. J. GUTHRIE, Esq., F.R.S., &c.

[To the Editor of the Medical Times.]

SIR,—You were so good as to publish the preface to my "Lectures on Injuries of the Chest," in which I stated that seven soldiers only had returned from the four battles fought in India, to be invalided, instead of 171, which ought to have been the number, by computation, if sufficient surgical attendance had been afforded on those occasions. A report of two other cases has now been forwarded to me, which I beg you will publish, as I should much regret any inaccuracy occurring on a point which may be hereafter of great importance. The report now stands nine instead of 171.

I have the honour to be, Sir, with all due respect, your very obedient servant,

G. J. GUTHRIE.

4, Berkeley-street, July 11.

Sergeant James Doyle, aged thirty-five, 29th Regiment, total service seventeen years, of which five years in India. Was wounded at Sobraon on the 10th of February, 1846, by a musket-ball in the right side of the chest. The ball entered immediately below the nipple, between the fourth and fifth ribs, and fractured one of them; he supposed the ball to have passed backwards towards the scapula, as he felt pain shortly after in that region, and even occasionally at the present time. A few pieces of bone came away from the rib. The wound was small at first, but it afterwards sloughed, and nitric acid was applied, which has left a long cicatrix. He spat up a small quantity of blood immediately after he received the wound, but never afterwards. He was four months in hospital, and ever since he has been unable to do his duty, on account of pain and uneasiness in the chest when buttoned up.

The chest is resonant on percussion all over, equally so on the right as on the left side. The respiratory murmur is heard distinctly over the chest; it is not, however, heard so clear immediately over the site of the wound.

He has occasionally a slight cough and expectoration, but in other respects his general health is good.

Robert Thomas Fox, aged twenty-seven, 29th Regiment, total service nine years, of which six years in India. Was wounded at Ferozeshah, on the 21st of December, 1845, in the left shoulder. The ball entered over the left clavicle, about its outer third, fractured the bone and passed downwards and backwards, and made its exit close to the posterior border of the scapula, about three inches from its inferior angle. At the time the accident happened he was advancing to the batteries, and the enemy were above him. He spat up a small quantity of blood at the time, but never afterwards. Several pieces of bone were taken away from the wound over the clavicle four days after, and many pieces of bone came way at different times from both wounds. The wounds did not heal entirely for fifteen months. He has never done any duty since. Percussion is clear all over the chest, and the respiratory murmur is distinctly heard. He is unable to raise the arm of his own accord, probably from the brachial plexus of nerves having been wounded; but the arm can be raised, although not to the full extent. The power of motion and sensation of the forearm is perfect. The deltoid and muscles of the arm are somewhat wasted, but not to any great extent. He has no pain or uneasiness in the chest, and only complains of pain in the wounds, and inability to raise the arm. His general health is good.

It is possible that the ball did not enter the chest, but may have passed down between the chest and scapula.

G. WILLIAMSON, S.S., 2nd Class.

T. French, Deputy-Inspector, Fort Pitt, July 4.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 154.)

The researches of Bischoff, Raciborsky, Pouchet, and Girdwood, &c., on the extrusion of ova in oviparous animals, and on the periodical maturation of ova in mammalia, as well as in the human subject, have elucidated a fact which explains satisfactorily the pathology of ovarian dropsy..

These physiologists remark that, inasmuch as an ovum may descend the oviduct, and be laid, and that the spawn of fishes may be cast by the female, and that in both instances the male is in no wise concerned in this process, as we constantly see in the case of a domestic hen or canary bird; for these animals continue to lay wind-eggs for months or years together apart from any cock bird, so also there are stated menstrual periods in the life of all adult women—the virgins—at which an ovulum bursts from its vesicle, and descends through the Fallopian duct into the uterus, and is carried away by the uterine discharge. The process usually occurs, according to these authors, at the catamenial period, so that this circumstance will readily explain the hitherto perplexing fact that true corpora lutea are repeatedly met with in unimpregnated females.(a)

(a) Bischoff's words are the following:—"In the human female, during the period in which she is capable of childbearing, there occurs every four weeks a maturation and extrusion of an

Hence it is that sterility in married women frequently arises from menorrhœal as well as dysmenorrhœal states of the uterus, whereby debility of the Fallopian fimbriæ is induced, and a vigorous ovum is not evolved.(a)

If, therefore, such views are correct—and observations in health, in sickness, and in pathology fully corroborate them—it serves to explain the frequent occurrence of ovarian disease, or dropsy, in barren women. From my own clinical observations, as well as those made after death, I am led to think that ovarian dropsy usually occurs either by the escape of an ovulum from its vesicle, which is retarded in its progress to the uterus in consequence of partial or complete obstruction of one of the Fallopian tubes; or it may originate from a feeble state of its fimbria, whereby the grasp is not vigorous enough to propel the ovule out of its capsule into the tube: inflammation supervenes, which is continued into the sac; distention of this sac follows, and an indurated ovarium with a dropsical sac attached to it is the morbid product. Whilst living with my friend Mr. Vickers, I attended a patient, aged thirty-four, with her second child; she was attacked with puerperal fever, and died on the seventh day. This strong and healthy woman had been married ten years, and had never been pregnant until the eighth year after her marriage, when she gave birth to her first child. I found the left Fallopian tube quite impervious, whilst in the right there was one recent corpus luteum in a much healthier and larger ovarium, with a pervious tube throughout to the uterus.

Whenever an ovulum has thus burst from its vesicle, and has met with any obstacle in its descent into the uterine cavity, its detention in the Fallopian tube will necessarily give rise to a morbid action in the vesicle itself, and its surrounding fimbriæ. Enlargement of the body of the ovarium ensues, the surrounding pressure induces inflammation, serum is poured forth into the emptied vesicle, which goes on increasing until the patient is sensible of an enlargement over and above Poupart's ligament. Now, when ovarian dropsy has become fully established there are no reasons whatever why the practitioner should not be able, for the most part, to decide between the existence of this disease and that of ascites. By attending to a few principles the difference can be ordinarily made out with perfect clearness to the mind. For instance, if the percussion over the tumour is dull, but is clear at the flanks; if, also, the dulness in front increases towards one of the iliac regions; and if the patient is made to turn on her side, and the flank on which she now lies emits a dull in lieu of a clear sound, while the percussion over the exposed flank is clear; if, moreover, the fluctuation is more perceptible in front of the abdomen, and gradually becomes less marked towards the spine, then we may assert with confidence that the swelling is from ovarian dropsy; for the very reverse of all these phenomena occur in ascites. The explanation of these facts will readily present itself to an observing mind. It may, however, be remarked that the thickness of the walls of an ovarian sac, its floating over and upon the intestines, its free motion from side to side, and the enlarged body of the ovarium itself, are so many pathological reasons why the above circumstances afford such assistance in the formation of a just diagnosis. I once knew an instance where the surgeon plunged a trocar into the linea alba, under the false notion that he was tapping for ascites, when nothing flowed; he withdrew the instrument, and again drove it into the linea semilunaris on the left side, and emptied an ovarian sac of several quarts of fluid. If the above precautions had been fully attended to prior to the operation, the sad blunder would certainly have been prevented.

OVARIAN DROPSY—EXTENSIVE ULCERATION OF THE STOMACH.

Louisa Ann Alder, aged fifty-five, unmarried. The subject of ovarian dropsy; has for the last ten years been an occasional patient at the hospital, for the purpose of being tapped. During this period it has been performed twenty-nine times, at intervals, first, of twelve months, but latterly of six weeks only; the quantity of fluid being generally three gallons. Admitted for the last time on Nov. 28; was tapped on Dec. 10, but only half of the usual quantity was drawn off, the canula becoming obstructed by shreds of lymph; the fluid was darker in colour and more turbid than before. After a month the operation was repeated, and towards the end of the operation a considerable quantity of lymph, in flakes, escaped with the fluid, obstructing its flow. After a day or two, symptoms of inflammation of the cyst came on, great depression of the vital powers, tenderness of the abdomen, with pain, vomiting, heat of skin, a quick, irritable pulse, thirst, and slight constipation. Leeches were applied to the abdomen, and a blister; some mild purgatives were given. After a few days the inflammatory symptoms subsided and she seemed to rally, but never regained her vigour, and, gradually sinking, she died on the 20th of February, about four weeks after the last tapping.

On examination, seventeen hours after death, a large globular cyst was found distending the cavity of the abdomen, adherent to the parietal peritoneum only by a small part of the right side, and at its upper portion the posterior part of the stomach was also adherent to it. It seemed to have its origin in the left ovary, the healthy structure of which was entirely lost; the uterus and the right ovary were natural. It contained a considerably quantity of air, and more than a gallon of whey-like, almost purulent, fluid; it was lined by a thick and ragged layer of lymph, evidently recent, and beneath which were several other layers much firmer; these were thickest at the anterior part of the cyst. The interior of the stomach presented numerous ulcerations, two of the extent of half a crown, four or five smaller; irregular in form, their edges rounded, smooth, and quite pale; their bases, also pale and smooth, were in the greater part formed by the thickened peritoneum; and in one of the larger ulcers, situated in the posterior wall, the ulceration had in two points passed through the coats of the stomach; and in one instance it had reached the omentum, which adhered to it, and in the other the ovarian cyst; so that, when the stomach was separated from the latter, there was seen a perforation of the size of a sixpence. The posterior part of the right lung adhered very firmly to the corresponding wall of the thorax, and was congested; the bronchial membrane red; the kidneys small; pelvis and upper part of the ureter of the right one very much dilated; spleen small; other organs healthy.

I shall now proceed to notice those enlargements of organs and tumours on its surface, which oftentimes are the source of much perplexity to the medical man in his diagnosis. One of the main sources of this difficulty is, as I have endeavoured to exemplify throughout these papers, the assimilation which one disease presents to another, and the close alliance which a trifling one bears to another of a mortal character. What medical man is there who has enjoyed a long course of professional experience who does not find himself unable to decide whether a female presenting herself with a large, solid, oviform abdominal tumour is carrying a gravid uterus, or is the subject of chronic enlargement of the ovarium? I know of two instances in the country where the patients have been tapped for supposed dropsy, and the *post-mortem* examinations brought to light the melancholy but appalling fact that the patients were both of them advanced in pregnancy. Some of the curious and interesting cases which I hope to present under this part of my classification will, I trust, prove useful to the practitioner. *Tympanitis*, or *meteorismus*, is one of those deceitful enlargements of the body which has been repeatedly mistaken for dropsy on the one hand, and for pregnancy on the other. Some years ago I was requested by the house-surgeon to accompany him to the surgical wards, in order to give my opinion upon the nature of an abdominal tumour in a young unmarried female, just sent up from Kent to the hospital. The gentleman in question had judiciously observed the most rigid silence about the case until we arrived at the bedside, when I found a healthy, plump, and rather handsome young woman, with an abdomen as tense, as firm, and as solid to the touch as a woman in her ninth month of pregnancy. As I laid my hand over this enormus tumor, he whispered across to me, "Est elle gravide?" I confess I was startled, too, at the same suspicion, and knowing that, if any diagnosis confirmed his own, he would in all probability dismiss her immediately, and the stigma of pregnancy would not only be heaped upon the girl, but that an old and valued friend to the charity would certainly become acquainted with the serious error which we had made, I was induced to pause a moment. Percussion and firm manipulation soon satisfied me that it was no tumour at all, for the sound elicited was clear in every part, and, as I have generally noticed, the tumour was entirely dispersed by grasping the abdominal perietes, and kneading, as it were, the intestines from side to side, so that in a few minutes, to the surprise of us all, the abdomen was as flat as in a woman after childbirth. We placed a firm bandage over the abdomen, but, in spite of this, it was as large in three days as usual. We now took charge of her in the medical wards, and although she was put under a course of aloetic purgatives, with shower baths, exercise in the garden, and a firm band was worn around the loins, and although in the space of six weeks it was somewhat reduced, yet she returned to the country with a more prominent abdomen than most females possess at her age; however, we had the satisfaction of being enabled to speak positively of its innocent nature, and that it was not a gravid uterus. I have seen repeated instances of this most obstinate form of tympanitis, or meteorismus, yield to no treatment whatsoever, but the women have married, borne children, and they have never afterwards been troubled with the complaint. Another singular instance of false diagnosis, under similar circumstances, occurs to my mind, which is of recent date. An unmarried woman, aged 28, in respectable circumstances in life, was sent to the Middlesex Hospital from the extreme part of the north of England, I think it was Cumberland, in order that she might be placed under Mr. Arnott's care, to undergo, if that gentleman deemed it advisable, the operation of ovotomy. The patient in question had been treated during nine months for diseased and enlarged ovarium, and, as all remedies had failed to reduce the swelling, the practitioner was desirous that the question of the operation should be entered into, to which the patient willingly consented. The woman was carefully examined by Mr. Arnott, who was satisfied that there was no tumour beyond what a mass of supposed impacted fæces in the cœcum and colon produced; in this opinion he was confirmed by Dr. Seth Thompson; and the patient was put under a course of smart purgatives, enemata, and at length steel, shower-baths, &c., when a complete disgorgement of the tumour in a huge and dense mass of scybalæ and fetid evacuations ensued, and she returned to the north perfectly cured of her abdominal tumour, and not a little

---

ovum from the ovary, which process is accompanied by a simultaneous secretion of blood from the uterus. This periodical maturation of an ovum is the first and most essential condition to conception and pregnancy. At this period only will coitus be followed by conception; at all other times the latter will be impossible."—("Essay on the Periodical Maturation and Extrusion of Ova." Translated by H. Smith, Esq.

(a) I have noticed similar results in the common hen. Three of five hens will lay eggs daily, whilst fed at regular hours, and kept with wholesome farinaceous food; but if they are suddenly deprived of grain, and allowed too much wet food, they have fluxes from the bowels, and the eggs are much fewer, not averaging more than two or three per week.

astonished at the pleasing result of the treatment she had received from her "London doctors." A case very analogous to the above occurred in the hospital during the late Dr. Sweatman's time. The patient was admitted under Dr. Wilson, in consequence of a tumour occupying the right iliac fossa; it had been noticed a few days after her confinement, which took place two months prior to her admission. The latter gentleman had some doubts whether it was ovarian in its nature or not, and therefore sought the advice of the physician-accoucheur. Dr. S. pronounced it to be acute inflammation of the ovarium, and applied leeches and fomentations, whilst he administered calomel and opium internally, so that ptyalism was induced. These remedies failing to reduce the tumour, Dr. Wilson resolved on abandoning them, and resorted at once to a course of purgation, with large emollient enemata every night. In a few days the patient got rid of a large quantity of pultaceous fæcal matter, and as she did so the tumour proportionably diminished in size, and after a fortnight's further perseverance in the same treatment it was completely dissipated.(a)

I can look back with some surprise at the numerous cases of abdominal tumours which I have witnessed in this hospital that have been entirely mistaken in their character by those practitioners who have sent them to us; and the perplexity of diagnosis has oftentimes been somewhat increased by the singular history which the patient has given us of its rise and progress. I need not add that the instances are by no means few, also, in which unmarried females have gained admission into the hospital for a supposed dropsy, which, on examination by percussion and auscultation alone, have satisfied us that a fœtal heart was duly performing its functions within; and they have been dismissed accordingly, or have been recommended for admission into some lying-in charity.(b) We find it best to make them or their parents acquainted with our suspicions in such doubtful kinds of tumours; and, if it does not prove to be pregnancy, there is, I imagine, no harm done, and the medical man of an hospital is not likely to be browbeaten by the insolence of the parties concerned.(c)

But the most extraordinary case of difficulty, as it appeared, in diagnosis occurred recently in the medical wards. The tumour which, as it will be seen, was perfectly harmless, had been regarded by a general practitioner as arising from dropsy of the abdomen, the result of general debility of the system consequent upon a diseased state of the spinal cord, and was treated with tonics, stimulants, and a full diet of nutritious food. But I will briefly relate the case.

"PARAPLEGIA FROM PARTIAL OBLITERATION OF THE SPINAL CORD, THE RESULT OF A HYDATID TUMOUR IN IT.

"An unmarried female, aged forty, was admitted under the care of Dr. Hawkins in June, presenting the following symptoms:—Countenance thin, wan, and sunken, expressive of a lingering but painless disease; features sharp, but dull; perfect paraplegia of the lower extremities; respirations wholly thoracic; loss of sensation as high as the eleventh dorsal vertebra; stillicidium urinæ, fetid and ammoniacal; excoriations around the pubes; alvine evacuations pass involuntarily. On laying her down in bed a large tumid abdomen was noticed, the size of a seventh or eighth month gravid uterus. I believed I detected a distinct fluctuation over this tumour; yet, notwithstanding this, I interrogated the mother, who was present, as to the probability of her being pregnant, when she looked astonished at the question, and exclaimed, "O dear me, sir, that is the dropsy for which she has been treated, and it goes on increasing on account of her extreme weakness!" The history was the following:—The paraplegia had been slowly creeping on during the last six months, but for two months past the abdomen had swelled, and she had passed but little water, except what dribbled away. I immediately suspected that this tumour was a distended bladder, and requested the attendance of Mr. Dixon, the house-surgeon, who passed a catheter, and drew off the unusual amount of five pints and a half of high-coloured, fetid, and alkaline urine. The abdomen was now perfectly flat. The following day, in consequence of a brisk purgative which she had taken, and which had acted smartly on the bowels, it was not considered necessary to employ the catheter before the evening, but this gentleman then drew off five pints of urine possessing the same characters as before. There was no farther stillicidium urinæ, as the catheter was used twice a day. I must here remark that in the course of ten days after her admission Mr. Dixon showed me the silver catheter, which was quite spoiled by the chemical action of the ammoniacal urine upon it."(a)

With respect to the treatment of this case, it may be observed that it consisted in local bloodletting from the surface of the lower dorsal vertebræ; blue pill, so as to produce slight ptyalism; and occasional purgation, to remove the intestinal collection of fæcal matter; the nitro-hydrochloric acid, with henbane in the dec. uvæ ursi, was administered three times a day. Little benefit ensued from this treatment, when she was ordered the tr. cantharidis internally, which gave some little relief. But a rapid and frightful slough soon formed over the sacrum and nates, and, although she was lying on a rheiocline,(b) and every precaution was taken to prevent its further progress, yet it soon came away, leaving the sacral bones exposed to a greater extent of surface. She now became delirious and insensible, and sunk under this additional source of exhaustion three weeks from the day of her admission.

The *post-mortem* examination exhibited a large hydatid tumour, the size of a smal cocoa-nut, occupying the situation of the four last dorsal vertebræ. The bodies of these bones were quite destroyed by caries; the tumour had made its way into the cavity of the abdomen, and was seen from it, covered by the mesentery. There was a small hydatid tumour in the liver also; the kidneys were highly vascular, and purulent matter filled the various calyces of these organs; the pelvic viscera was healthy; there was no fluid in the peritoneum whatever.

As soon as the above case proved the fallacy of the previous diagnosis, I was strongly reminded of an instance which occurred in Dr. Watson's practice some years ago. It was that of a Frenchman, who was sent to the hospital by his medical attendant, labouring under ascites, as he believed. But the above gentleman, shrewdly suspecting that it was a distended bladder from the very slight sense of fluctuation which he ascertained to exist over the pubes, sent for the surgeon, who, with much difficulty, got through an old stricture and introduced a catheter, when five pints of urine were drawn off, and of course all "dropsical swelling" disappeared, and remained absent so long as the bladder was kept empty.

I will now hasten to speak a little of the various derangements, symptoms, and assimilation of symptoms, which show themselves in diseases or in disorders of the liver. But, before we pass on to this subject, it will be useful to draw the attention to the minute structure of this gland, and the intimate relations which it bears to the abdomen on the one hand, and to the thorax on the other.

It strikes me that this structure, I mean the anatomy of the lobules, may be illustrated in the following manner:—Let a row of peas be placed upon the forefinger; transfix each pea with a black pin, then surround each pea with a yellow, a scarlet, and a blue thread, enclosing the threads with a very delicate piece of lace or muslin; and you have a representation of the structure of the hepatic lobules. The peas exhibit the lobules lying upon the finger, or sublobular hepatic veins; the black pins denote the lobular hepatic veins, emptying themselves into the former veins; whilst the threads respectively set forth the biliary ducts, hepatic artery, and portal vein, enclosed in the reticulated capsule of Glysson.

(To be continued).

(a) It is extraordinary to see the immense size to which the colon will attain in those individuals who pass many days or weeks without ever voiding a copious alvine evacuation. There is an inflated and dried colon in St. Bartholomew's Hospital museum taken from a man who only passed one evacuation in six weeks, and the diameter of this canal is immense, and has the appearance of a ship's wind tunnel.

(b) A vicious and abandoned woman once gained admission for a "tumour in the bowels," as she termed it, but she was shortly discharged under the suspicion of pregnancy, when she presented herself at the dispensary window a few months afterwards, and exclaimed before a crowd of out-patients, "Here's my tumour in the belly," holding up in her arms an infant a few weeks old, "which you doctors could not cure." She had not been informed of our suspicions, but was allowed to go quietly away.

(c) The physiognomy of a pregnant woman, and the voice, are oftentimes striking peculiarities in the process of utero-gestation, and may be the means, to a discerning eye, of detecting a gravid uterus, when the ordinary physical signs are perplexing or contradictory. The nose in such instances becomes sharper as she approaches towards the ninth month of gestation, there is a slight hollowness around the bases of the nostrils caused by the action of the depressor alæ nasi, and the features generally become more pointed, whilst the voice is less acute, more sonorous, and masculine in character.

(a) This peculiar iridescent appearance was observed by Mr. Battley, a former house-surgeon, to be always a fatal symptom, and since that gentleman's official career in this institution the fact has been proved on several occasions.

(b) "The rheiocline," or spring bedstead, with horsehair mattress, is an invention of Mr. Cottam, in Oxford-street, and is found to be far more advantageous in checking the process of sloughing in bedridden patients than is the hydrostatic bed. In one instance especially, that of a lad with diseased hip-joint and destruction of the acetabulum, the patient rallied in a striking manner after he was taken from the latter bed and placed on the rheiocline, and he expressed himself as being much more comfortable and in less distress than he had been upon the floating bed.

ON A NEW OPERATION FOR VARICOSE VEINS.

By WM. BIRD HERAPATH, M.B. Lond., M.R.C.S. Eng.

Without entering into a discussion of the various causes productive of a varicose state of the veins of the inferior extremities, yet I hope to be able to show that there is one cause which has hitherto escaped the attention of surgical authors, and that it also admits of an easy remedy.

Varix has been too generally thought to depend upon an imperfect condition of the valves of the venous trunks; that this alone is the case in some instances I will not dispute; but, if pressure exist upon the veins at any point intermediate between its radicles and the right side of the heart, distention of the distal portion will be produced to such a degree that the valves can no longer close the dilated vein; but remove the cause of the enlargement, and the valves again become capable of resuming their functions.

The superficial cutaneous veins most frequently affected by varix are the internal and external saphena, both of which have to pass through apertures in the deep fascia in order to reach the larger trunks, into which they deliver the circulating current. Now, should these apertures at any time be, either absolutely or relatively, too small to allow the passage of the quantity of blood carried by these veins, distention must ensue, and varix be induced.

Long standing in the upright posture creates a

relative decrease in the size of the aperture, inasmuch as more blood is then sent by the heart to all the vessels of the inferior extremities, and an opening capable of passing the quantity returned in the horizontal position might become incapable of doing so in the altered circumstances here spoken of.

The accompanying case is an illustration of this position, and at the same time shows the diagnosis upon which to found an opinion whether the operation of dividing the fascial border will be effectual or not.

The case detailed was purely a varix of the internal saphena, but it is possible that the external saphena might be also varicose in the same patient, and require a distinct operation for its cure; but, should the popliteal vein be also varicose, the seat of the obstruction would of course be on or above the external iliac vein, and that remedy must be used which is applicable to the circumstances of the case.

The operations hitherto adopted relieve by obliteration of the vein, consequently advantage is taken of anastomotic communications, and the circulating current is simply directed into other trunks.

But the plan which I have proposed is more philosophical, as it restores the circulation in the natural direction by removing the cause of the obstruction. It is an operation devoid of all danger when carefully performed; and, therefore, where applicable, it presents additional advantages over those hitherto proposed, as they nearly always give rise to more or less inflammation of the veins, which has not unfrequently been followed by fatal consequences.

Had I not depended too much upon the muscular quiescence induced by ether, this operation would have been performed with a very trifling loss of blood; but in future I certainly would use a probe-pointed bistoury during the latter stage of the operation.

33, Old Market-street, Bristol.

DIVISION OF FALCIFORM BORDER OF THE FASCIA LATA FOR VARIX OF SAPHENA VEIN.

Mr. Atkins, aged twenty-four, consulted me April 19, 1848, for a varicose state of the veins of the left leg and thigh. Eight years ago, after some excessive exertion, inguinal hernia made its appearance on the same side, for which he wore a truss during four years; this has been left off ever since, as he thought it no longer necessary. The veins began to enlarge first about five years ago, and they have considerably increased latterly. It gives the patient great uneasiness, as his occupation obliges him to stand during several hours in the day; the pain is towards night almost intolerable, and the veins appear greatly distended. When in the recumbent posture all distention disappears, but shortly after resuming the erect position the veins again acquire their former size.

The internal saphena vein and its branches alone are varicose. The tributary branches on the inner side of the belly of the gastrocnemius muscle are very tortuous and much dilated; a swelling as large as a walnut occurs at the inner border of the internal condyle of the femur; the walls of the vein and the skin over them are so thin that there is imminent danger of bursting at this spot; from hence nearly up to the saphenous opening, the vein presents one regular tube-like form, much dilated, being nearly as large as a finger; but at about one inch and a half from the fascial aperture the vein is dilated nearly to the size of the first phalanx of the thumb. The pudic and iliac branches are also somewhat enlarged and slightly varicose. The branches on the dorsum of the foot and below the calf are not much larger than usual.

The popliteal vein can be felt. The external saphena is perfectly healthy. The spermatic veins are also nearly imperceptible. These circumstances led me to conclude that the cause of the obstruction was not higher than the saphenous opening; and I thought that a stricture at this point, acting as a ligature, produced the retrograde dilating power. The pressure of the truss, probably, had some connection with the origin of this.

But, in order to see what effect the thorough evacuation of the colon would have, I gave the patient a brisk dose of turpentine and castor oil. As I had anticipated, no diminution of the swellings occurred, although the medicine acted very powerfully.

Having explained to the patient the supposed cause of obstruction, together with the method of relief proposed to be adopted, he at once fell in with the proposition, and said he was willing to undergo any operation, provided there was a chance of receiving permanent benefit.

27. I proceeded to perform the operation of dividing the falciform border of the fascia lata, assisted by my friend, Mr. Edward Martin, who fully concurred with me in adopting the plan, and also by my pupil.

The patient was placed in the same position as in the operation for femoral hernia, and, as he had requested that ether should be administered to him, Mr. Martin kindly undertook the management of this part of the proceedings.

When he had become thoroughly under its influence I pinched up a fold of skin between my fingers of sufficient size, and then transfixed and divided it with a pointed bistoury; an incision three inches in length was thus obtained, obliquely upwards and inwards, immediately over the swollen termination of the saphenous vein. The superficial fascia was remarkably thin at this spot, and, having carefully dissected it away from its attachment to the falciform border, I then depressed the vein with the forefinger of the left hand, and, with the pointed bistoury passed directly upwards immediately beneath the iliac layer of fascia, I divided the crescentic border of the saphenous opening to the extent of half an inch, which, of course, considerably enlarged the aperture, and at once removed the stricture; the varix immediately disappeared.

At this stage of the operation the patient most unexpectedly gave a kick; the point of the bistoury punctured one of the abdominal branches of the saphena, probably the superficial epigastric, and hemorrhage to a greater extent occurred than the operation necessarily involved. Pressure with the thumb immediately controlled, and a spongeful of cold water soon stopped, it; about two ounces of blood were lost. The wound was closed by two points of suture, and drawn together by adhesive plaster, and the whole covered by a pad of wet lint held on by a few turns of bandage.

The patient was carefully drawn into bed, and quietness peremptorily enjoined. The wound healed kindly almost by the first intention, and without a bad symptom.

May 11. He was allowed to get up; no enlargement of the veins occurred, although there has been no support applied.

14. He has been allowed to go out for a short time, but without the varices again returning.

June 1. He has constantly taken as much exercise as convenient, without any support to the veins, yet there is not the slightest appearance of any return.

There is a hardened clot the size of a split pea in the situation of the swollen portion of vein at the internal condyle; the other portions of the venous trunk and branches are but little larger than in the natural state, so that the operation has proved perfectly successful.

ON THE BINIODIDE OF MERCURY AS A REMEDY IN SECONDARY SYPHILIS.

By OCTAVIAN ROYLE, M.D., Ipswich.

Judging from the beneficial effects of the biniodide of mercury in all cases of secondary syphilis that have come under my immediate notice, I am induced to believe the exhibition of this drug would become very general were medical men to give it a fair and impartial trial. Let the disease present itself under whatever form it may, either "primary," "secondary," or "tertiary," my expectations have never been disappointed in the striking diathesis, or when there exists the slightest disposition thereto; it is a remedy, I think, which seems peculiarly called for. Speaking of it as applicable in the primary form of syphilis, I allude more particularly to syphilis occurring a second time with all the primary symptoms, when we often get the two appearing together, viz., 1. Secondary syphilis, resulting from some cause or other, after a genuine primary attack, *i. e.*, infection contracted for the first time in a person's life; and 2. The primary form, reappearing from a second infection and with secondary symptoms. The treatment of the two is often very perplexing, more especially when the disease occurs in a broken-down constitution, and when we feel, consequently, over anxious to avoid the great debility which invariably follows copious ptyalism, when rapidly produced. Hence, from its slow action, the biniodide claims a high standard; and in such a case I have always found it prudent and safe treatment to put the patient fairly under its influence. In secondary syphilis solely, perhaps it is better to leave off the mercury as soon as the gums become slightly touched; in the first form I give the following:—

℞. Hydrargyri biniodide, gr. $\frac{1}{2}$; creta p.p., gr. ij.; extr. gent. c.q.s. ft. pil. quaque sumat nocte maneque, c. ℥j. mist. guiaci.

This I continue until a decided impression is produced. A patient of mine, who had been the subject of a troublesome skin eruption for the last two years, and was never without nocturnal pains, commenced taking the above on the 7th of March, and continued it regularly up to April 24, when it was omitted, the mercurial effect being fully accomplished. Since this period the eruption and nocturnal pains have entirely disappeared. The same dose cannot be continued, ter die, for a sufficiently length of time to produce a decided effect, on account of its acting as an irritant, producing nausea, heat of the stomach and fauces. Should the dose purge instead of combining an opiate with it, I substitute gr. $\frac{1}{4}$ for gr. $\frac{1}{2}$ bis die; and this, indeed, is the quantity generally prescribed by me, from the commencement in secondary symptoms solely.

PARALYSIS FROM A STROKE OF LIGHTNING CURED BY GALVANISM.

Communicated by REGINALD ORTON, Esq., Surgeon, Sunderland.

On the 29th of May, during a severe thunderstorm, which did considerable damage in this town, a man employed as a blacksmith at the pier works was struck by lightning. He was in the act of putting coals on the smithy fire with a long iron shovel; this seems to have attracted the electric fluid, which would appear to have passed up the arm and then discharged itself through the body; the consequence was complete paralysis of the right arm and hand. In this condition he remained under medical treatment from the Monday to the Friday following (four days), when he was brought to my surgery. I found the arm perfectly paralyzed, there being complete loss of the power of motion and of sensation. As to general symptoms, I could detect nothing abnormal, except some slight dilatation of the pupils, and slight pain in the chest; the circulation was natural, as was also the affected arm.

The use of electricity occurred to me as a means calculated to restore the lost powers of the extremity. With a Leyden jar of moderate power I passed a series of shocks through the arm, from the shoulder to the hand. After the administration of a few shocks, the power of motion was recovered in the thumb, and went on gradually increasing, till in about a quarter of an hour or twenty minutes the man, at my request, got up and lifted the chair on which he had been sitting.

In the evening of the same day he returned, and the electricity was repeated. After the ap-

plication of a few shocks he was enabled not only to lift, but to hold out at arm's length, the chair. The next day he was at work, but complaining of weakness, and since that time he has continued well.

I may remark that the agency of the electricity in this case was most marked, so much so that there is no denying it. The arm had remained paralyzed from the Monday to the Friday following (four days), and during that period there was not the least appearance of improvement. Under these circumstances electricity was applied, and in the course of a few minutes sensation and power of motion were restored.

CASE OF NECROSIS OF THE FINGERS.

Communicated by THOMAS BROWN, Esq., Castle Donington.

Mrs. Marson, a married woman, aged forty-three, with one child, requested my attendance on the 2nd of February, 1848. I found her suffering intense agony from the index finger of her right hand. On examination I found the finger which gave so much pain necrosed in the two distal joints; the others were incurvated, and, moreover, the middle finger of the left hand bore indication of morbid action. There presented in my patient every symptom of anemia, as well as an impaired action of the stomach and bowels; her countenance was perfectly blanched; pulse, of course, feeble—in fact, scarcely perceptible; the orbits cavernous, eyelashes absent; and there existed general atrophy. On a careful inquiry, I ascertained my patient's previous mode of living, and this information was a key to unlock all the extraordinary symptoms which presented themselves. She had for many years subsisted entirely on bread and tea or coffee; no animal food entered into her dietary, or any other nutritious food. No delay was allowed ere I ordered a plenteous supply of beef-tea, porter, eggs, and mutton-chops, and recommended the removal of the diseased finger, which was effected on the 17th of February, in the presence of John Smith, Esq., surgeon, at the metacarpal joint, under the influence of chloroform—no pain attending, and no annoyance following. From this time the patient's health gradually improved; but the middle finger of the left hand unfortunately gave evidence of gangrene, and I was under the necessity of removing this finger also, which I did without the slightest pain, under the influence of chloroform, assisted by my friend, Dr. Lloyd, King's Mills. From this time my patient has gradually gained health and strength; the stumps are healed; and she is now convalescent.

ON THE LIQUOR FERRI PERSESQUI NITRATIS.

Communicated by JOHN POSTGATE, Esq., Kilham.

My experience of this preparation of iron has led me to form a favourable opinion of its action in many complaints attended by debility and profuse discharges from mucous surfaces; and, as it appears to me to be a remedy not generally used by the profession, I have thought it desirable to forward a few brief observations copied from my note-book on its efficacy in—

1. *Bronchitis.*—In old cases of chronic bronchitis, where there is profuse expectoration of muco-purulent fluid, and in consequence of repeated attacks or weakened and relaxed state of the bronchial mucous membrane, I have prescribed for an adult from ten to fifteen drops of this solution in distilled water three times a day, and generally found in a few days the excessive discharge gradually diminishing. No unpleasant sensation of oppression at the chest or difficulty of breathing, which frequently occur from the continued administration, in these cases, of the tinct. ferri sesquichlorid. and the sesquioxide of iron, while the strength is increased, and a more healthy state of the bronchial mucous membrane induced. I can with much confidence recommend it in affections of this nature, especially if there is any tendency to diarrhœa.

2. In *diarrhœa* and *dysentery*, after correcting by mercurials the morbid condition of the secretion of the alimentary canal, from ten to fifteen drops, according to circumstances, given three or four times daily, diminish the number of alvine discharges, and do not, like many of our astringents, mineral and vegetable, constipate the bowels.

3. *Gleet.*—An obstinate case of gleet occurred in a married gentleman, who was annoyed by the recurrence of the discharge, and had taken most perseveringly cubebs, copaiba, lytta, turpentine, &c., without deriving any permanent benefit. Believing the discharge to result from congestion, produced by venereal exeess in a relaxed state of the mucous membrane of the urethra, I recommended my patient, an irritable, nervous man, to persevere for five or six weeks in the use of this remedy, viz., twelve drops in a bitter infusion three times a day, and have not, now months since he was under my eare, heard that the discharge has returned.

4. *Pyrosis.*—I have a note of a case of this troublesome affection of the stomach, in which strychnine and bismuth had failed to afford relief. The patient, a lady, took ten drops in inf. quassiæ three times a day, and I see the result stated is that the quantity of fluid secreted was greatly diminished.

In menorrhagia and leucorrhœa, resulting from debility and want of tone of the vessels of the uterus and vagina, where tonics and astringents are indicated, I have found this preparation of iron more serviceable than any other.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

GUNSHOT WOUND OF THE CRANIUM; MENTAL FACULTIES UNIMPAIRED; TETANUS; DEATH ON THE TENTH DAY.

Reported by H. BUTLER, Esq., House-Surgeon.

William Hamilton, aged thirteen years, was admitted into Henry Hoare's ward, under the care of Mr. Phillips, on the evening of the 5th of November.

It appeared that he was engaged with other boys on that evening in discharging a cannon. While resting on his knees over the cannon, and applying a light to the touch-hole, it burst, and he was struck by a large fragment on the right frontal region.

There is reason to think he had been insensible for many minutes before the other boys were thoroughly aware of his condition; they then became alarmed, and proceeded to take him from the garden in which the accident happened to the house. On his way he observed to the boy who helped him into the house—"Are you hurt? for I am!" On reaching the house he became faint and sick. A medical man was sent for, who found the skull fractured; he removed some fragments of bone, and stitched up the wound over the part.

He was then brought to the hospital.

On his admission he was perfectly sensible, and had the perfect use of his locomotive organs, and there was no other sign of compression than a slight dilatation of the right pupil.

There was a wound on the right frontal region, which had been brought together by sutures, and from which blood escaped; the sutures were removed, and a portion of dura mater, to the extent in surface of half-a-crown, was found exposed. At two points the brain was uncovered. The fractured fragments had apparently all been removed. As there was still some hemorrhage, the parts were left open, lest the blood, being confined, might find its way within the cranium, and a pledget of wet lint was laid on the part. There was very little headache; pulse 96.

℞. Hydr. chlorid., gr. iij.; pulv. Jacobi, gr. ij., statim sumendus. Also: Ant. pot. tart., gr. j.; mag. sulph., ℥vj.; aq. puræ, ℥vj.; sumat, ℥j. 4tis horis.

Nov. 6, eight A.M. He has passed a quiet night; the bowels have been freely opened, and he makes no complaint. Pulse 90.

He passed through the day very well; towards evening there were signs of reaction, the skin became hot, the face slightly flushed, and the pulse rather hard. Pain in the head very slight.

7, eight A.M. The reaction has abated; pulse 90; skin soft; the face is no longer flushed, and the bowels are relieved. There is a slight sanious discharge from the wound. Low diet, with rice milk. Omit the medicine. Cataplasmis to the wound.

8. He is in all respects comfortable: no headache; the face is natural; pulse 84. On removing the lint to-day, the brain was found brown and protuding, but not to a sufficient extent to justify at present the use of pressure.

9. There is rather more protrusion; in all other respects he is quite comfortable. Suppuration is established, the discharge remarkably fetid. Carrot poultice was applied; wet lint being interposed between it and the protruded portion of brain.

10. This morning some compression was applied,—a piece of lint was first laid on, then adhesive straps and a roller; it was very well borne. Pulse 84; tongue clean; bowels regular.

11. In all respects comfortable, but the bowels have not acted since yesterday morning. The pressure was continued.

℞. Pil. hydr., ext. col. c., aa. gr. ij. h.n.

12. The bowels have been relieved; pulse 84; pressure continued.

13, seven A.M. This morning there was something like a rigor. He was seen in the forenoon by Mr. Phillips, who found unequivocal signs of tetanus. The risus sardonicus was well marked; the masseters, sterno-mastoid, and the recti-abdominis were rigid; pulse 96. The dressings were removed, but there was no change in the appearance of the wound. The liniment. hydrargyri to be applied over the whole abdomen, and renewed every four hours. Brandy ℥ij. every two hours.

℞. Spt. terebinth, ol. ricini, tinct. assafœtid., aa. ℥ss., pro enemat.

Nine P.M. Spasms more frequent; pulse 84.

14, eight A.M. The disease is advancing; the secretion from the wound is suppressed. The inhalation of ether was attempted at three several times, and on each occasion a state nearly approximating asphyxia was induced within two minutes merely by holding a sponge impregnated with ether to the nostrils; but it seems very doubtful whether any ether passed into the lungs. It seemed as if the glottis would not admit of the passage of the ethereal vapour. The pulse was reduced from 160 to 60; the surface blanched; the lips livid; but there was even then no relaxation of the spasms; as consciousness returned the spasms became more severe.

Three P.M. ℞. Liq. opii sed. ℥j. per rectum.

Half-past five P.M. ℞. Liq. opii sed., ℥j.; spt. æther sulph., ℥iij. M. per rectum.

There was no remission of spasm, and he died at ten P.M.

Autopsy sixteen hours after Death.—The cranium was found to be fractured in the course of a line drawn from the left side of the forehead to the lamboidal suture; from that point it extended along the temporal suture and to the sagittal suture. At the forehead there was an opening in the skull more than an inch and a half square, through which the brain, deprived of its dura mater, protruded so as to form a tumour of the size of a pigeon's egg. Upon removing the calvarium, some semi-organized blood was found on the surface of the dura mater. The brain, from the surface down to the corpus striatum, was softened, broken down, and bloody. The rest of the brain was more vascular than usual.

HOPITAL ST. PIERRE.

CASE OF TUMOUR IN THE RIGHT GROIN; OPERATION; AND DEATH.

A man, sixty-five years of age, by trade a gardener, was admitted into this hospital on the

22nd of May, under the care of M. Scutin, with a tumour in the right groin. The patient said that he had been troubled for the last three years with inguinal hernia on the right side, which he had been able to return occasionally. During the last five weeks a hard irreducible swelling has occupied the site of the hernia. He states that he has never had any intestinal affection; but during the last year he has felt severe darting pains, occurring at considerable intervals, which traversed the entire abdomen. For three weeks the shooting pains have occurred daily, with increased intensity; the tumour during this time increasing till it attained the size which it now presents, viz., that of a pullet's egg.

For the last five days the bowels have not been relieved; there have been occasional vomitings of alimentary matter, with hiccough. The abdomen presents no unusual appearance, except that it is rather slightly retracted; no pain on pressure; pulse steady.

The taxis produced no beneficial results. Different kinds of aperients increased the vomitings for a time after their administration.

On the 3rd of June the anal toucher was used, and a large quantity of scybalæ extracted; simple lavements produced several semi-solid flatulent evacuations. Notwithstanding the patient's repugnance for food he was ordered to take, twice or thrice daily, strong broth.

June 7. Much the same. The bowels have not acted; vomiting not returned; abdomen free from pain, and not tympanitic; patient becoming emaciated. An œsophageal sound was introduced *per rectum*, in order to discover, if possible, any obstruction; bilious vomiting occurred during the operation. The instrument was arrested near the sacro-vertebral angle; on pushing the tube forwards, so as to overcome the resistance, a particular *bruit*, resembling that of tearing a membrane, was heard, and the instrument advanced. The patient complained of very severe pain in the pelvis. On withdrawing the instrument it was neither stained with blood nor fæcal matter. Before the operation the rectal toucher discovered nothing abnormal.

8. Abdomen painful and tympanitic. The patient passed a most offensive sanious liquid evacuation, in which no fæces could be discovered.

9. Symptoms aggravated; appearance of the man greatly altered; continual nausea and hiccough; abdominal pains very much increased.

M. Seutin, with the design of ascertaining more clearly the nature of the tumour, &c., invited his colleagues of the Hôpital St. Jean and of Grand Hospice, also most of the physicians of the town, in consultation the next day, to decide upon the necessity of an operation.

The surgeons kindly gave their assistance and advice, and the consultation afforded a large amount of practical instruction to the pupils.

The real cause of the obstruction, however, could not be determined; but it was unanimously agreed that if the old man were left to himself he must die. Some of the medical men thought that the rectum was obstructed by a tumour, others that there was some organic lesion in the large intestines. However, it was decided that the operation was imperatively called for as the last resource, though it was uncertain what would be the results.

Operation.—An incision, four inches long, was made over the tumour in the direction of the inguinal canal; it was necessary then to ligature a branch of the external pudic artery; the fascia was divided with a scissors. The indurated tumour was then discovered to be nothing more than the sac very much thickened, the cavity of which was almost obliterated. At its neck, which was not very contracted, there was found a portion of intestine adherent, and not engaged in the canal. The stricture was divided with Boyer's bistoury, and a ligature applied to a small artery. Portions of false membrane were removed; an effort was made to extricate the knuckle of intestine, which was released from its attachments with the finger and a female sound. Gas, and a blackish putrid fluid of a penetrating fæcal odour, escaped the instant it was attempted. It was in consequence given up, the sac closed, three sutures applied, a simple dressing, and a bandage over the groin. The patient was carried to bed, but gradually became worse, and expired the next morning.

Autopsy.—General peritonitis. Beneath the incision portions of intestine were found contracted and strongly adherent to each other by old fibrous tissue; the mesenteric glands were hard and tumefied; a portion of intestine, situated in the right iliac fossa, was found constricted beneath the peritoneum by strong cellular tissue; this portion was smooth, presenting at its superior part a kind of little pouch, having at the place of opening in the intestine a projection obstructing almost entirely the intestinal canal; double perforation of the rectum; cellular tissue beneath the peritoneum, in the lower part of the pelvis, in the iliac fossæ, as well as a portion in the abdominal cavity sphacelated; a blackish sanious fluid of a gangrenous odour in those regions, of the same character as that which escaped during the operation.

CUMBERLAND INFIRMARY, CARLISLE.

CASE—JAUNDICE FROM CONGENITAL ABSENCE OF THE GALL-BLADDER, THE CYSTIC AND HEPATIC DUCTS.

Communicated by EVAN THOMAS, Esq., House-Surgeon to the Cumberland Infirmary, Carlisle.

An infant boy, five months old, presented the following symptoms:—He was jaundiced; his body generally, now almost of an olive-green colour, had been observed to become yellow on the second or third day after birth. On the back, the upper and the lower extremities, there were numerous blue knobs, slightly elevated above the surface, and about the size of partridge-shot; they were hard, and rolled beneath the fingers, but they did not disappear upon moderate pressure.

The mother (who was a healthy woman, and had had several children) said that two months ago she perceived a few of these spots, which have since increased, both in number and in size. He could suck well, but vomited a little daily; the bowels were very irregular, and the fæces were always either white or clay-coloured; the urine was of a dark colour, but never muddy; and in other respects he appeared to be thriving. When I saw him, which was a week before death, there were present ascites, and slight anasarca of the extremities.

On dissection, a thick layer of brown fat was exposed beneath the integuments of the abdomen, and on the front of the thighs it was nearly an inch in thickness. The blue spots before described were found to be cysts in the adipose tissue, filled with venous blood, but no terminal venal branch could be traced into any of them. The muscles were pale, but tolerably well developed; the lungs and heart healthy; the liver, weighing fourteen ounces, was of a deep olive colour, its surfaces presenting large patches of recently effused lymph, and its peritoneal coat highly injected. No rudiments, either of the gall-bladder, the cystic or hepatic ducts, could be found. Specimens of the liver, examined by Dr. Budd, exhibited, under the microscope, "cells filled with yellow granular (biliary) matter, without much fat." There were eight ounces of greenish-coloured serum in the peritoneal cavity. The great omentum was throughout very vascular, with here and there large patches of effused lymph. There were patches of lymph upon and between coils of the small intestines, though they were not matted together. The mesenteric glands were much enlarged, and their structure appeared healthy, except two in the longitudinal fissure, which were softened into a pulp. Specimens of the kidneys, examined by the same gentleman, were found to contain a good deal of fat. The urinary bladder with its appendages healthy. The stomach and small intestines contained a little reddish-coloured fluid. The large intestines were pretty full of soft white pulp, very much like the curds of whey; the mucous membrane healthy, but not even tinged with bile.

This case, like many others on record, confirms the fact long ago observed, that the liver, or, in other words, its secretion, is not immediately necessary to life. Nevertheless, a good supply of healthy bile is considered indispensable for healthy digestion and assimilation; yet, in this particular instance, nutrition was not only not much impaired, but fat was abundantly deposited under the integuments, and this was probably not abnormal. It might, perhaps, be that the component parts of the bile were subservient to this end. Might not the child have lived much longer but for the accidental occurrence of fatal peritonitis? From the first I suspected that there existed some mechanical impediment to the passage of bile into the duodenum; that the common duct was choked up, either by inspissated bile, minute calculi, or obliterated by the pressure of foreign growths. The existence of two circumstances led me to form this opinion—namely, the green colour of the skin, which was gradually becoming darker, and this notwithstanding much previous drugging.

During my clinical clerkship, a case, in one sense similar to this, occurred under the care of Mr. Budd, and is given at length in his work on "Diseases of the Liver."

Mr. Page tells me that there is in "The Philosophical Transactions" for the year 1813 a case related by Sir Everard Home of a lad, fifteen years of age, in whom the gall bladder and ducts were wanting. With this exception, I am not aware of an instance (though there may be many) where an individual had lived five months with such a malformation.

PROGRESS OF MEDICAL SCIENCE.

The Appearance of the Areola as a Sign of Pregnancy.—Dr. Simpson, in "The Monthly Journal," showed to the Edinburgh Obstetric Society a woman seven months gone with child, whose breasts gave no indication whatever of her pregnant state. The case was a peculiar one. There was no doubt of her being pregnant, as the fœtal heart could be distinctly heard; but, at an earlier stage, great doubt had been thrown on the nature of the case, from the presence of several large fibrous tumours in the walls of the uterus. These had even given rise to the suspicion, on the part of the physician she had consulted, that the fœtus was extra-uterine. She had been four years married, and was now pregnant for the first time. On examining both breasts, there is no appearance whatever of a single enlarged gland on the areola; besides, the areola is not at all tumid, and is scarcely darker than the surrounding skin. A drawing was made of this breast, which was contrasted with another of the areola of a lady who had never been pregnant, but was suffering from great uterine irritation. In this last instance the areola was turgid and of a dark brown colour, the papillæ were numerous and much enlarged, and the superficial veins very large and prominent. The same appearance as in the last had been observed in other non-pregnant women. In one the woman could never be pregnant, as the uterus was malformed, and not more than one inch and a half in length. In another case the marks were so distinct that the late Dr. Hamilton, trusting mainly to them as undoubted indications of pregnancy, two or three years before pronounced the lady to be pregnant, when the uterus was only enlarged by a mass of fibrous tumours.

Diabetes.—Dr. Todd has published, in a clinical lecture delivered at King's College Hospital, an account of some experiments made by him on some diabetic patients; and as these observations have been made with much care, and accompanied with chemical analyses, &c., of excrementitious matter, they serve to throw considerable light

upon the pathology of this singular disease. Dr. Todd's object in these experiments appears to have been to test the accuracy of Bouchardat's statement, "that, if all amylaceous ingredients were removed from the food, sugar would disappear from the urine." Two patients were placed in a separate ward, were locked in, and were only communicated with by the nurses, house-physician, and clinical clerks; and by this means they were prevented from getting any aliment which had been interdicted by the physician. During the whole of their sojourn in this ward, which was nearly two months, these patients were confined to a diet almost strictly of animal food, and for one period they only had that diet. From time to time they were weighed, the urine was analyzed, and its specific gravity, &c., noted. This mode of treatment was highly beneficial, and the patients greatly improved; one of them, however, afterwards became affected with phthisis and died. On examining the body of this patient, almost all the organs were found stuffed with miliary tubercles; the mucous membrane of the stomach was in an unnaturally vigorous condition; the liver contained less fat than usual, and the kidneys an abnormally large amount.(a) In summing up, Dr. Todd comes to the following conclusions:—"1. The first of these is, that the azotized dietetic plan of treatment is efficacious; that the patients were more benefited by it than by any other means; and that the admixture of a small quantity of vegetable food did not materially interfere with its favourable operation. 2. The evidence furnished by these cases is opposed to Bouchardat's theory, that the sugar is wholly derived from amylaceous food, and is little, if anything, short of a refutation of it. Take, for instance, Hardy's case: when he was put into the solitary ward he was deprived of all amylaceous food, and yet he still continued passing from two to three ounces of sugar daily. But it may be said that this was furnished by the greens which he then took; this, however, could not be the case, for they would hardly weigh as much as the sugar that was evacuated; but there was one period in which he did not even take greens: he took no vegetable food whatever, but lived entirely on meat, and that deprived of fat as much as possible. This period was from the 15th to the 24th of December; notwithstanding, however, this total exclusion of all vegetable matters from his diet for nine days, he evacuated in that time from twenty-five to thirty ounces of sugar, and his own bodily weight was all the while increasing. Whence, I would ask, could this sugar have been obtained? 3. The great increase of the power of the stomach is truly remarkable; these men found no difficulty in digesting four pounds of meat, besides several eggs, in one day—a task twice as great as any ordinary stomach could perform. The highly-developed condition of the mucous membrane of the stomach was, no doubt, associated with this exalted power of digestion, and probably exists in all these cases. 4. The fact that sugar could not be detected in the substance of the kidney goes to show that it is not there secreted, that it does not enter into any organic connection with the elements of the kidney, but merely percolates in solution through it; hence the disease of the kidney must be secondary. The sugar, doubtless, reaches the kidney in solution in the blood, and there acts upon that organ as a diuretic, passing possibly dissolved in the water that filters through the Malpighian bodies, and not being attracted from the blood through the walls of the tubes. 5. The comparative conditions of the epithelium of the liver and kidneys are very singular, and I am not aware that a similar observation has been previously made; it would tend to show with what avidity all carbonaceous matters, fat as well as sugar, are directed to the kidney in this disease. Most probably to some extent the fat of the liver goes, in common with fat from other parts of the body, to the formation of sugar; but this does not account for the deposition of fat in the epithelium of the kidneys. Lastly, these cases justify the conclusion that this disease is essentially one of the primary organs of digestion, whereby all substances readily convertible into sugar are quickly so converted; and that sugar is not digested but passes into the blood unchanged, whence it is rapidly eliminated by the kidneys. We must not forget that this was, in fact, the view taken of this disease by Dr. Rollo, an English physician, who was the first to suggest the plan of treatment which all experience proves to be the most beneficial."—*Provincial Journal.*

(a) It is worthy of remark, that the amount of fat in the kidneys of this patient quite equalled that of the kidneys in Bright's disease, being 3·016 *per cent.*; but, nevertheless, it was unaccompanied either by albumniuria or dropsy.

Case of Fissura Ani following Childbirth, and cured without Incision.—Dr. J. Van Deen relates the case of a woman, of sanguineous, nervous constitution, who was safely delivered of her first child in her 28th year. Previous to marriage she had been subject to dysmenorrhœa and habitual constipation, with a tendency to consumption and congestion of various internal organs, particularly the left lung. On account of these congestions she was, during her first pregnancy, five times bled. After delivery she suffered from a severe milk fever. The lochia flowed for nine weeks, the milk was sparing in quantity, and the nipples severely chapped; these chaps disappeared with the lochia, and the patient then began to complain of a constrictive pain in the anus, particularly during alvine evacuations, which, from the feeling, seemed never to be perfectly accomplished; this pain gradually increased, and extended along the ischiatic nerve. On examination, a hemorrhoidal swelling, the size of a hazel-nut, was found on the perineal side of the anus, which was violently constricted; no fissure was discovered. In spite of the application of leeches the pain increased, particularly during evacuation of the rectum, which occurred several times a day, and was constantly followed by prolapsus ani. The patient suffered also from a burning feeling in the anus, with paroxysmal increases, which she sought to diminish by the application of cold articles. The shooting pains in the thigh left after the application of a belladonna plaster. Seven days after the first, a second examination was made, when the hemorrhoidal mass was found extending from the anus to the vulva; on the right side of this tumour was a fissure commencing tolerably broad, and ending by an acute angle in the perineum; it also extended a few lines up the rectum, and ended there also very acutely; there was also combined with this fissure a smaller transverse one which ended in it. The surface of the fissure, and of a few sores consequent on the leech bites, was covered with a white, purulent, fatty matter. Belladonna ointment, and an oil emulsion internally, produced no alleviation; a liniment of oil, hyoscyamus, and lime-water proved, however, very useful. Eleven weeks after delivery the menses returned more copiously than formerly, and accompanied by violent pains in the fissure, and a burning heat in the vagina; two small sores, the size of peas, with bright red edges and a white surface, were now discovered, one on each side of the clitoris. On account of the violent pain, no examination of the rectum could be made. As soon as the menses ceased, the burning pain in the vagina ceased also, and the two sores healed. During the period following, the condition of the patient was very variable, but the violent pain was somewhat less, and the paroxysms did not follow one another so speedily. She drank liquorice-water (succ. liq. ℥ij., aq. com. ℥xxiv.) constantly; the liniment was continued, laud. liq. syd. being added to it. On the reappearance of the menses, the same occurrences were repeated, but now there were three sores instead of two in the vagina; on their cessation the sores again healed, and this time much more rapidly than formerly. After this, the phenomena ceased, first the pain, then the prolapsus—the stools becoming more consistent, then the sores and fissures healed; so that, five months after delivery, the patient was quite restored. It is remarkable that the chaps around the nipples, which healed previous to the occurrence of the anal fissure, after its disappearance reoccurred and remained; so much so that the patient, whose milk was also since the return of the menses rather scanty, was obliged to give up nursing. Since then the menses have twice recurred, each time with itching of the vulva, redness of the vagina, and a less degree of ulceration around the clitoris. There is now no trace of fissure, the functions are all regular, and the stools, as formerly, costive.

A New and Certain Method of Curing False Joints.—The late Professor Dieffenbach adopted the method of rubbing the ends of the bones strongly together. This deserves the first trial, but is chiefly successful in children and recent cases. The additional use of irritation, or blisters, to the skin is productive of no benefit. The use of setons drawn through the false joint has been much recommended; it is apt, however, to produce violent inflammation and extensive suppuration, and, in the most favourable cases, it only strengthens the intervening ligamentous substance, producing in no instance a true firm callus; the improvement always proving temporary. Resection of the ends of the bones has also been performed in various ways. In three cases so treated, the deformity was only rendered worse, and the extremity became more and more like a flail. Many other remedies have been used, as cauterization of the ends of the bones, &c., several of these being more dangerous than their predecessors, and none more certain of cure. Flourens, Duhamel, Troja, &c., found that, if a bone be bored through transversely, and a wooden pin introduced, or if this be forced longitudinally into the medullary canal, the bone inflames, swells up, and becomes covered with a copious effusion of new bone. Dieffenbach was led to apply this practically in the case of pseudo-arthrosis. The simpler method of merely boring through the bone without the introduction of pins was first tried successfully. A healthy girl of nine years old, with a false joint in the right leg, accompanied by considerable contraction of the flex. policis long., tibialis posticus, and tendo achilles, so that the limb was, at the broken part, bent at an acute angle; these contractions were first removed by subcutaneous incision, and, a few weeks later, the ends of the bone perforated eight times by a small borer. The limb was, at the end of three months, perfectly firm. In the second case, that of a girl aged twelve, with a false joint, likewise of the leg, a similar method was pursued; but, at the end of six months, no callus was produced, and, although the limb was at first tolerably firm, it speedily became again bent; consequently, it was resolved to repeat the operation, adding the introduction of wooden pins, as the mere boring had not proved sufficiently irritating. In performing this operation, the limb must be strongly extended, to bring the ends of the bones in apposition, and there they must be retained. When the false joint is of long standing, and the parts in a manner fixed in a distorted position, a previous treatment is necessary to bring them straight. All rigid and contracted tendons and ligaments must be cut through subcutaneously, and the ends of the bones brought correctly in apposition by careful extension and bandaging. The limb being fixed, and the skin and soft parts made tense at that point where the bones lie nearest the surface, a long narrow, but broad-pointed, knife is then passed down to the bones, about half an inch from the broken ends. Through the opening thus made, a gimlet of the thickness of a quill is passed down, and the bone carefully and slowly perforated, occasionally withdrawing the instrument lest the bone should be split, which is apt to be the case when the perforation is made so near the end of the bone; yet the irritation would not prove sufficient if placed at a greater distance. Two ivory pins, slightly thinner than the gimlet, are then to be well oiled and forced through the bone till their ends can be distinctly felt on

pressing the opposite side. They should be of such a length that an inch should project above the soft parts. These are to be protected by a handful of charpie, and a bandage and splint then applied, to retain the limb in position. One hole should be bored and the pin introduced before the other is commenced. In pseudo-arthrosis of the patella, the gimlet should be only half the thickness above mentioned, the holes ought not to bored quite through the bone, and the pins must be drawn together by a twisted suture. After the operation, the limb swells and inflames; the bandage should then be removed, and suppuration induced by poultices. About the fifth or sixth day, the bones and periosteum begin to swell, and may be felt through the soft parts as round ball-like tumours. Should the violent obtuse pain of inflamed bone occur, the pins must be removed for a few days, the poultices assiduously applied, and then the pins again introduced; it is seldom necessary to retain them longer than fourteen days, but this period may be extended if the bones show little reaction, and if their swelling be but trifling. So long as the suppuration continues, the pus must be allowed free vent; when this, however, is lessened, the bandage may be allowed to remain for a few days, and the cure finally completed by the application of a light splint and bandage. During the whole time, the proper position of the limb must be carefully preserved.

Case of Remittent Fever produced by a Foreign Body in the Intestines.—Dr. Richard Payne Cotton relates, in the *Medical Gazette*, the case of an infant, eighteen months old, who for a short time had been under maternal treatment for slight indisposition resulting from teething, but in whom more severe symptoms had been developed for two or three days. It appeared that simple aperient powders had been occasionally weighed out and administered by the mother; and of one of these doses it must have happened that a grain weight formed an accidental ingredient, although no suspicion of the kind existed. From the first until the discovery of the cause of distress by its escape from the rectum (a period of six weeks), the little patient laboured under severe fever of remittent type, characterized by distinct exacerbation towards evening, with extreme restlessness, flushed face and burning skin, rapid pulse and furred tongue, lasting for the greater part of the night, followed towards morning by a remission, during which she would occasionally play with her sisters, but was more commonly in the nurse's arms, peevish and troublesome, until night again approached, and brought with it a repetition of the occurrences of the previous one. The abdomen was distended and painful, tympanitic on percussion, and of elevated temperature. The evacuations were green and offensive, and rarely produced without the aid of medicine. The head at first was not implicated; b t with the advance of the disease cerebral symptoms appeared, consisting of drowsiness and apathy, but never advanced to more than what might be called sympathetic; actual stupor, convulsions, strabismus, or paralysis indicative of hydrocephalus, being entirely absent. Emaciation and misery advanced with the malady, until it appeared certain, and even desirable, that death would take the little sufferer from our hands; when, on one occasion, at the end of about six weeks, during a diarrhœa which had recently supervened, she gave evidence of unusual distress, and, upon examination, a grain weight was found to have escaped from the rectum, attended with a trifling discharge of blood. From this period convalescence steadily advanced, and the child has now perfectly regained her health. The treatment consisted of the use of hot baths and abdominal fomentations, leeches, calomel often with Dover's powder, followed by saline and other purgatives, according to the period of the fever and other indications; and, towards the close, the employment of diffusible stimulants. The weight appeared to have lost nothing in its transit, and retained its usual brightness. Doubtless during its passage hemorrhage occasionally occurred, as blood was several times observed in the mouth and back part of the throat; and there were frequent green evacuations, formerly attributed to the presence of bile, but probably due to the action of sulphuretted hydrogen escaping in large quantities from the vitiated secretions of the intestines upon blood which had been effused.

Directions for Opening the Skull.—Mr. Solly recommends that the student should place the subject on its face, and, raising the head, rest the chin upon a block, so as to fix it in a horizontal position. An incision must then be made through the scalp, extending across the vertex from ear to ear. The anterior part of the scalp may then be forcibly torn, instead of being dissected, from the skull over the face, and the posterior over the occiput, which will save much time; but some force is required to effect this reflection of the integuments. A deep groove must be made with the saw through the outer table and diploe, commencing half an inch above the superciliary ridges anteriorly, and extending round the entire skull to the protuberance of the os occipitis posteriorly. A small axe should next be used to break the inner table, which is much better than sawing it entirely through, as being less likely to injure the dura mater and brain, and as permitting the skull to be more firmly fixed again when replaced after the dissection is completed.

The Brain in Man.—Mr. Solly, in his work on the brain, says, in reference to this organ, in the first place, we have an extensive surface of cineritious neurine, the hemispherical ganglion (speaking merely of one side of the brain), which, in the higher orders of animals, is convoluted or folded in a peculiar manner. In apposition to the whole of the vesicular neurine of this ganglion, there are tubular fibres which radiate through it, and are encrusted by its nucleated cells. These fibres are disposed of in four different ways:—1. Some of them, commencing from the convolutions of the anterior, middle, and posterior lobes, pass through the corpora striata, and, forming the inferior layer of the crus cerebri, pass through the pons variolii, so as to form the anterior columns of the cord, as previously described—the motor tract. 2. Others, commencing in the nerves of sensation, and after passing through the pons variolii, and emerging from the substance of the thalamus, terminate in the same neurine that gave origin to the last—this is the sensory tract. 3. Others, passing from one side of the brain to the other, and in apposition to the internal surface of all the convolutions, are those fibres which, collected into a mass, form between the hemispheres that wide bridge, the great transverse commissure, or corpus callosum. 4. In contact with all the convolutions are the fibres of the superior and inferior longitudinal commissures, which, connecting together those convolutions which are situated on the same side of the mesial line, or different portions of the same hemispherical ganglion, so far differ from the transverse commissure, which connects those situated on opposite sides, or the two distinct but corresponding ganglia. The first and second set of fibres, which radiate from the external surface of the two large ganglia of the anterior and posterior columns, as from a common centre, forming, however, in their radiation, only half a circle, were designated by Gall and Spurzheim the diverging fibres. The third set of fibres, which converge towards the centre of the brain, the transverse commissural, were distinguished as the converging fibres by the same author. The above descriptions demonstrate that the encephalon or brain in the human subject is not a large solid mass of matter, in the interior of which are cavities scooped as it were out of its substance to be appropriately denominated ventricles, but that it really consists of ganglia or collections of cineritious neurine, placed on each side of the mesial line. Some of them being the appropriate ganglia of the nerves of sensation; as, for instance, the olfactory ganglia, the optic ganglia or tubercula quadrigemina, the auditory ganglia or posterior pyramidal bodies, the pneumogastric ganglia or restiforme ganglia, the olivary bodies or lingual ganglia; the others being the motory and sensory ganglia, as the corpora striata and thalami nervorum opticorum. The hemispherical ganglia again, that they might present the greatest possible extent of surface, are folded up into innumerable plaits, and thus cover or surround every other ganglion within the cranium, so that on first removing the skull-cap nothing can be seen but the convoluted surface of these extensive ganglia. And here let me insist upon this important principle in the study of the brain, which is also one of the first ideas that the student should acquire regarding its composition, namely, that it consists of corresponding or symmetrical parts on each side of the mesial plane, and that, instead of regarding the fissures of separation between its different portions as forming ventricles or cavities, he must direct his attention to the ganglia which bound the fissure, and the structures called commissures, which, connecting them together, cross the fissure and necessarily alter its character in different points, masking it, it is true, but not at any place changing the fissure into a true bag or circumscribed cavity. The third, the iter a tertio ad quartum ventriculum, the fourth, and fifth ventricles, we have already seen, are, in truth, no more than the successive dilatations from below upwards of the posterior fissure of the cord; difficult enough to be understood when these are viewed in different situations and unconnected one with the other, as in the ordinary mode of dissecting the brain, but which seem necessary and obvious where its parts are traced in connection with one another.

Induction of Premature Labour.—Dr. Simpson, in "The Monthly Journal," recommends the use of conical-shaped sponge tents for opening up the os uteri, in all cases where there is occasion to bring on premature labour. These tents are made of sponge dipped in solution of gum arabic, and dried under very strong compression. It is necessary generally to use several, and the last one must sometimes be very large. It is not by any means requisite to use the speculum in introducing these tents; they are very easily introduced with the finger alone, or by means of a simple bent wire handle, the point of which is passed up into their larger extremity. They are easily applied, cause the patient little or no pain or mischief, and they have generally the os uteri well opened before the labour begins. Never in any case have the membranes been ruptured by them before the commencement of labour, and their preservation is a matter of the first moment in regard to securing the preservation of the child. Dr. Hamilton has preserved the membranes, and saved fifty out of fifty-seven children; Dr. Merriman had ruptured the membranes, and saved twenty-three out of forty-one children.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from p. 158.)

OXALIC ACID DIATHESIS.

The author, in some of the following sections, proceeds to consider the prevalence or predominance of some of the acids and their compounds, as the lactic, lithic, &c., which predominance he designates "diathesis." Some find fault with this method of naming certain urinary tendencies, and we find Dr. Aldridge thus expressing himself: (a)—"The method of classifying urinary diseases by the modifications of the urine is, however, not only unphilosophical but is extremely inconvenient in practice, and is liable to lead to

(a) Lectures on the Urine.

erroneous views of disease. How cramped in his diagnosis, and uncertain in his treatment, would the physician feel himself, if accustomed to regard pulmonary diseases only through the medium of the expectoration; and we can scarcely picture to ourselves the amount of obscurity and confusion of mind which would result from his sitting down to prescribe for a rusty sputa diathesis, or a mucous expectoration diathesis."

Although we fully admit the absurdities, we can by no means subscribe to the anologies assumed by Dr. Aldridge. We have never heard of "rusty sputa" or "mucous expectoration" diathesis; but phlogistic diathesis, tubercular or scrofulous diathesis, is familiar to every pathologist and therapeutist. These applications merely indicate that the morbid tendency of the economy is to deposit tubercle, or to develop the phenomena of scrofula, and as such are both expressive and intelligible. So the oxalic or lithic acid diathesis merely serves to indicate that the morbid tendencies of the economy are to throw off oxalic or lithic through the kidneys with the urine. For these considerations, therefore, we shall adopt the nomenclature of our author, in pursuing our analytical inquiry. Upon the oxalic acid diathesis our author himself observes:—

"In the present class of diseases the oxalic acid is supposed to constitute the predominating unnatural ingredient in the urine. When the formation of oxalic acid is the predominating vice of the system, the urine is generally transparent and remarkably free from sediments; of a pale citron, yellow, or greenish hue, and of moderate specific gravity; that is, the specific gravity usually oscillates about 1·020 as a mean point, but is often less than this,—a circumstance chiefly referable to variations in the quantity of urine secreted, which is frequently above the healthy standard. Urine containing oxalic acid seldom contains sugar; yet I have seen a few instances in which the two unnatural ingredients have not only coexisted, but appeared to pass into each other; that is, sugar has gradually given place to the oxalate of lime, and, *vice versâ*, the oxalate of lime to sugar."—Page 62.

The properties of the urine as above described, if well marked, Dr. Prout considers sufficiently definite to lead those conversant with the phenomena presented by the urine in *glass* vessels to *suspect* the presence of oxalic acid; but, as the same authority observes, they are not sufficiently definite to enable the most experienced eye, much less the inexperienced, to decide at once upon the point. We may add that, in a large proportion of instances, these phenomena are often but very obscurely developed, and sometimes not at all. Dr. Golding Bird says that, in the majority of cases, "the urine is of a fine amber hue, often darker than in health, but never presenting to my view any approach to the greenish tint described by Dr. Prout as characteristic of the secretion during the presence of what he describes as the oxalic diathesis, unless blood were present."(a)

The question of the presence of oxalic acid need not be long a subject of doubt, as the point may be determined in a few seconds by the microscope. Dr. Bird's directions, however, are tedious, and require some little tact; we therefore prefer the following, recommended by Dr. Venables:—

"The oxalate of lime is generally diffused through the urine, mechanically suspended with lithate of ammonia. Heat in a flask a portion—an ounce or two—of the turbid urine, so that all the lithate shall become dissolved; throw the whole upon a filter, and let the urine pass through while hot. The oxalate of lime will remain upon the filter, and may be washed off the sides to the apex by a fine stream of pure water from a pipette. If crystallized lithic acid be suspected, it may be washed by a warm diluted solution of potass, or a warm solution of the carbonate. The oxalate will be accumulated in the apex of the filter. This is to be opened out, and if a cock's feather or camel's-hair pencil be applied to the filter, a number of the crystals of oxalate of lime will adhere, and may be transferred, by mere contact, to the glass slide for microscopical examination. On the urine having passed through, if the apex of the filter be perforated, the oxalate of lime may be washed into a clean glass, by means of a stream of pure water as before, and the oxalate of lime will then be seen in the water. This is very expeditious and satisfactory, and is applicable to all the crystallized principles, transparent or opaque, of the urine."(a)

(a) On Urinary Deposits.

Oxalate of lime, when present in the form of minute octohedres, indicates, or is mostly associated with, severe dyspepsia; and we generally find a number of symptoms, as flatulency, &c., showing a very deranged state of the functions of the stomach and bowels. In many cases there are palpitations or other irregularities in the heart's action, and even intermission of the pulse. The symptoms, too, partake of the nervous or irritable character, rather than the inflammatory or congestive.

With respect to the origin or source of the oxalic acid, according to Dr. Prout, its presence "arises from one of two causes," which he terms "*proximate*," for want of a better name, "viz., the non-assimilation of oxalic acid taken as food, and the mal-assimilation of saccharine aliments, and, in extreme cases, perhaps, of albuminous and oleaginous aliments. It is probable," continues our author, "that the first cause operates principally in those in whom the *converting* function of the stomach is *deficient in power*, and in whom, at the same time, there is a predisposition to the oxalic acid diathesis; for there is every reason to believe that the perfectly healthy stomach can convert small quantities of the oxalic acid when mixed with the articles of food. The second cause consists in something more than mere weakness; there is, in this case, a *positive derangement of the converting function* of the stomach."—Page 69.

We thus learn that the author attributes the presence of oxalic acid in the urine, first, to the oxalate of lime existing in certain alimentary matters escaping the digestive powers, and making its way to the kidneys; and, secondly, to an abnormal or perverted action of the digestive powers upon the saccharine principles. Dr. Golding Bird, however, takes a very different view of the pathology of this abnormal deposit—a view based, as he says, upon the observation of the following facts:—

"1. That in the urine under examination, oxalate of lime is present, diffused through the fluid, in a crystalline form.

"2. That in rather more than a third of the cases, uric acid, or urates, existed in large excess, forming the greater bulk of the existing deposit.

"3. That in all there exists a greater proportion of urea than in natural and healthy urine of the same density; and in nearly 30 per cent. of the cases, so large a quantity of urea was present, that the fluid crystallized into a nearly solid mass on the addition of nitric acid.

"4. That the urate of ammonia found in the deposits of oxalic urine is occasionally tinted of a pink hue.

"5. That an excess of phosphates frequently accompanies the oxalate.

"6. That the existence of free sugar is the exception to the rule."

On contrasting diabetic with oxalic urine, we find that the former very seldom contains an excess of urea, uric acid, or urates, especially the pink variety of the last; and that it is also remarkably free from saline deposits, the high specific gravity depending upon the presence of sugar. But in oxalic urine the density is in proportion to the urea, and the deposition of uric acid itself, or of urates, is a very frequent occurrence. "The ready conversion of urine into oxalic acid," says Dr. Bird, "under the influence of oxidizing agents, has been satisfactorily demonstated by Professors Liebig and Wohler; for when uric acid is heated with water and peroxide of lead the latter gives up part of its oxygen, and oxalic acid, carbonic acid, with allantoin, the peculiar ingredient of the allantoic fluid of the fœtal calf, are generated." The reaction may be illustrated thus:—

	N.	C.	H.	O.		N.	C.	H.	O.	
1 eq. uric acid..	4	10	4	6	=	2	2	4	2	1 eq. urea.
2 eq. oxygen ..	0	0	0	2	=	0	4	0	6	2 eq. oxalic acid.
3 eq. water	0	0	3	3	=	2	4	3	3	1 eq. allantoin.
	4	10	7	11		4	10	7	11	

Thus one eq. of uric acid, with two of oxygen and three of water, will furnish elements for the formation of one eq. of urea, two of oxalic acid, and one of allantoin; and this last, by the addition of the elements of three eq. of water, may be converted into oxalate of ammonia—a change which may be readily effected by boiling with an alkali. Urea, too, which abounds in oxalic urine, may, by transformation, &c., be readily converted into oxalic acid; and, if this principle be once formed in the urine, its combination with lime, and its appearance as an oxalate of that principle, must be a necessary result. But, be the origin as it may, the presence of oxalate of lime is almost always associated with nervous irritability and great functional derangements in the digestive system.

In the treatment of this affection Dr. Prout recommends a dietetic regimen similar to that recommended for diabetes. He particularly recommends the patient to abstain from all saccharine articles of food, and particularly *sugar*. Animal food and the stronger farinaceous matters afford the most suitable aliment. If the reducing powers of the stomach be much weakened, the French is the most appropriate mode of cookery; but to this there are some exceptions; for, according to our author, "if the reducing function be not very much impaired, it is proper, in all instances, to take a certain portion of food of an easily reducible character, the best method of restoring the reducing, as well as all other weakened functions, being to moderately exercise them."

With respect to the medical treatment, the author condemns the use of the fixed alkalis, which are seldom beneficial, and in large doses often do absolute mischief. Thus, in the present day, when recourse is so frequently had to soda-water and analogous alkalines, as alteratives, by dyspeptics, the unlimited or, we should rather say, indiscriminate use of alkaline beverages, cannot be too forcibly noticed; for it is an error from which even the profession itself is not wholly exempt. No dyspeptic ought to indulge in any popular remedy without the concurrence of his professional attendant; and the latter should recollect, when determining the issue, that these may do good or harm, according to the pathological circumstances of the case. The volatile alkali, with camphor and hyoscyamus, when there is great irritability, is often useful. But the mineral acids appear to be the more appropriate remedies, upon which our author thus observes:—

"The mineral acids, either alone or combined with tonics, as the sulphate of iron or of quinine, are usually grateful to the stomach, and may be taken with advantage; indeed, generally speaking, I have seen more benefit derived from this class of remedies than from any other. The effects of the mineral acids must be watched, and when they begin to produce a deposition of the lithate of ammonia, or of lithic acid, their use must be suspended. Indeed, in all instances, the mineral acids require to be left off after a time, as, when too long persisted in, they not only cease to do good, but, in most instances, do harm. In cases of this diathesis, where the patient lives at a distance in the country, I commonly recommend the use of the nitro-muriatic acid in distilled water, to be taken an hour before breakfast and before dinner, and persisted in till the lithate of ammonia, or the lithic acid, begins to appear in the urine, or for *a month*; and by adopting such a course of acids three or four

(a) We have, by permission, detailed these particulars, because we know them to be very expeditious and most easy of management.

times in the year, and by a carefully-regulated diet, I have seen this diathesis gradually subdued, and at length removed altogether. In the intervals between the use of the nitro-muriatic acid, other tonics, as the sulphate of quinine or zinc, the trisnitrate of bismuth, oxide of silver, &c., may be resorted to, if necessary, and are sometimes beneficial.

"As a means of relieving the distressing flatulence and irregular action of the heart, so generally present in this affection, the hydrocyanic acid, either alone or conjoined with digitalis, is often useful."—Pages 71, 72.

Mercury, as a general rule, should be prescribed in this condition of the system; and the observations made in relation to diabetes are equally applicable here. To fulfil a certain or specific indication, an adequate dose of a mercurial may be given with both safety and advantage; as, for instance, to remove an accidental or temporary congestion of the biliary system; but as an appropriate remedy we fully concur with the author that "the specific effects of this remedy are very seldom beneficial in this diathesis, and in many cases do irreparable mischief."

In speaking of the transition of the oxalic into phosphatic diathesis, our author observes that the latter is much more frequently an induced than an original disease, being in general the consequence of some local irritation, and hence it becomes, as it were, "*the point towards which all the other diatheses converge.*"

"During the transition from the oxalate of lime to the phosphatic diathesis, it appears, from the dissection of calculi, as well as from the phenomena presented by the urine, that one of the first changes usually apparent is the secretion of an excess of (carbonate) of lime; and that as the quantity of lime becomes greater, the proportion of the oxalic acid is decreased, while that of the phosphoric acid is increased, until at length phosphate of lime, in nearly a pure state, is deposited. The urine during these changes also frequently deposits the triple phosphate; but, according to my remarks, the deposition of this salt is much less abundant than during the transition from the lithic to the phosphatic diathesis, to be hereafter noticed. As the changes proceed, the urine assumes all the properties of phosphatic urine; though even to the last, in adults, the phosphate of lime occasionally predominates over the triple phosphate. In children the oxalate of lime, during its transition to the phosphates, is often accompanied by a portion of pale clay-coloured, or nearly white, lithate of ammonia, as well as by the triple phosphate of magnesia and ammonia."—Pages 72, 73. Attention to these phenomena may prove of use to the practitioner in urinary disorders.

The next section is occupied with the author's observations upon *lactic* acid. This and the nearly related acetic acid are developed from the saccharine and the albuminous, or at least the gelatinous form of the albuminous, principles. Lactic, acetic, and also the hydrochloric acids are found naturally in the stomach; and it is only when their quantity is excessive that they give rise to distressing affections. The chyme, as it is formed, or while passing into the duodenum, has an acidulous reaction, owing to the pressure of these acidulous reducing agents. But when passed into the duodenum, and mixed with the bile, the resulting chyle obtains a very weak alkaline reaction. This is supposed to arise from the agency of the *basic* and other *soda* salts of the bile supersaturating the *gastric* acids. At least, if not rendered absolutely alkaline, the chyme, in passing into chyle, is rendered neutral. "There is reason to believe that the perfectly natural condition of the whole intestinal canal, with the exception, perhaps, of the cœcum, is either neutral, or occasionally verges towards acidity on the one hand, and slight alkalescence on the other. When, therefore, the contents of the stomach have contained a quantity of acid too great to be neutralized in the duodenum, they of course enter the inferior portions of the alimentary canal in a more or less acid state, where they produce a variety of unpleasant symptoms."—Page 77.

These remarks are valuable in relation to indigestion, and the disorders so commonly named bilious. Much distress and, indeed, violent pains result from aberrations of this sort in the digestive functions; and the greater part of this distress is often felt most severely in the cœcum. It is thus described by Dr. Prout:—

"Excessive acidity of the cœcum is generally accompanied by a deficient secretion of bile; and sometimes by a complete temporary suppression of the bilious discharge, apparently from spasmodic constriction of the common gall-duct, or, it may be, of the biliary ducts themselves. In this state of things all individuals feel more or less uneasiness; but the point we wish to mention is, that certain individuals under these circumstances experience what is called nervous headache. This species of headache is frequently accompanied by nausea; is confined to the forehead; and, when severe, produces complete intolerance of light and sounds, and a state of mind bordering on delirium. After a greater or less period the pain ceases, sometimes quite suddenly; and the remarkable circumstances to be mentioned are, that this sudden termination is preceded by a peculiar sensation (sometimes accompanied by an audible clicking noise) in the region of the gall-ducts; that immediately afterwards a gurgling sensation is felt in the upper bowels, as if a fluid was passing through them; and that in a few seconds, when this fluid, which we suppose to be bile, has reached the cœcum, the headache at once vanishes like a dream. One of the greatest martyrs to this species of headache I have ever seen, invariably experiences the train of symptoms above described; and I have witnessed it in a greater or less degree in many instances; indeed, I have experienced it in my own person."—Pages 78, 79.

It is a fact obvious to those of even but very limited experience, that intestinal derangements, or at least their remote consequences, show themselves more prominently and severely in different parts of the canal; and indeed, after the stomach and duodenum, the different portions of the colon seem to be the seat of the more distressing effects. Thus we often find pain and distention, after a meal, in the colon; sometimes, as observed by the author, they are confined to the cœcum, but in other instances, the ascending or descending betray the symptoms. Of the colon, perhaps, there is no part affected more frequently than the transverse or arch; and in such circumstances the stomach is often blamed for the faults of an organ, in one sense, at a very great distance: thus, we have seen persons suffering in this way attributing the cause of all their misery to a faulty stomach; at one time *acidity*, at another *bile*, with a third *flatus*, are each and all accused of being the troublesome inmates of a disordered and over-sensitive stomach. Nor is this all: at one time *soda*, or some other of the antacids; another, *calomel*, and all the variety of mercurials; while, with a third, *cordials*, *bitters*, and *stimulants* are each, in their turn, invoked to dislodge the imaginary enemy; but all in vain. Surely we may, with great justice and truth, apply the observation of Celsus to such pseudo-pathologists:—"Neque credendum utique nostris est, qui, cum in adversa valetudine vinum aut frigidam aquam coneupiverunt, deliciarum patrocinium in accusationem non mercutis stomachi habent."(a) If such patients, instead of tonefying the stomach with a host of inappropriate remedies, would turn their attention to the state of the transverse arch of the colon, they probably might experience real and permanent relief.

But the crude or ill-concocted aliments are not always confined in their effects to the digestive organs alone; they frequently extend to other structures, or even pervade the whole system. Our author observes:—

"In dyspeptic individuals, who pay no attention to diet, &c., and who suffer from acidity in the stomach and its consequences, the acid and unnatural matters developed in the *primæ viæ* appear to be absorbed into the system, where they probably tend to act as exciting causes of derangements in the secondary assimilating processes. The symptoms resulting from such combined derangements, like all symptoms connected with derangements of the assimilating organs, have more or less of a periodical character, and show themselves in attacks of bilious congestion, gout, lithic acid gravel, catarrhal affections, ague, rheumatism, &c., according as exposure to cold, malarious influence, &c., co-operates with the original predispositions, and determines their nature."—Page 79.

There can be little doubt that a number of the disorders affecting the human body, and often looked upon as primary or idiopathic affections, are really and truly secondary ones, in a large proportion of instances, referable to deranged or otherwise vitiated assimilation, whether the primary or secondary form. A knowledge and the due appreciation of these facts will often enable the practitioner to develop the true nature of the derangements, and to treat them with success. Dr. Prout divides the treatment of these disorders, as indeed is that of most others, into the empirical and the rational. Thus he says:—"Knowledge founded on observation and experience suggests to us the application of those remedies which control the diseased actions producing mal-assimilation, such as quinine, and, what are called tonics in general; while knowledge founded on mechanical and chemical principles suggests the employment of those counter mechanical or chemical expedients which are calculated to neutralize the effects of mal-assimilation, and thus to prevent their secondary operation upon the living system. These two classes of remedies are quite distinct; and, though they gradually run into each other, they cannot, except in a few instances only, be substituted one for the other."—Page 87.

The two classes of remedies above noticed are calculated to fulfil distinct and, it may be also said, very different indications; and may be further considered as having, at least so far as we know, a very different "modus operandi," and, therefore, prove much more efficacious when administered *separately*, than when *associated* in *pharmaceutical combination*.

When derangement of the primary assimilation is attended with the development of *acidity*, the first object should be to trace the cause, and its nature, which gives rise to this symptom—"that is," as our author observes, "we have to inquire whether the cause lies chiefly in the stomach itself, and consists of inflammatory excitement, or of merely debility of that organ; or whether the cause lies in the inflammatory action or other disease of some remote organ, more especially of the hepatic system; or of one of the great nervous centres. When this point has been satisfactorily determined, the application of the appropriate treatment is, for the most part, comparatively easy. Thus, if the cause lies principally in the stomach itself, and the symptoms denote an inflammatory tendency, the due administration of local blood-letting, &c., will be found beneficial; if mere irritation be indicated, sedatives, as the hydrocyanic acid, various tonics, &c., will be found useful. If the cause be chiefly remote, as in the hepatic system, the employment of means calculated to remove inflammatory or passive congestion, as mercury and other deobstruents, will be indicated. If the cause be organic disease, and such organic disease lie deep in the system, as in one of the great nervous centres, very little beyond palliatives can be advantageously employed; and it becomes as much our duty, on the one hand, to avoid improper remedies, as it is on the other to mitigate, as far as we are able, the severity of the prevalent symptoms. Such are the points to be inquired into in the treatment of these derangements—points quite distinct in their character.

(To be continued.)

(a) Lib. i. 8.

THE MEDICAL TIMES.

SATURDAY, JULY 15, 1848.

MEDICAL HERESIES—THE HOMŒOPATHIC SYSTEM.

The science of medicine, like religion, abounds with sects, which, instead of promoting the best interests of the "healing art," have been instrumental in arresting its progress. Men in all ages have sought after fame, and the heresiarchs of medicine, both ancient and modern, were doubtless anxious that their names should be engraved in "eternal brass" when they promulgated new doctrines in reference to diseases and their treatment. Medicine, we admit, offers a wide circle in which thought can ramble, but it is a circle in which true philosophers have only now and then been found, and these have speculated with caution upon subjects confessedly abstruse.

Every founder of a medical sect would doubtless have the world suppose him a philosopher; and, if wild theories were sufficient to make men so, then the fathers of the empiric, pneumatic, methodic, dogmatic, and all other sects, are entitled to this illustrious appellation. Philosophy, however, repudiates such men as her children, and unhesitatingly pronounces them "wolves in sheep's clothing." The doctrines of medical heresiarchs have had, in general, no real connection with science, neither were they intended to promote its interests; hence they flourish for a time, and then cease to produce any other feelings in men's minds than those of pity or contempt.

We are not surprised that in the early periods of the history of medicine gross errors should abound. The light of the morning had only then appeared as a faint streak upon the mountain-tops, which, while it foretold the coming day, was not sufficient to enable the pilgrims of science to keep in the right path. But, now that the light has increased, there can be but little excuse made for those who disregard the way-marks of truth. Yet, in these modern times, the *isms* of medicine are as numerous as in the days when it was asserted and believed that *reason* was of more value in combating disease than bedside *experience*. Empiricism now flourishes in the midst of nations where the minds of the people have been enlarged and polished by education, and they immolate themselves as willingly on the altars of quackery as the benighted Hindoo casts himself beneath the wheels of the car of Juggernaut.

And this self-immolation is not induced by a deception so refined as to render persons of ordinary capacity incapable of detecting it, but, in the majority of instances, by doctrines (if doctrines they may be called) which are so palpably absurd as to make it almost an impossibility that any one should be misled by them. Modern quackery is characterized by its unblushing impudence, which, perhaps, is the grand cause of its popularity.

We pass by, for the present, the absurdities of isopathy and hydropathy, in order that we may notice more *in limine* the modern medical heresy of Hahnemann. It is entitled to especial consideration at the present moment, in consequence of the death of Sergeant Warren from homœopathic treatment. About January last he exhibited a tendency to paralysis, arising from softening of the brain. Two homœopathic doctors were called in, and administered their infinitesimal doses. The day before the sergeant's death Sir Philip Crampton and Dr. Adams were summoned to attend him, and they declared his recovery impossible. They agreed also in attributing his sudden decline to the treatment he had received.

The old aphorism says that "two witnesses are sufficient to hang a man;" if they were adequate to damn a system, then the fate of infinitesimal doses is sealed in Ireland. We fear, however, judging from the past, that this will not be the case, but that individuals of high rank and education will still continue to uphold so absurd a system. And what is homœopathy? It is a modern *science* whose fundamental dogma is "similia similibus curantur," or, to use the words of Hahnemann, "every real remedy produces in the healthy the same sort of malady it would cure in the diseased." Supposing that belladonna will cure scarlet fever, or produce an eruption somewhat similar to it; that opium will subdue colica pictonum, when its ordinary effect is to induce constipation; that a powerful stroke of electricity will cause paralysis, moderately applied will alleviate this disease; why should drugs be administered in one form, viz., that of infinitesimal doses? It is an absurdity to imagine that a millionth or quadrillionth part of a grain can make any impression on such a complaint as that under which Sergeant Warren laboured? A correspondent some time since, in alluding to the absurdities of this system, remarked that the usual dose of chalk and other *strong medicines* is a decillionth of a grain. Now, a decillion takes 61 figures for its enumeration; when brought into tens it requires 53 figures, viz., 58,000 octillions; and as the earth, at a specific gravity of three, weighs about 3248 trillions of tons, to mix it in bulk would require about 17 quintillion times the weight of our earth to mix with one grain of medicine. The following will give some idea of a quintillion:—A watch ticks five times in two seconds, or 150 times in a minute, which amounts to 78,840,000 times in a year. Yet it will take above 13,000 trillions of years to tick a quintillion times; and this is more than *two trillion* times as long as the human race has existed; for a watch will only tick 473,040,000,000 in 6000 years. We leave our readers to conceive, if they can, what all these figures mean, and what good can be accomplished by the administration of the quintillionth part of a grain of the most powerful medicine!

But it has been said that homœopathists have been successful in the treatment of diseases. Granted, when diseases yield to mere attention to diet. There are few judicious practitioners who will not agree that there are many cases in which the administration of drugs would do more harm than good, and in such complaints they attend chiefly to the diet and habits of the patient. But whoever hoped, except the disciples of Hahnemann, to overcome paralysis by such a mode of procedure? It is a disease which requires in its treatment the highest exercise of medical skill, and he who trifles with his patient by administering remedies as inert as "patience and water-gruel" must be either grossly ignorant or hopelessly insane.

The mental weakness of the unfortunate barrister whose death is attributed to homœopathic treatment is entitled to our pity. Probably it was induced by the disease with which he was affected, and hence he was led to trust himself in the hands of those who chose rather to follow the practice of a modern medical heresy, than use the means sanctioned by experience. The unfortunate gentleman has paid the penalty of his mistake, and we hope that his friends have nothing to lay to their charge that the celebrated practitioners, who arrived too late to be of service to the patient, were not summoned before.

The system of homœopathy is one in which many of its advocates put no faith. While they pretend to give their patients infinitesimal doses, they in many instances, *sub rosa*, administer full doses of the most powerful medicines.

Chemistry has been more than a match for this cunning, and through its instrumentality hypocrisy has been exposed and denounced. A few more such exposures, and a few more deaths of persons in high places from homœopathic treatment, will consign the system to the list of those medical heresies whose glory is departed. *Veniat cito dies.*

THE NECESSITY OF REFORM IN THE UNIVERSITIES OF OXFORD AND CAMBRIDGE.

The members of the medical profession, as a class, have hitherto had little connection with the two ancient Universities of Oxford and Cambridge. Medicine, and those sciences more immediately connected with it, have languished in these renowned schools, and few destined to practise the healing art have, in consequence, thought it worth while to pass through the courses appointed at these places for obtaining degrees.

The two universities have appeared incapable of advancing with the spirit of the times, and antiquated systems are still in the ascendant. It is a lamentable fact that modern sciences are almost totally neglected in these institutions; classics and mathematics being the principal things to which supreme attention is paid. While the whole world is advancing, a dreary stagnation seems to have taken place on the banks of the Isis and the Cam. We admit that the classics and mathematics are important branches of education, but these should not exclude physics, chemistry, anatomy, and natural history. The great mistake, in reference to our universities, is the keeping them almost exclusively for the education of the clergy of the established church. The day has long passed away since the priesthood were the sole conservators of learning, but they still retain all the emoluments of the universities, and seem at present little disposed to allow secular members of the scientific world to share with them the honours and rewards which Oxford and Cambridge can bestow. The public are becoming sensible of the injustice and folly of such conduct, and the time is at hand when they will demand an act of justice towards the scientific world.

A recent writer in "The British and Foreign Quarterly Review" has drawn attention to this subject, and has endeavoured to prove that, notwithstanding the supreme attention which Oxford and Cambridge give to classical literature, it was never in England at so low an ebb. The author says, "The experience of publishers assures us, with all the certainty of parliamentary returns, that the classical writers of antiquity are not now read in this country. The two great houses formerly devoted to these publications are extinct. Priestly ceased in 1828, and Valpy in 1834; and since then there have been almost no classical publications, apart from school-books. Booksellers are not applied to for the entire

works of Euripides or Demosthenes, Plato or Cicero, except in rare instances, or to fill up unread libraries. A thinking man will often be found reading Bacon or Locke, but how few dream of opening Aristotle! When a member of Parliament is heard quoting Virgil or Horace, we merely give him credit for retaining some fragments of school recollections. Whatever may be the opinion in schools and colleges, it is an established maxim among men engaged in the business of life, that modern literature is sufficient to satisfy every craving of the intellectual tastes."

Amongst the members of the medical profession classical learning, we fear, is all but extinct. Where can we find a physician or surgeon who reads the works of the Greek and Roman medical authors? They are despised and disused, merely because they have penned their thoughts in tongues which are now almost unknown. We are happy to know, however, that numbers in the profession are anxious to bring about a revival of general learning amongst medical men; and this will be greatly facilitated by rendering Oxford and Cambridge the nursing mothers of science as well as literature.

The writer whom we have just quoted, referring to this subject, says, "The encouragements held out in Oxford and Cambridge to the mathematical and classical departments of study have led to their cultivation by many highly-gifted men. But the subjects now proposed to be brought under similar encouragements are far more susceptible of enlargement than either the higher mathematics or the criticism of antiquity. In experimental physics, in chemistry, in natural history, in anatomy and physiology, to work is to discover; every effort of well-directed application is sure of reward. A hundred and eighty years ago Newton bought a prism, that he might try the curious experiment of obtaining colours out of the sun's rays; and the world has rung with the consequences. Remembering this, we shall not listen unmoved if we hear of an Oxford student or fellow buying a microscope, a balance, or a blowpipe, for the purpose of seeing what the earth and living things are made of."

It is to be lamented that science has experienced so little encouragement in this country, as its advance is intimately connected with the progress of civilization. It has for centuries been unpatronized in our ancient seats of learning; there are symptoms, however, that the public voice is about to be raised on its behalf. Let the members of our profession not be backward in seeking to liberalize Oxford and Cambridge. True, we have new colleges, but these have not the resources of older institutions. These ought, therefore, to be made the patrons and nurses of science as well as of religion.

UPTON POOR-LAW UNION.

[To the Editor of the Medical Times.]

SIR,—The warm interest which you have ever manifested in the welfare of poor-law surgeons, and the powerful aid which you have lent to their cause, induce me to hand you the enclosed account of recent transactions in this union, and to request the publication of it in the next number of your admirable journal.

I have carefully, assiduously watched the movements which have been so active among us for the last eighteen months, in reference to the poor-law, and nothing whatever has occurred to induce me to alter the sentiments expressed in my letter in the *Medical Times* of December 25, 1847. I firmly believe that no substantial and permanent good will ever be effected without a thorough unanimity amongst ourselves, and a readiness to sacrifice what may appear our present interest to a principle of independence, and a desire to uphold the dignity of the profession. The medical officers of this union have taken a bold and decided step, but it was taken with much thought and consideration. They have weighed well the probable consequences, and they are prepared to meet them; if we are sacrificed, we are sacrificed by the sordid administration of a severe law at the debased shrine of Plutus, and we become the victims of an oppressive tyranny only through the instrumentality (*proh pudor!*) of those who are our brethren by education and profession, and who, by their college oaths, by their own reputation, by every tie, social, moral, and intellectual, are bound to give us their most unqualified support. But, Sir, we think better things of medicine, and firmly believe that the appeal which we now make to our brethren will not be made in vain.

I remain, Sir, your obliged and faithful servant,

CHARLES BRADDON.

P.S.—I may add that the local journals have taken up the case, and the only one yet out (the *Worcester Herald*) has published our statement.

Upton-on-Severn, July 10.

TO THE MEDICAL PROFESSION.

Upton-on-Severn, Worcestershire, July 6.

GENTLEMEN,—It is with feelings of no common character, but which will be readily understood by those of you who hold, or have held, union appointments, that we beg your attention to the following statement of some recent proceedings in this union. Though possibly not unique, yet we believe our case to be peculiar, inasmuch as that it is not merely one, two, or three of us, but the whole poor-law medical staff in this union, which is at the present moment engaged in a struggle with the board of guardians—a struggle for our rights as members of society, for every labourer is worthy of his hire—a struggle for our independence as gentlemen—a struggle for the character of the whole profession; for we hold that, according as you gentlemen act in this contest, will our profession appear to the world, either as consisting of a number of noble, high-minded, and liberal men, determined to uphold the dignity, standing, and reputation of the class to which they belong, or as a body of individuals so utterly void of *esprit du corps*, so low in principle, so contemptible in feeling, so degraded in conduct, that there may be found amongst us those who are ready to sacrifice every principle of honour and high-mindedness, and to sell their brethren for a few pieces of silver. We throw ourselves upon you, gentlemen, with the utmost confidence that the noble and disinterested (we had almost said chivalric) profession of medicine contains no such individuals, with a firm reliance on the truth and justice of our cause, with a sure hope that your utmost sympathy and support will be accorded to us, with the abiding conviction that the efforts we are now making, humble as they may be, isolated as they are, will still be approved and followed throughout the length and breadth of this land with a prayer of faith that not one Judas may be found among us, and with an unflinching determination never to relax our exertions, and, *coute qui coute*, to fight the good fight of honour, justice, and independence, in which we are now engaged.

A meeting of the medical officers of the Upton-on-Severn Union was held at Mr. Braddon's house, June 19, 1848; present, Messrs. Trash, White, Prior, and Braddon, when the following resolutions were passed unanimously:—

"1st. That in the opinion of this meeting the present salaries paid by the board of guardians to their medical officers are quite inadequate to the duties performed.

"2nd. That the present system of giving a fixed salary for each district, without respect to area, population, or amount of sickness, is unfair in principle and unjust in practice. Unfair in principle, since the remuneration is definite, whilst the services rendered are indefinite; unjust in practice, as under this system many orders for medical relief are given to parties not fairly entitled to them, and many orders are also given for attendance on cases of a most frivolous nature.

"3rd. That an application be made to the board of guardians at their next meeting to abolish the present system of payment by fixed salaries, and to substitute in lieu thereof payment by the case, according to the following rates, such change in the mode of remuneration to come into effect on the 24th June inst. For every case of sickness occurring within a mile of the medical officer's residence 5s., for every case at a greater distance than one mile 7s. 6d., with the usual extras, as allowed by the slate general order of the poor-law commissioners.

"4th. That this amount of remuneration is extremely moderate appears from the ascertained fact that the bare cost of drugs, leeches, instruments, &c. &c., in hospital and dispensary practice throughout this country, averages 4s. 3½d. per case of sickness.

"5th. That the attention of the board be directed to the circumstance that the poor-law commissioners have already recommended an average sum of 6s. 6d. per case to be paid to the medical officers in unions, and that this system has already been adopted in numerous unions, and found most satisfactory.

"6th. That the medical officers of this union have felt so seriously the inconvenience and injustice of the present system, that unless the foregoing plan be adopted, or their salaries be increased in a proportionate ratio, they will be reluctantly compelled to discontinue their services.

"7th. That Mr. White, of Kempsey, and Mr. Braddon, of Upton-on-Severn, be appointed a deputation to submit these resolutions to the board on Thursday next.

"H. S. TRASH, "CHAS. BRADDON,
W. T. WHITE, JOSH. MEEARS."
C. E. PRIOR,

On Thursday, June 22, we attended at the board-room, and submitted the foregoing resolutions. After some discussion it was determined that a committee, consisting of the chairman, vice-chairman, and five elected guardians, should meet at the board-room on Friday, June 30, to hear our case and report to the board on the following Thurs day. At the meeting of the committee we argued the case on the statements contained in the resolutions. We showed that the present salaries were utterly inadequate to cover the cost of horse-keep and drugs, in some districts not even of drugs; that the amount of remuneration varied in the different districts from 4s. to 1s. 7½d. per case of sickness; that in these latter the medical officers not only received no recompense for their time, labour, skill, and responsibility, but were positively losers of money by their appointments. We impressed on the attention of the committee that in very many unions large increases of salary had recently been made. We instanced the Droitwich Union in this county, in which the salary of one district had been increased from £32 to £40, of a second from £35 to £50, and then a general increase of 25 per cent. had been made on the whole union. The clerk of the union also read to the committee a letter received from the clerk of the Bromyard Union, in which it was stated that the medical officers in that union are now paid 8s. per case of sickness, each order being renewable at the expiration of every three months, so that it is possible, and frequently occurs, that the medical officers receive 32s. in one year for their attendance on the same patient. The same correspondent stated that this system worked well, and was found to be satisfactory to the guardians, the medical officers, and the poor. We referred to the fact that, whilst population and sickness had greatly increased since the formation of the union, no increase had been made in the salaries of the medical officers, and yet the salaries of the clerk and the relieving officers had been recently augmented. We further stated that if the board would not entertain the question of a change in the present system of payment, the medical officers would waive that point, and be content to continue their services, if the board would follow the example of the Droitwich Union, by first increasing the salaries of the officers of the Upton and Kempsey districts—the two worst paid—and then making an increase of 33⅓ per cent. throughout the union. The committee received us courteously, and promised to report to the board on Thursday (this day). Accordingly we attended this morning to hear the decision of the board, which was that the Kempsey district be increased £6 per annum, and that all the other salaries remain as heretofore. Under these circumstances we had no other alternative than to tender the resignations of all the medical officers of the union, with which we had been previously entrusted. Hitherto we have discharged the duties of our several offices with zeal and conscientiousness, and we defy any impeachment of the statement. In times of epidemics or general sickness, we have never hesitated to strain our personal exertions to the utmost, though met by no return of private gratitude or pecuniary compensation. Length of servitude gives us no standing nor title to increased recompense, and the profession has had sufficient experience that, in this country, union labour leads not to private practice. That the profession may be

fully aware of the extent of our duties, we beg to state that the union contains a population of 16,724, and an area of about 53,500 acres. It is twenty miles in length, and the rate of remuneration per case is about 2s. We apprehend that the board will immediately advertise for fresh medical officers, as there appears no disposition among the elected guardians to do us justice. We therefore throw ourselves upon you, gentlemen, with the full conviction that you will show the world how ready you are to accord to the profession, of which you are members, that countenance and support which it has a right to claim at your hands.

We remain, gentlemen, your faithful servants,

CHARLES BRADDON,
W. TODD WHITE,
The Deputation of the Medical Officers of the Upton-on-Severn Union.

THE INUTILITY OF NON-MEDICAL CORONERS, AND AN EXTRAORDINARY VERDICT.

[To the Editor of the Medical Times.]

SIR,—On Monday, the 3rd inst., a coroner's inquest was held before John Charsley, Esq., coroner, Beaconsfield, Bucks, on the body of Mrs. Avery, of Radnage, who died in childbed.

The first witness was Mrs. Neil, who was engaged to nurse deceased. She deposed as follows:—Deceased was taken in labour about five o'clock in the morning of Friday, the 30th of June; pains continued all day and following night; became much stronger following day; at three o'clock P.M. midwife was sent for; she came about four o'clock, an hour after; the deceased was then in strong labour; waters broke out about five o'clock same evening; copious hemorrhage now commenced; strong labour pains continued regularly; at seven o'clock fainting fits, sobbing, yawnings, and jactitations continued for three hours, and about eleven o'clock she expired undelivered.

The coroner then asked Mr. Hastings, surgeon, of Stokenchurch, who was present at the inquest, if he should like to ask the witness any question?

Mr. Hastings said to the witness: Have you any idea of the quantity of blood which deceased lost?—She replied that there was more lost than ever she had been in the habit of seeing any other woman lose; the bed was saturated with it, and the midwife was covered with it also.

Did the blood come away with each pain, or was it a continual drain?—Came copiously with each pain, but still kept oozing.

The coroner here interposed, and said that he could not allow Mr. Hastings to ask such questions, as they tended to criminate the woman who attended her.

Mr. Hastings said, what was the use of requesting him to question the witness if he was not allowed to ask her questions bearing upon the case at issue?

Coroner: Your questions are too much to the point!

You may guess Mr. Hastings' reply to such a silly observation.

At last the coroner said he did not at all understand the nature of the case! and it was very evident he did not wish to be enlightened thereon.

Mrs. White, of Bledlow Ridge, the midwife, was next examined, and, as a sample of her evidence and obstetric abilities, I may just state that, when the coroner asked her if she saw any symptoms in the deceased calculated to alarm her, she replied "None!" although hemorrhage and syncope had continued for three hours, ushering the patient into an untimely grave. O save me from such pseudo-midwives!

Mr. Lockwood, surgeon, assistant to Mr. Hastings, was examined next: Was called at twelve o'clock Sunday night to visit the deceased; arrived at about a quarter of an hour after being called, and found the deceased dead! Could not positively say what was the cause of deceased's death unless he made a *post-mortem* examination. Had he been earlier in attendance he would have attempted to deliver the deceased, and very possibly have saved both mother and child.

Still the coroner refused to allow a *post-mortem* examination!

The coroner then summed up the evidence to the jury, but overlooked the surgeon's evidence; and he suggested to the jury that, in his opinion, the deceased died from "protracted labour", which suggestion the jury gave as their verdict.

Now, Sir, I presume that comment, either in a legal or forensic sense, is useless; but I may just remark that it seems somewhat strange to find that the admitted ignorance of the coroner as to the nature of the case should have given place so soon, in summing up the evidence to the jury, to the wisdom of a Solon and the forensic abilities of a Taylor and a Thompson. His stubbornness in not permitting a *post-mortem* examination, and his ignorance of the case, evince decidedly the impropriety of non-medical coroners acting in a judicial capacity in such cases, and calls loudly for reform. The 6 and 7 William IV., c. 86, shows that the principle particularly to be inquired into is, emphatically, "the cause of death." But in this case it appears to me that the cause was not arrived at, as protracted labour in this case is more like the result of the cause than the cause itself. Be that as it may, the sworn testimony of the surgeon was set aside as to the most likely way of arriving at the true cause.

Deceased was about thirty-three years of age, and had previously eight children.

Since writing the above, Mr. Hastings and Mr. Lockwood, at the request of deceased's husband and relatives, have made a *post-mortem* examination. Externally the inner parts of the thighs were much abraded, the labia pudenda swollen and much contused, and covered with blood. On making an examination *per vaginam*, the os uteri was found fully dilated, and child's head considerably advanced, slightly pressing upon the perineum, with face towards the left sacro-iliac synchondrosis. On making an opening into the abdomen, the peritoneum and bowels appeared natural; womb in its proper place; when cut into the child was found in a natural position, head presenting as above stated; no liquor amnii in the cavity of the uterus; placenta occupying the superior and lateral portion of the uterus; a considerable portion of it was detached; stomach healthy; lungs healthy; heart destitute of any blood, though in a healthy state. Did not deem it necessary to examine into the case any further, as it appeared that sufficient cause was found in the detachment of the placenta to account for the woman's death. This must have given occasion to the protracted hemorrhage, and to a certainty caused the lamentable result of the case.

It will now be for you, Mr. Editor, and the public generally, to judge of the merits and demerits of the verdict which the coroner schooled the jury into, and say whether the coroner did his duty in prohibiting a *post-mortem* examination and totally casting aside the evidence of Mr. Lockwood.

I have just been informed that, after the inquest was over, the coroner called in Mrs. White, the midwife—who, by-the-by, is a most illiterate woman—and actually complimented her, and told her that she had done all she could, and no blame was attached to her! Now, Sir, are illiterate and ignorant women to be tolerated to take into their hands the lives of her Majesty's subjects in this manner?—and are equally ignorant coroners (as to medical subjects) to be allowed to give the preference to the evidence of these "monsters in the shape of women" to regularly-qualified medical men? Does this not call for public animadversion and investigation?

FIAT JUSTITIA.

MR. JAMES BIRD ON MEDICAL REFORM.

[Mr. Bird is well known to the profession as one of the honorary secretaries of the National Association; and we have considered his evidence before the Parliamentary Committee on Medical Registration as sufficiently important to justify republication.—ED.]

JAMES BIRD, Esq., Examined.

You are a member of the National Institute of Medicine, Surgery, and Midwifery in London?—I am.

When was that instituted?—The National Institute was established between two and three years ago; I have not the exact date.

What is the governing body of that institute?—A president, three vice-presidents, and a council.

What is its object?—The object is to promote a high standard of education for the general practitioners in medicine, surgery, and midwifery.

The general practitioners, you call them?—General practitioners.

As contradistinguished from physicians and surgeons?—As contradistinguished from physicians and surgeons purely considered.

Is there a medical school for that purpose belonging to the National Institute?—There is not.

What office do you hold in the National Institute?—I am a member of the council.

How does the National Institute propose to effect its object of raising the standard of education?—By advocating and promoting the necessity of an efficient medical knowledge on the part of the general practitioners, and an efficient amount of surgical knowledge, and also a knowledge of the practice of midwifery.

Does it anticipate effecting those objects only by advocacy?—It possesses no power beyond that of a voluntary association at the present moment; it has no power to compel candidates for its offices to undergo any examination at present.

Does it issue any certificate of proficiency to those who come before it?—Not at all.

Is there any examination?—There is no examination at present.

It is a mere association for the purpose of disseminating its principles?—For the purpose of disseminating its principles.

Calling the public attention to the necessity of a higher standard of education for general practitioners?—Yes, and likewise for obtaining a charter of incorporation for those gentlemen who practise generally in medicine, surgery, and midwifery.

What powers do you propose to take in that charter?—The power of licensing all future general practitioners in medicine, surgery, and midwifery.

Upon what conditions and under what preliminary precautions do you propose in this charter to grant those licences?—After a certain period of study has been gone through by the candidates, and a test by examination.

Do you propose that the body shall have power to prescribe the course of study for candidates?—Unquestionably.

And also to prescribe the course of examination?—Exactly so.

So far as you resort to examination, to test the proficiency of the parties?—In all departments of medical and surgical knowledge.

Have you made much advance, in your consideration, of the terms upon which the charter should be granted?—We sent in, in connection with the Society of Apothecaries upon a former occasion, the heads of a charter, such as would be acceptable to the general practitioners of this country.

You say such as would be acceptable to the general practitioners of this country; have you taken any means to ascertain whether it would be acceptable to them or not?—We have.

Have you had any correspondence with the practitioners in different places throughout England?—Very considerable correspondence.

And the charter, the heads of which you have proposed in connection with the Society of Apothecaries, is such as, from the information and correspondence you have had, you think would be generally acceptable?—I think it would.

Have you extended your correspondence upon this subject beyond England, to Scotland and Ireland?—We have not; in the first instance, an Association of General Practitioners was formed; it had its origin in 1844; that association numbered between 4000 and 5000 persons by a voluntary enrolment, at the end of twelve or eighteen months or perhaps two years, when Sir James Graham withdrew his medical bills one after the other; when the last was withdrawn, it was considered desirable to keep up the organization of the general practitioners in medicine, surgery, and midwifery, and consequently the association deputed its powers to a National Institute, reserving to the council of the National Institute the power of calling upon the larger body of the National Association upon any emergencies that might arise, when their opinions were required.

Does the National Association still exist?—It does.

Has it any meetings?—Yes; a special meet-

ing of the committee of the National Association and of the honorary secretaries was called about a month or six weeks ago.

Not a meeting of the association itself?—No.

How many members are there in the National Institute, as distinguished from the National Association?—Between 1500 and 1600 have returned their schedules.

How many were there in the former body?—Between 4000 and 5000.

In what way are the council appointed?—They are appointed by the votes of the members of the Institute.

Are they elected annually?—The council is elected for three years, one-third going out of office annually.

Who elects the president?—The president was elected at the public meeting; it is provided under the by-laws that the president shall be elected by the council.

Have you any means of taking the opinions of the association?—We have; we send papers of the transactions to every member of the Institute, and we have occasionally published addresses to them upon any matters of importance, and have asked their opinions.

Have you received answers to those communications from the body to whom they have been addressed?—We have, in many instances, in very considerable numbers.

So that you think you have the means of speaking conclusively as to the opinions of the body?—I believe so.

Has that charter, in the form in which you have digested it into heads in connection with the Apothecaries' Society, been submitted to the individual members of the body?—That charter has.

To the National Institute?—Yes.

And to the National Association?—And to the National Association also.

Are all the members of the National Institute members of the National Association?—I believe they are; but several members have joined the National Institute who did not join the association in the first instance.

The heads of the charter have been submitted to upwards of 5000 general practitioners in England?—I should say so. Those heads of the charter have been published repeatedly in various periodicals, and they have been before the profession for a considerable length of time, and I should conceive that the principles upon which the charter of incorporation should be granted to the general practitioners are pretty well understood at the present moment by the profession.

Have the heads of the charter been specially communicated to the members of the National Institute and the National Association?—I cannot say that a copy was sent to every individual member, though I really believe it was.

Was it intended to be so?—It was unquestionably.

Are the members of the National Institute and the members of the Association so widely disseminated over England as to represent very fully the opinions of the general practitioners in all parts of the country?—I should say so, assuredly.

And in respect of the communications you have received, and from all those which you have not received as implying acquiescence, you say that you consider the heads of that charter as generally acceptable to the general practitioners of England?—I should say so, certainly; there may be some matters of detail upon which some little differences of opinion may arise, but I should say the principles of the charter of incorporation are understood and agreed on.

Have you in your possession a copy of the heads of the charter?—A copy of suggestions we have; but the charter at the present moment can scarcely be said to be in existence; at least it is not a complete document; the heads of the charter are in existence.

Have you them with you?—I have.

Have you any objection to communicate them to the committee?—Not the slightest.

The committee understood you to say that 4000 or 5000 professional men had returned their schedules?—Not so many have returned their schedules.

Will you explain to the committtee what you mean by the phrase, "returned their schedules"?—From 2000 to 3000 returned schedules which had reference to the charter. There was a public meeting called by public advertisement, which advertisement was as follows:—"A public meeting of the Association of General Practitioners in Medicine, Surgery, and Midwifery, will be held at the Hanover-square Rooms, on Friday next, to which every general practitioner is specially invited, for the purpose of receiving the report of the provisional committee, and adopting such resolutions thereon as may be deemed expedient. Mr. Pennington to be requested to take the chair."

How long before the meeting was that advertisement issued?—It is dated the 7th of March, 1845.

The meeting was to be held when?—The meeting was to be held on the 14th of March.

That would only bring the general practitioners of London together, would it?—In these days of railroad communication it did more; about 1000 gentlemen assembled; that for the medical profession is an immense meeting.

What was laid before that meeting?—The report of the provisional committee.

Upon what subject?—The subject was, first, showing the organization of the association; it showed all the various bodies that had been in existence before, and which were merged into this one large association. The British Medical Association and many others joined it; but, perhaps, the most important event at this period was the resolution adopted by the Associated Apothecaries and Surgeon Apothecaries of 1812; they passed a resolution that they should co-operate with us to secure, by uniting our efforts, common objects. Perhaps I should state that the origin of all this was a meeting on the 7th of December, 1844; it was convened on the requisition of sixty-two gentlemen practising generally in the city of Westminster and in the borough of Marylebone. There was a string of resolutions proposed at the meeting in December, 1844; the first was, "That this meeting is decidedly of opinion, that, prior to the passing of any bill for the regulation of the practice of medicine and surgery, it is of the utmost importance to the interests of the public that the general practitioners of medicine, surgery, and midwifery should be legally recognised, and placed in an independent position, and that the Executive Government be respectfully and earnestly requested to suspend the further consideration of the bill laid before Parliament at the close of last session, till this object has been attained." The second resolution related to the formation of an association for that purpose. The third was, "That this association use its best efforts to obtain a complete organization of the general practitioners, for the purpose of petitioning for a charter of incorporation, to be sanctioned by an act of Parliament; and for taking such other steps as circumstances may from time to time render necessary for the protection of their interests." The fourth resolution was, "That the Society of Apothecaries be solicited to co-operate with this association in furtherance of the objects of the former resolutions." I may state that the object in view in soliciting the Society of Apothecaries to co-operate with the association in petitioning for a charter of incorporation for general practitioners arose from the fact that the Apothecaries' Society possessed an act of Parliament which was to be subverted, or the powers of that act to be very considerably interfered with, by Sir James Graham's original bill; and it was deemed essential that the co-operation of the Society of Apothecaries should be obtained on behalf of the general practitioners, because it implied a surrender of those powers to a new incorporation; at that meeting a provisional committee of thirty-one members, with power to add to its numbers, was formed; in a very short time, within the period of the 7th day of December, 1844, and the 14th of March, 1845, a period of between two and three months, upwards of 1000 gentlemen had not only enrolled themselves members, but actually assembled at the Hanover-square Rooms, in consequence of the advertisement to which I have adverted. We had at that time various district associations; there was an association in the borough of Finsbury; there was an association of general practitioners in medicine, surgery, and midwifery, in the Tower Hamlets division of the metropolis; and there was another at Kensington and Chelsea; all those associations, having a common object with the larger meeting held on the 14th of March, merged into it, and added to the committee their own presidents and vice-presidents and officials, making one large committee, composed of the officers of the different local associations; to that meeting there was submitted the plan for a College of General Practitioners in Medicine, Surgery, and Midwifery, and it proposed certain members to be incorporated in the first instance. Perhaps I may explain why it was that they sought for a charter of incorporation, and a separate and independent college; it arose from the fact that there are a number of persons practising in this country as general practitioners, under various qualifications; we understand a legally qualified general practitioner to be a person who possesses a diploma of the College of Surgeons, and, likewise, a licence of the Society of Apothecaries; but it has so happened that Scotch graduates and Irish graduates, and members of the College of Surgeons who are not also licentiates of the Society of Apothecaries, and licentiates of the Apothecaries' Society who are not members of the College of Surgeons, are all practising indiscriminately, as general practitioners in this country, in medicine, surgery, and midwifery; whereas the law, as it at present stands, provides that any one who practises as an apothecary in England or Wales ought to possess a licence of the Society of Apothecaries; the object was, after a great deal of consideration, to collect into one fold, as it were, all those gentlemen who were practising under these different professional qualifications; to collect them into one college, in the first instance; to incorporate them, and, as they were far too numerous to prosecute or to compel to conform to the law, to confer, by enrolling them in this new institution in the first instance, an indemnity for the past, on the condition that under this charter, and sanctioned by an act of Parliament, we should have the power to provide security for the future.

By security, you mean a proper security for the good education and adequate instruction of the persons thereafter to practise as general practitioners, and for the suppression of any person as a practitioner who had not obtained a certificate, and had not received the proper instruction?—Yes; the result was, that a series of resolutions were proposed and seconded, and carried, I may almost say unanimously, at that meeting; among them is this, "That the voluntary enrolment of nearly 4000 general practitioners from all parts of the kingdom as members of this association, within the short period of three months, exceeds in numerical strength any medical association that has been formed in this country, and demonstrates a unanimity of purpose hitherto deemed unattainable by the medical profession; it is accordingly resolved, that this association do henceforth adopt the title of 'The National Association of General Practitioners in Medicine, Surgery, and Midwifery.'" That gives the name; then it states, and I wish particularly to draw the attention of the committee to this important fact, that connected with the objects which both the National Association and the National Institute have had in view was this: that from the very commencement, among the earliest resolutions passed, it advocated the necessity of a separate and independent charter of incorporation for the general practitioners; the following resolution was passed at this meeting, Mr. Bottomly seconded it: that "The meeting

desires further to express its thanks to the Apothecaries' Society for the disinterested conduct they have evinced in disclaiming any corporate or particular interest while advocating the claims of the general practitioner to a separate and independent incorporation; the meeting trusts that the society, at the present important crisis, will be ready to intimate to the Government its desire to be relieved, as a corporation, from any further control over medical affairs, and that it will use its best endeavours to forward the wishes of the great body of general practitioners in securing their proper position in the present medical arrangements of the Government;" that was on the 14th of March; those regulations were advertised in the *Times* newspaper on the 18th of March; they were advertised in several other newspapers; we have copies of the advertisements, which verify the fact of all this having been completely made known to the profession in every possible way; the meeting of the 14th of March, among other resolutions, passed one empowering the committee "to continue their exertions as a committee, with full power to adopt all such measures as they may deem expedient for the purpose of obtaining a charter of incorporation for the general practitioners, with a proper modification of the bill, and of bringing all the objects of the association to a satisfactory termination."

Did the committee take measures in consequence of that resolution?—The committee did take measures in consequence of that resolution.

When were the heads of the charter prepared?—The heads of the charter were submitted at that meeting in the report that was read in the first instance; I will read the general heads of charter that were submitted to the meeting, and upon which those resolutions were founded; it proposed a College of General Practitioners in Medicine, Surgery, and Midwifery, with a common seal, &c.; it proposed, in the first instance, to incorporate "every gentleman who was in actual practice previous to the 1st of August in the year 1815, and every licentiate of the Apothecaries' Society, also every member of the Royal Colleges of Surgeons in England, Ireland, or Scotland, every doctor or bachelor in medicine of any university of the United Kingdom; and every fellow or licentiate of any College of Physicians in the United Kingdom, who shall have been respectively in actual practice as a general practitioner in England or Wales at the period of the granting of the charter, and who shall be enrolled a member within twelve months from the date of the charter; subsequently, such persons only as shall have been duly examined and certified, and shall have brought themselves within the scope of the charter and the by-laws." I ought to take the opportunity of stating that those suggestions have received some modifications in proportion as time has gone on.

Those were the general heads which were submitted to that meeting, in reference to which the provisional council received instructions to take steps to prepare a charter?—Precisely.

What steps did the provisional council take in consequence of that?—The committee memorialized Government, praying for a charter of incorporation upon those principles.

Did they in their memorial to Government submit any draught of a charter?—Not at first, but ultimately they did.

When did they transmit the draught of a charter?—The draught of a charter was submitted to Sir James Graham, after it had been submitted to the Society of Apothecaries for their approval.

When was that submitted to Sir James Graham?—After a deputation had waited upon him, on which occasion Sir James Graham requested that the heads of a charter should be furnished to him.

What was the date?—It was in the month of April, 1845.

Was your proposal of a charter entertained or rejected, or did it remain over for consideration?—Sir James Graham stated that, before he could advise the Crown to adopt it, he desired to be assured of certain points, namely, that we, the party applying for it, really represented the body of general practitioners, not only of the metropolis, but of the provinces, and that the Society of Apothecaries were willing to relinquish their corporate privileges; and Sir James Graham wished to know that all chance of reconciliation with the College of Surgeons was at an end.

You say "corporate privileges;" in speaking of the Apothecaries' Society, you mean their power of licensing practitioners?—It was merely their power of licensing practitioners; Sir James Graham was satisfied upon all those points, that the charter of incorporation was really desired by the majority of general practitioners, and that the Society of Apothecaries were ready to relinquish that power.

Were any steps taken to satisfy the Secretary of State upon these points?—There was a misapprehension existing as to our being reconciled to the College of Surgeons; if all the general practitioners were members of the College of Surgeons, and if the National Association consisted entirely of members of the College of Surgeons, there can be no doubt the energies and efforts of the association would be directed to ascertain the point whether it was practicable so to liberalize the council of the College of Surgeons as to satisfy the demands of its members; but the National Association contained amongst others many gentlemen who were not members of the College of Surgeons, and it was not to be supposed that the College of Surgeons could by possibility admit the whole of those parties, or that it was practicable to make it the kind of institution which was required by those who were engaged in general practice.

Were any steps taken to satisfy the Secretary of State upon that point?—Every possible step was taken; he was made acquainted with the letters, in the first instance, requesting to be enrolled as members, and he was perfectly satisfied as to the course which had been adopted by the committee of the National Association to ascertain the opinion of the general practitioners.

When did you transmit the proposed heads of charter to the members of the association?—In the interval that elapsed between the first meeting and others held subsequently.

Did you ever transmit to the profession the charter, as it was laid before the Secretary of State?—We transmitted the heads.

Was that before it was laid before the Secretary of State, or subsequently?—It was on both occasions, I believe.

Did you lay before the Secretary of State the draught charter?—Yes; consequent upon the meeting I have spoken of, negotiations were opened with the Society of Apothecaries, and, likewise, with the Secretary of State; and when the Secretary of State was satisfied that we did represent the opinions of the mass of the general practitioners of this country, he requested that we would form a joint deputation with the Society of Apothecaries, as the parties who were to surrender certain privileges, and as the parties who were to accept certain privileges; and that that joint deputation should be a body authorized upon the one hand to surrender, and upon the other to accept, any charter of incorporation which her Majesty, by the advice of her Privy Council, might be disposed to grant. That deputation were permitted to have several interviews with the law-officers of the Crown, for the purpose of framing a charter, and a charter was framed in accordance with the principles agreed upon at the general meeting held on the 14th of March, and, likewise, in accordance with those principles which were agreed upon by the Society of Apothecaries at the meeting of their own court of assistants.

Have you the charter?—We have not.

Have you any copy of it?—We have only a copy of suggestions.

Did you keep no copy of the charter?—We have a rough draught; it can hardly be considered as a charter, but it is in accordance with the principles we have been laying down. We were given to understand, at the commencement, that the application for a charter of incorporation was to be considered as part of a general measure; that it was not a private charter to be granted to us, or a charter of that kind, but that it would be framed at the Home Office, and form part of a general measure which Sir James Graham then contemplated bringing in.

You cannot furnish to the committee a copy of the draught you sent to the Home Office?—I cannot.

But you did furnish a copy of the draught to the Home Office, which contained all the provisions that the Apothecaries' Society intended to be contained in the charter?—Yes.

That charter was not granted?—It was not; it was proposed to be granted; Sir James Graham introduced a bill upon the 7th of May, in which he signified his intention of incorporating the general practitioners, as a part of that measure.

The charter, as sent to the Home Office, was never communicated to the practitioners generally?—No; we were informed that it was not usual to do so.

The principal provisions, or at least the heads of those provisions, had been submitted previously to the general practitioners, and received their sanction, as you understood?—Clearly.

Has there been any proposition to take a charter subsequently to this?—The council, both of the National Association and the National Institute, believed that, as a preliminary measure to the settlement of the medical question, a charter of incorporation should be granted to the general practitioners, and an application was made to Sir James Graham to know whether he would, when he had withdrawn all his bills, be prepared, on the petition of the members of the joint deputation, acting as well on behalf of the Society of Apothecaries as of the National Association, to advise the incorporation of the general practitioners in a Royal College of Medicine, Surgery, and Midwifery, invested with adequate powers to examine candidates for their diploma. The reply to that was, that he was not prepared, under present circumstances, to advise the Crown to grant a charter of that nature.

Was that application to Sir James Graham made both by the National Association and the National Institute?—It was made by the Society of Apothecaries and the National Association, through a joint deputation, on the 13th of February, 1846.

Had the National Institute then been in existence?—It was not then in existence.

When did it come into existence?—In May, 1846, it was called into existence.

Since it has been in existence has any renewed application been made for a charter?—There has; Sir George Grey was memorialized to grant a charter of incorporation to the general practitioners, as a preliminary step.

When was that memorial laid before the Home Office?—At the end of December, 1846, the National Institute having been formed in May, 1846.

(To be continued.)

DOINGS IN PRIVATE LUNATIC ASYLUMS.

At the Gloucestershire Trinity Sessions a discussion on a subject of considerable importance arose out of an application made by Dr. Bompass, of the Fishponds, near Bristol, for the renewal of the licence to his residence as a private lunatic asylum. It appeared that the management of this establishment had been complained of, both by the visiting commissioners and by the visiting justices, as being lax, and marked by modes of restraint and coercion which in the modern and improved system of treatment of the insane have been exploded as cruel and hurtful. The reports of the visitors alluded to some patients having been received into the establishment without due regard to the requirement of the law, which insists upon two separate medical certificates, except in cases of emergency; and it was also stated that patients had been detained in the establishment after, in the opinion of the visitors,

they were in a fit condition to be removed; and, furthermore, it was complained that two detached houses not included in the plan and licence of sessions had been opened by Dr. Bompass for the reception of one patient in each. A patient named Evely, who, it appeared, was a gentleman of birth and education, stated to the visitors that he had been subjected to very harsh treatment and abusive language by the keepers of the asylum; that he had requested the use of a common prayer-book, which had been denied to him; that a letter to a visiting justice had been intercepted and prevented reaching its destination; that, under pretence that he was violent, he had been forcibly thrust into the strong room, his hands placed in handcuffs, his shoes taken from him, and he was there left to stand or lie upon the stone flooring until night, when he was dragged to his bed, and fastened in it by an iron chain, and remained chained down until the morning. Another patient, whom the visitors directed to be discharged, as they thought he had been improperly detained, complained that he had been kept there a year and a half, and had been vexatiously refused permission to walk in the garden and shrubberies, but had been told that he might walk in the country, which was not what he desired, as, under the circumstances of his being an inmate of the insane establishment, he felt hurt at meeting persons to whom he was known.

The chairman said this establishment had been licensed this time last year, for twelve months, to the late Dr. Bompass, who died in the interval; and the visiting justices, under a clause in the act of Parliament, authorized a continuance of the remainder of the licence to the widow until the next quarter sessions. When the licence was granted, a plan of the premises was produced to the court, but it seemed that, in addition to the premises composed in the plan, two detached houses had been opened for the reception of patients, and in each of these houses one patient was kept; and it was contended by the proprietor that under the act of Parliament he was entitled to do this without these houses being subjected to the surveillance of the visiting justices.

The visiting justices contend that these houses, although containing only one patient each, cannot be legally opened by any person keeping a licensed establishment; and, if they can be so opened, then the justices have no legal right of inspection, and, therefore, they ought not to go where they could exercise no power.

The report of the commissioners stated that there were confined in the asylum forty-seven patients, of whom twenty-four were males and twenty-three were females, and that mechanical coercion appeared to be used occasionally, and that, though in a mild form, it was objectionable in its character and results; that the entries in the medical book were not made with the care and regularity which the act of Parliament required; and that two or three patients had been admitted into the asylum without a duplicate medical certificate. That no entry had been made in the medical journal for twenty days, which they considered to be a very reprehensible irregularity. This was followed by the reading of portions of the visiting justices' report, especially that which regarded the patient Evely, who was a patient, born and educated a gentleman, and had been subjected to the restraint of being fastened in his bed by an unpadded iron chain, and which chain was fastened by three locks.

The chain which had been used in this case was exactly the same as that which was used to fasten the legs of horses together to prevent their straying, and it was not in any way covered so as to protect the patient.

A discussion then arose whether the present Dr. Bompass was competent to take the management of so large and responsible an establishment, and it was resolved that, instead of granting his licence for twelve months, it should be only for six months.

GOSSIP OF THE WEEK.

HONORARY DEGREE TO DR. WRIGHT, OF BIRMINGHAM.

The honorary degree of D.C.L. has recently been conferred upon our talented correspondent, Dr. Wright, of Birmingham, by one of the continental universities, in acknowledgment of his contributions to medical science, by his treatises on Saliva, and on Expectoration, as a means of diagnosis in diseases of the lungs.

Medical Reform.—Mr. Edwin Lee has requested us to state that all his pamphlets on medical reform are gratuitously distributed to the profession.

University of Edinburgh. — Dr. Hughes Bennett is spoken of as Professor of the Institutes of Medicine in the University of Edinburgh.

Sanitary Reform as Affecting Cattle.—Sanitary measures have proved that some of the chief causes of disease affect all animal as well as human life. The economical effects of the disease shown to be preventible have been stated to be that they place every community, new or old, in respect to its productive economy, in the position which the farmer will understand by the like effects upon his cattle, which in order to get one horse two colts must be reared, and the natural period of work of the one reared is, by disease and premature death, reduced by one-third or one-half. In the last number of "The Journal of the Highland Society of Scotland" there is a paper by Dr. Mercer, of Edinburgh, on the epidemic pleura-pneumonia, or influenza of cattle. The paper shows that these views are now gaining ground amongst the leading agriculturists of Scotland. When the knowledge of the facts such as are set forth in the paper with respect to cattle are diffused in England, we may hope to see less opposition to sanitary measures for the population. Our millions of cattle population, Dr. Mercer shows, stand as much in want of sanitary improvements as our millions of creation's lords; and the means and appliances for effecting the object are the same in both cases.

The Cholera. — The following quarantine regulations with reference to the Russian Baltic ports have been adopted at Lubeck:—A decree, issued by the senate to-day, imposes a quarantine of five days (the days occupied by the voyage included) upon all vessels coming from ports in which the cholera has broken out, or from those which are suspected. It appears that these regulations have been principally formed with reference to the extensive trade and navigation between this port and Sweden, where extraordinarily prohibitory regulations exist. By limiting the quarantine to five days, the continuance of the communication by steam with St. Petersburg will be allowed, and it is to be supposed that the necessary regulations have been adopted for the purpose of placing no obstacle in the way of the transmission of letters and despatches. The above order decrees, as before mentioned, a "quarantine of observation" of five days (the days occupied by the voyage included) for all vessels coming from those ports infected by the cholera, or those suspected of infection. The order contains the following regulation:—"Should a vessel have had any one affected with cholera on board during her voyage, and should such person be cured or already dead, it will be subjected to a quarantine of ten days, reckoned from the day of her arrival in Travemunde Roads, and during this period the clothes and bedding of the crew must be thoroughly purified. Vessels which during their voyage have had communication with others having persons affected with cholera on board, or coming from ports which at the time of their departure were either infected with cholera or suspected, are subjected to a quarantine of five days, reckoned from the period of the last communication. In reference to vessels having persons affected with cholera on board at the time of their arrival, or on board which cholera should break out during their quarantine, the necessary precautions for security will be adopted by special measures. All vessels lying in quarantine are ordered to obey unconditionally the quarantine authorities, and to abstain from any communication with the land. For the present, since the cholera has already broken out in St. Petersburg, all vessels coming from the Russian Baltic ports, and the other ports on the Gulf of Finland, as well as from the ports on the south coast of Finland, as far as Hangoudd inclusive, are to be treated according to this order."

The Cholera at St. Petersburg.—The following is an extract from a letter dated St. Petersburg, June 19 (July 1):—"The cholera has now raged here for more than a week, and about 800 cases are reported daily. The great mortality among the Moujiks has led them, in their ignorance, to believe that they are being poisoned wholesale, and yesterday several disturbances took place, in consequence of some of the people attacking persons whom they suspected of strewing poison over the provisions exposed for sale in the markets. One man was beaten to such a degree that he has since expired, and a respectable English merchant (resident of this place) who attempted to interfere was hardly able to escape a similar fate. Summary punishment has, however, been inflicted by the authorities on the poor deluded Moujiks who were the principal aggressors, for three of them were this morning publicly flogged in the same market-place. During the flogging the Emperor arrived and stopped the punishment, so that one of the men got off scot-free. He then addressed the crowd, representing to them the unlawfulness of their proceedings in taking the law into their own hands, and warned them, at their peril, not to act similarly on future occasions. He spoke very energetically, and what he said seemed to have great effect on his audience. In conclusion, he told them that if they saw anything suspicious, they were to denounce the parties they suspected to the police authorities, who would then investigate the matter, and punish them if found guilty of anything wrong. The tall commanding figure of the Emperor, with his eager-like look; the swarthy features of the bearded Moujiks, with their hats off; their looks of appeal to his Majesty, whom they revere and fear as children do their father; all this together formed a picture which will not easily be forgotten by those who were present. It is rumoured that troops are being concentrated in the town, for fear of disturbances to-morrow (Sunday). One Englishman here, an ironfounder, who employs about 3000 men, will have a grand religious ceremony on his premises to-morrow, in order to keep his people's minds engaged, and to deter them from roaming about and falling into danger. It is said that the malignity of the disease is decreasing, as cases are now cured, whereas during the first few days none recovered who were attacked."

Chloroform a Remedy for Asthma.—Mr. Merrifield, a barrister, residing at Brighton, writes to us that he has almost entirely recovered from one of the worst cases of dry spasmodic asthma, by inhaling chloroform. He inhales about fifteen measured drops, from thick filtering or blotting paper, placed on a silk handkerchief folded, on going to bed, and afterwards the same quantity as often as attacked. In his case it afforded immediate relief. Previous to his commencing taking it he was unable to lie down in any bed for months; but now he is able to lie down and sleep, undisturbed. He says it has also succeeded in a case of spasmodic croup.

New Method of Separating Metallic Ores.—Both here and in Peru, it is said, the miners are quite mad about a new method of separating the metals from the ores by means of salt and water, without the use of quicksilver; but this system has only been found to answer in a few individual cases, and can only be applied to a

peculiar sort of ore. The introduction of the plan has, however, undoubtedly rendered the miners shy of purchasing any more quicksilver than they absolutely require to carry on their operations. It remains, therefore, to be seen if it will answer their expectations, and in a few months the question will be decided.

THE LATE ARCHBISHOP OF PARIS.—The *post-mortem* examination of the Archbishop of Paris was made by Drs. Guenеau de Mussy and Vignolot, in presence of several other members of the faculty. The ball was found to have penetrated into the right side of the lumbar region. It had followed an oblique direction, and, coming in contact with the lower vertebræ, fractured them, and thence went again in an upward direction, and lodged in the muscles of the left loin, wounding all the vessels adjoining.

According to an official return, published in the *Moniteur*, 1179 wounded still remained in the civil hospitals of Paris on Saturday.

Statement of the Wounded received in the different Hospitals of Paris from the 23rd to the 28th of June, 1848.

	Civilians.	Soldiers, Gardes Mobiles et Garde Repub.	Women.	Total.
Wounded received the 23rd to the 28th of June....	773	813	33	1619
Amount of the dead brought to hospitals	127	33	2	162
	900	846	35	1781
Wounded who left the hospitals from the 23rd to the 28th of June	51	104	2	157
Wounded who died from the 23rd to the 28th of June	115	77	3	195
Corpses brought to the hospitals....	127	33	2	162
	293	204	7	514
Wounded remaining in hospitals on the 29th, evening	607	642	28	1277
Wounded in the temporary hospitals.....	..	..	..	364

MORTALITY TABLE.

For the Week ending Saturday, July 8, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	970	972
SPECIFIED CAUSES...	969	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	338	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	45	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	94	120
Diseases of the Lungs, and of the other Organs of Respiration	76	80
Diseases of the Heart and Blood-vessels.....	28	28
Diseases of the Stomach, Liver, and other organs of Digestion	70	79
Diseases of the Kidneys, &c.	11	8
Childbirth, Diseases of the Uterus, &c.	5	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	3	7
Diseases of the Skin, Cellular Tissue, &c.	2	1
Old Age.....	25	50
Violence, Privation, Cold, and Intemperance.....	13	31

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

Dr. Knox's valuable paper "On the Importance of the Sphenoid Bone and its due Development in Man" in our next.

"A Hater of Quackery."—The whole of the facts not being stated, we cannot offer an opinion.

"M. R. C. S. L."—The celebrated surgeon, Mr. Skey, we believe.

"An Old Practitioner."—Yes.

"Delta."—The suggestions are valuable, and shall be attended to.

"Anglican."—There is no such officer in the University of Edinburgh.

"Chemicus" on Empirical Formulæ is under consideration.

"Indoctus."—Caius College, Cambridge, is not *the* college where students who are more especially intended for the medical profession study, but Downing.

"Argus"—We have not yet decided.

"Mr. Gregory" will receive all the information he needs, by addressing a letter to the secretary of the Apothecaries' Society.

"Dr. Baynard."—A private letter was sent early in the week.

"A Poor-law Surgeon."—The chief commissioner should be memorialized.

"N. G. N."—Yes; any morning before twelve o'clock.

"Steadfast."—1. Probably not this session. 2. The report is now published.

"Studens, Bristol."—The term generally includes diseases simulated by impostors; and also those which, though real, have been voluntarily induced or aggravated.

"Chirurgus."—We should think, from our correspondent's description, that the parotid gland has been wounded, and there is danger of a salivary fistula.

"Galen Secundus."—Yes; his doctrines reigned triumphant till the sixteenth century, when Paracelsus, backed by the chemical sect, made a furious attack on his disciples.

"T. C. D."—The remarks of our correspondent are not new.

"Homo."—We cannot state exactly how many lectures will complete the course; probably about a dozen.

"F. R. S." shall have his request attended to.

"Medico-Chirurgus" informs us that in a case of tic douloureux which had existed for four years, and had resisted bark, arsenic, opium, iron, and quinine, he employed, with success, galvanism. Our correspondent does not, however, inform us how he applied the current.

"An Old Obstetric Practitioner" writes as follows:—"I have, during the time I have been in practice, delivered upwards of 5000 women, and amongst these I have had heard, foot, breech, and arm presentations. I have never, however, had to encounter a case of placenta prævia, of which so much lately has been said and written. I have consulted many old practitioners with whom I am acquainted, and they, also, inform me that they have never been *fortunate* enough to see a case. Now, I do not mean to say that the placenta is never planted, either partially or completely, over the os uteri, as I have no doubt that cases of this kind do occasionally occur; but what I think is, that a good many *cases* are got up, merely for the purpose of giving the concoctors a little notoriety as clever men. As chloroform has only been employed within the last few months, and as my work is nearly finished, I shall never use it in midwifery. I hope my young brethren will be cautious, for I cannot help thinking that there must be a good deal of risk to the life of a patient; and there are very few midwifery cases that will not be better without than with chloroform."

"Aleph."—Three kinds of leprosy seem to have existed amongst the ancient Hebrews, two of which were contagious. Consult Dr. Mason Good's "Study of Medicine."

"A Parent."—In all probability apprenticeship would be abolished, or greatly modified, "under a new order of things."

"A Student of Medicine, Newcastle."—We have not heard that the examiners at the College "intend making candidates for the member's diploma dissect and perform surgical operations on the dead body before them."

"Simon Pure" is inadmissible.

"Mr. S. Mansfield."—Communication received.

"Spectator."—Yes.

"Omicron."—Malacosteon—mollities ossium.

"Adolescens."—Matriculation is necessary before entering with any professor in the University of Edinburgh.

"One about to Commence his Medical Studies."—1. The Royal Infirmary, Edinburgh, contains 300 beds; the fee for a year's attendance on the surgical practice is £5. 7s. 6d. 2. St. Bartholomew's Hospital, London, for one year, £26. 5s.

"L. A. S., Colchester."—It is not necessary to be a member of the College, in order to obtain admission to the museum.

"A Constant Reader, Aspatria."—We do not know of any such institution.

"A General Practitioner."—The old regulation restricting the fellowship, as a matter of right, to the graduates of Oxford, Cambridge, and Trinity College, was repealed in 1835.

"Mr. Eldred."—The mistake is not of much importance.

"Justitia."—The debt is not recoverable at law—our correspondent not being a licentiate of the Apothecaries' Company.

"Fiddle-de-dee."—The "Lines on Sergeant Storks's Wig" are witty, but inadmissible.

"M. D., Edinburgh."—Subcutaneous section is an operation both simple and safe.

"E. A. T." received.

"Josephus" should take his question, with a fee, to some respectable medical practitioner.

"Amicus."—We cannot give an average. Such things vary much, and we are not acquainted with any statistics to refer to.

"M. D." is certainly liable. The Company, however, will not prosecute.

"Assistant-Surgeon, R.N.," shall receive a private communication.

"A. B. C."—Mr. Guthrie's lectures "On Injuries of the Arteries" were published in vol. xiv. of the *Medical Times*.

"B., Bath."—The payment is one guinea annually.

"Dr. Smith."—Communication received.

"J. P.'s" note has been anticipated.

"C. S., Brighton," requests the editor of the *Medical Times* to inform him in his next publication whether the degree of M.D. taken at St. Andrew's ranks equally with that of Aberdeen? Yes.

"Medicus."—1. Surgeons of emigrant ships are not required to settle in the colony with the emigrants. 2. He must make the best terms he can in order to defray his expenses back.

"Mr. Hutchinson, Cheatham-hill, Manchester."—Communication received.

"Junior Medicus."—Received.

"Amigos."—1. It would be handed over to a succeeding Government. 2. In all probability it would be proceeded with.

"Mr. Lee's" request shall be attended to.

"A Subscriber."—The motto is not correctly quoted by our correspondent.

CORONERS' INQUESTS.—A correspondent, favouring our views "in most matters," sends us, from the *Daily News*, a confirmation of them in one. It has reference to the Robinson case of death by chloroform:—"This matter, however, raises another question—one of public importance, inasmuch as the parties to it are the public press and Mr. Wakley, as coroner. It is well known that before that gentleman's election to the office one of his strongest promises was that he would throw open inquest courts to the public in every possible way. It has happened, on the contrary, that since he has filled the office no coroner has managed to exclude reporters more frequently. Either he has chosen to hold his court in the residence of the deceased, and has excluded reporters on the plea of the sacredness of the private hearth; or, as in the present instance, the court has been summoned too hastily even for the vigilance—and that can hardly be exceeded—of the occasional reporters who make it their business to report that class of proceedings."

"Mr. D. Radford, Bedford-street, Plymouth."—We cannot give the address.

"Mr. Charles Butler," on Poor-law Medical Relief, received.

"Homo-Medicus."—The several boards mentioned do not require the Apothecaries' certificate.

"Mr. Sidney R. Robinson."—The sheet cannot be had separately.

"S. R. R."—Yes.

"Opifer."—The formula for chloral is $C_4\ Cl_3\ O + HO.$; for chloroform, $C_2H\ Cl_3$.

Letters and communications have also been received from Dr. Knox; A Hater of Quackery; M. R. C. S. L.; An Old Practitioner; Delta; Anglican; Chemicus; Indoctus; Argus; Mr. Gregory; Dr. Baynard; A Poor-law Surgeon; N. G. N.; Steadfast; Studens, Bristol; Chirurgus; Galen Secundus; T. C. D.; Homo; F. R. S.; Medico-Chirurgus; An Old Obstetric Practitioner; Aleph; A Parent; A Student of Medicine, Newcastle; Simon Pure; Mr. S. Mansfield; Spectator; Omicron; Adolescens; One about to Commence his Medical Studies; L. A. S., Colchester; A Constant Reader, Aspatria; A General Practitioner; Mr. Eldred; Justitia; Fiddle-de-dee; M. D., Edinburgh; E. A. T.; Josephus; Amicus; M. D.; A. B. C.; B., Bath; Dr. Smith; J. P.; C. S., Brighton; Medicus; Mr. Hutchinson, Cheatham-hill, Manchester; Junior Medicus; Amigos; Mr. Lee; A Subscriber; Mr. D. Radford, Bedford-street, Plymouth; Mr. Charles Butler; Homo-Medicus; Opifer; Mr. Sidney R. Robinson; S. R. R.; &c. &c.

THE PHARMACEUTICAL TIMES is the only chemical journal published at its own office, and which is free from the control of all booksellers and publishers. Gentlemen may procure it by an order on any newsman or bookseller, or it will be sent direct from the office of the *Pharmaceutical Times* to annual subscribers sending a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, one guinea in advance, which will free them for twelve months. Half-yearly subscription, 13s.; quarterly, 6s. 6d. No number of the *Pharmaceutical Times* can be forwarded except to gentlemen paying in advance.

No. 460. **SUMMARY.** July 22.

ORIGINAL LECTURES—
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 183
Clinical Lectures on the Gravity and Treatment of Fractures and Wounds by Firearms, by M. VELPEAU 184
ORIGINAL CONTRIBUTIONS—
A Key to Cholera, by W. G. MAXWELL, M.D. Calcutta 185
HOSPITAL REPORTS—
Hopital St. Pierre 187
Royal Medical and Chirurgical Society 188
Observations on Ochlesis, or the Disorder generated by the Accumulation of Sick 188
On the Minute Anatomy of the Emphysematous Lung 188
Cases Illustrative of some Consequences of Local Injury 189
Cork Cuvierian Society—Chloroform and Ether 189
Cranium of a Fatuous Adult 190
Importance of the Sphenoid Bone and its Due Development in Man, by Dr. KNOX 190
Table of Measurements of the Sphenoid Bone in different Races of Men, and in different Ages, by C. H. HALLETT, Esq. 190
REVIEWS—
On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connection of Diabetes, Calculus, &c., with Indigestion; by W. Prout, M.D. 191
Treatise on the Falsifications of Food, and the Chemical Means employed to detect them, by John Mitchell 191
Popular Lectures on the Prevailing Diseases of Towns, by Wm. Kebbell 192
LEADERS—
The Upton Poor-law Union Surgeons' Appeal to the Profession 192
The Fate of Anæsthetic Agents Decided—Deaths from Chloroform in England, France, and America 192
Advance of the Asiatic Cholera Westward 193
The Poor-law Committee 193
On Poor-law Medical Relief 193
Surgeons of Emigrant Ships 194
Mr. James Bird on Medical Reform 194
Deaths from Chloroform in France 195
Death from Chloroform in India 195
Death from Chloroform in the United States 195
GOSSIP OF THE WEEK 196
MORTALITY TABLE 198
TO CORRESPONDENTS 198

ORIGINAL LECTURES.

A COURSE OF LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXVIII.

(Continued from page 149.)

Gentlemen,—In bringing my remarks on gunshot wounds to a close I shall briefly recapitulate the circumstances under which it is important that amputation should be immediately performed. First, when bones are much shattered or comminuted, and the soft parts severely lacerated or torn away. If a bone were not much shattered, being broken in one or two places only, and the main vessels and nerves were not touched, you ought to give the patient a chance of preserving his limb; but, where the injury is such as I have just stated, amputation should not be delayed. Secondly, when a great portion of the whole thickness of a limb has been carried away by a cannon ball. Sometimes, indeed, the ball or piece of shell takes the limb off near a joint; thus the arm has been taken off close to the shoulder, or at the joint itself, together with the acromion or coracoid process. All you can do in such cases is to free the wound from extraneous substances and stop hemorrhage if it be going on. If the patient survives the shock he will run great risk of violent inflammation and profuse suppuration, and other evils, one of the greatest of which is inflammation of the internal organs. Thirdly, when the femoral artery is injured, with fracture of the thighbone, amputation should be immediately performed. Fourthly, if the main artery and nerve of a limb be both injured by a gunshot, and also if a great mass of the soft parts of a limb are torn away, amputation should not be long delayed. Fifthly, a fracture from grapeshot wounds when the muscles and one of the principal nerves are also lacerated, although the main artery be not injured, is a case calling for prompt amputation. Sixthly, all surgeons are agreed that when a large joint is wounded, as the knee for instance, immediate amputation is necessary. So also when the ball has passed through the spongy part of a bone, near a large joint, or through the joint itself, especially when the synovial membrane is extensively opened and the comminution is considerable. When the ball lodges in the articular head of the bone, or is so impacted as to render extraction impracticable, some difference of opinion exists as to the propriety of immediate amputation. Perhaps when the ball is lodged in the head of the bone, as in the specimen on the table, where the ball lodged in the head of the humerus, it would be better to remove the head of the bone. Seventhly, when a bone has been extensively exposed by a cannon-ball or shell; here the medullary texture is injured, and the muscles are contused and torn, the limb is numb, and the foot cold. Mortification will certainly supervene unless immediate amputation be performed. These are the principal points to be regarded in connection with those to which I have previously called your attention. You must remember that you cannot amputate in the suppurative stage of one of these wounds; the patient is too week to bear it; you should, therefore, be exceedingly careful to satisfy yourself of the chances of saving the limb, while gangrene may yet be averted. You should also pay great attention to the remarks made upon the removal of balls. A general officer came to England some years ago, after having consulted some of the first surgeons on the Continent, to see Sir Charles Bell. He had been wounded by a ball which it was believed was impacted in the lower part of the poplitcal space. On amputation it was found that the ball might have been removed. The inflammation of the internal organ, of which I spoke as following gunshot wounds in some cases, when the patient is in a convalescent state, has been explained by some to arise from a too rapid return to generous diet. It was thus that Dupuytren accounted for the inflammation of the lungs and liver which was so common in the convalescent hospital at St. Cloud. The citizens, out of gratitude and admiration of the men who fought with courage, and had been wounded in the popular cause, brought all kinds of luxuries for the patients, and many who had passed through the danger of severe wounds fell victims to inflammation of the viscera. Military surgeons believe that soldiers, both in the early and later stage of the treatment of gunshot wounds, require a better diet than others; they argue that the soldiers are generally men in full health, strong, hearty fellows, who are thrown all at once into a condition of great danger, and that if their usual sustenance be withheld they soon sink. Whether this reasoning be correct or no I cannot say, but there is one observation made by Dupuytren which is very just, that great regard must be paid to previous habits. Thus, the Cossacks who were brought into the Hôtel Dieu in 1814 were able to eat ten times as much with impunity as a Spaniard in health.

The description which has been given of gunshot wounds will have led you to understand very much of the nature of lacerated and contused wounds in general, of which they are in fact the worst description; but there are lacerated and contused wounds worthy of distinct notice. I may say that some lacerated wounds which are not accompanied with so great a degree of contusion will admit of union by the first intention. If you refer to the "Transactions of the Medical and Chirurgical Society," you will find recorded a case where the bottom of the hip was severely lacerated by the bite of a shark. A man while bathing was suddenly attacked by a shark, and but for the bone the whole of the lower extremities would have been bitten off; nevertheless the parts were brought and kept together by sutures, and the man recovered.

In mentioning such an extreme case as this, I ought to say that the man was a native of the country where this happened, and most likely he was to some extent indebted to that fact for his recovery—the state of his constitution enabling him the better to endure the pain and exhaustion involved in this occurrence. You have, also, contused and lacerated wounds of the scalp, and in these cases union takes place more or less by the first intention; and when the contusion is under a certain amount, notwithstanding the surfaces may be very irregular, partial union is a very common occurrence. In these cases, however, you find that suppuration sometimes follows, and matter collects between the scalp and cranium. You are then to make a free outlet for the matter. You must be very careful to lay the edges of the wound accurately together, and where there is much irregularity make use of sutures, and keep the angles in their place. You must never cut off any of the flaps of the wound, however irregular they may be, as the healing of the wound may be very much retarded by the want of them, while you make that disfigurement certain which is the worst consequence that could result from their sloughing.

The next class of wounds which we shall consider is that of poisoned wounds. I need not stop to describe every kind of poisoned wounds; there are three classes which I shall speak of; the bites of rabid animals; the bites of venomous snakes, particularly the adder; and, as is usual, the pricks and wounds of dissection. The stings of bees and wasps are, indeed, poisoned wounds, but these are not productive of consequences sufficiently serious to engage our attention. The bites of certain rabid animals, as cats, dogs, and wolves, form a most formidable class of poisoned wounds. Though animals of this kind are capable by their bites of communicating hydrophobia, it it is an unsettled point if herbivorous animals are capable of doing so. It was not until 1813 that it was known of certainty that the disease could be propagated from man to animals; but at that time two eminent surgeons in France took saliva from patients far advanced in the disease, and inoculated two dogs, both of which died in consequence, but not until one of them had bitten another dog, which also died of hydrophobia. The terrible constitutional disorder, hydrophobia, does not always follow the bite of a rabid dog, but the calculations on this point do not entirely agree. Dr. Mordan reckons that only one in sixteen who are bitten have the constitutional disorder, but this is too low a computation. Calculations have been made and records kept of the effects from bites of rabid wolves, and two-thirds have been known to be seized with hydrophobia. We can readily conceive that the bite of a wolf must be more perilous than that of a cat or a small dog; the size of the teeth would be a cause for this. Another circumstance tending to increase the probability of hydrophobia is when the part bitten has been uncovered, as the

clothing may be supposed to diminish to some extent the quantity of poisonous matter finding its way into the wound. The interval of time elapsing between the reception of a bite and the appearance of hydrophobia varies in different cases: out of one hundred and thirty-one bites which were recorded, in only one did hydrophobia manifest itself by the third day, and only three before the eighteenth day. The period of greatest danger is between the fourth and sixth week, and after this period the longer the patient continues well the less is the risk. The chances of hydrophobia will diminish daily after the sixth week. I must say I have read cases in which hydrophobia is said to have come on at a much greater distance of time than I have mentioned—some, for instance, are said to have occurred ten or fifteen years afterwards; but in all these cases there is something which vitiates their authenticity: the persons were of very irregular habits—drunken people who would often lie out all night about the streets, and who, therefore, might be easily licked without being aware of it by some rabid dog whilst in a state of intoxication. It is not the custom of surgeons to place much confidence in these statements, still the grounds for disbelieving them are negative rather than positive, and we have no proof of the impossibility of such an occurrence. The disease is divided into two stages. In some cases the first stage comes on when the bite has healed up, as it naturally would do in a short time. If, however, there be constitutional illness, the wound puts on an unhealthy appearance, swells and discharges a thin sanious matter, and the swelling extends up the shoulder, if the bite be in the hand, and affects the trapezius muscle. In some cases there are swelling and festering, and in some others there is neither pain nor swelling. In the first stage of hydrophobia, which is frequently overlooked, the patient is feverish and nervous, does not sleep well at night, and his sleep is disturbed by unpleasant dreams; the nervous system attains a painfully acute sensibility. The patient has very quick pulse and much thirst, the pupils of the eyes are very much dilated, and the exposure of these organs to even an ordinary degree of light is very distressing. This first stage is often overlooked, so that frequently the earliest indication of this disorder remarked is a strong aversion to fluids; still the first stage always has its place, however varied the length of its duration in different cases. The second stage then begins with great aversion to fluids, dread of seeing and then of hearing the sound of water in motion, and especially a dread of swallowing them; if the patient do attempt to swallow, then convulsions will often be brought on the whole system, and a sense of suffocation will be experienced. Any object brought under the senses associated with the idea of water, or capable of suggesting it, will produce the same effects; thus the rattling of tea-things and the like. It is a curious circumstance that some patients, although the aversion to fluids is so strong, can yet like fruits which contain moisture, if they are only made dry on the surface. Should the patient, however, gather sufficient courage to swallow any liquid, it is ejected from the stomach with great violence, and brings away with it a greenish mucous fluid. In the later stage the patient sometimes is able to take a cup of coffee or tea, and this has justified the hope, in some cases, that the disorder was abating and about to subside; but the event has frustrated the expectation, and such persons have died just as others. In hydrophobia the patient is much annoyed by the presence of a slimy mucus in the throat, which some have compared to birdlime, very tough and adhesive, and many are so distressed by it that the lower jaw is in constant motion,—a point to be remembered, because in tetanus, which has some points of resemblance to this disorder, the jaw is fixed. The patient suffers much pain about the region of the heart, and great uneasiness of stomach, and when convulsive attacks come on he is threatened with suffocation, and in the end dies from convulsion or complete exhaustion in two or three days; occasionally the patients die in twenty-four hours. In St. Bartholomew's Hospital a case terminated in twenty-four hours from the appearance of hydrophobiae symptoms. One extraordinary case under Majendie lasted nine days, but the time I have mentioned is the average period. The disease, as far as we can judge from cases recorded, is almost always fatal; and in consequence of its very severe nature, as well as its fatal character, the greatest pains have been taken to collect information of circumstances connected with it. Generally you find, on *post-mortem* examination, great inflammation of the mucous membrane of the larynx and also of the œsophagus and intestinal canal, and in the œsophagus fibrine has been found diffused. In other cases inflammation occurs about the respiratory organs and the spinal cord, and the membrane of the spinal cord has been thickened. In France the doctrine was started, that the seat of hydrophobia is in the mucous secretions of the lungs and larynx, and not in the saliva; but this has been found erroneous. Majendie opened a sheep in this state, and found no traces in the mucous membrane of the respiratory organs of this disease. The modern doctrine is that the poison is blended with the saliva and the mucous secretions of the mouth. With respect to the treatment of hydrophobia, when I inform you that it is in almost every instance fatal, and that when the report of successful treatment is met with by experienced men it raises in their minds the suspicion that the disease was not hydrophobia but tetanus, you will at once see that prevention is the great thing which must be aimed at in cases of the bites of rabid animals. I do not think you ought to cut out the bitten parts until you are sure the animal was rabid. I recollect Sir Henry Ellis once came to me in a state of great excitement, in consequence of a bite he had received of a favourite dog a day or two before, and he expected me to cut out the bitten part; but I inquired how the dog was, and found he was very well. If the dog live beyond a certain time, and no signs of disease are visible, there is no need to fear, for it kills dogs as well as men; in fact the dog, it has been found, is more prone to this disease than man: out of twelve dogs and four men who were bitten, all the dogs died and the four men escaped.

Excision of the part is the means you will have recourse to, because it is the course you can most depend on. Having cut out the parts, apply a cupping-glass, so as to draw away the blood. Be sure to wash well the parts with water, or, as some prefer, nitric acid or some caustic. It is a very difficult thing frequently to know what course to take: a patient comes to you bitten in several places, or some large artery is bitten through, or the teeth have penetrated between two bones. In some of these cases amputation has been advised, but I think that only in those cases where hydrophobia follows the bite would you be justified in taking a limb. Mr. Hewitt, the veterinary surgeon, has great confidence in nitrate of silver; he has been often bitten by dogs in a rabid state, and his plan is to have a piece of the nitrate cut to a point like a pencil, which he inserts into the bitten parts, and rubs on them; surgeons, however, I believe trust to no kind of caustic without excision in those rabid bites.

Then the question arises, when the poison lies long in the wound, how long can it lie before the removal of the parts will cease to be serviceable?

I think that any time before the sixth week, if hydrophobia has not shown itself, you may remove the parts, for after that time the risk lessens. I need not occupy your time with an enumeration of the numberless means employed by the vulgar in the hope of remedying this disorder. I once saw a person taken at Brighton, and held in the sea till he was nearly drowned. Some have proposed to puncture vessels which they have imagined form under the tongue, and to gargle the mouth with butchers' broom. Some have proceeded internally, and have given the grains of solid opium dissolved and thrown into the venous system. Majendie injected tepid water into the system; but, although this was attended with some alleviation of pain, the same fatal consequences followed as in other cases. Bleeding the patient *ad deliquiem* has been tried, but this was found of no avail. Hydrocyanic acid also has been tried. Some years ago amputation was performed in Guy's Hospital, but, as you might suppose, did no good whatever. Cautery also has been tried, but no plan has yet been successful.

CLINICAL LECTURES ON THE GRAVITY AND TREATMENT OF FRACTURES AND WOUNDS BY FIREARMS.

By M. VELPEAU.

ON ARTERIAL COMPRESSION.

Gentlemen,—We have seen that hemorrhage constitutes a formidable complication of gunshot wounds. If the bleeding comes on at once, the remedy is evident. We have shown, however, that very frequently this is not the case, but that, on the contrary, it does not supervene till after the clot is removed which originally obstructed the wounded vessel. This secondary hemorrhage, so serious in many cases as to produce death in an instant, comes on at a time when least expected, and without any indications of its approach. It is thus necessary to inquire if it is not proper, in a case where there is reason to fear that an important artery has been wounded, to place over the course of the vessel compression by means of the tourniquet. I do not approve of this compression; for, of two things, one must happen: if it is very powerful, so as to completely arrest the current of the blood, it may be a cause of gangrene, and already we have shown that gunshot wounds are in a great many instances followed by this disease; if, on the contrary, the compression does not obliterate the vessel, it is useless, and also injurious by reason of the pain it occasions.

ON BLOOD-LETTING.

General and local blood-letting has been extolled by a great number of surgeons, especially by those opposed to dilatation. General bleeding has been employed, and repeated many times, immediately after the receipt of the wound, with the intention of preventing local inflammation and general reaction. This practice, gentlemen, which is good to a certain extent, must prove fatal if it be not used with very great moderation. In effect, if the patient, already exhausted, arrive at the height of suppuration, then he will not be able to bear up against it, and the elimination of the morbid parts will not be hindered: these are absolutely unavoidable; it is needful, therefore, to leave to the patients the powers of which they are in need; therefore we must not bleed too much. It is not, shall I tell you, because there has been a gunshot wound that you ought to bleed; no, but because the patient really wants bleeding. Thus, you may bleed, in the first instance, immediately after the wound has been received, if the wound is inflicted in parts abounding with cellular tissues, if the patient is plethoric, if, above all, the wound has penetrated into a splanchnic cavity; you may bleed later and consequitively if there is strong reaction and the fever is intense.

We will now speak of local bleeding—namely, by cupping—and of leeches. Cupping has been employed with a twofold intention: sometimes it has been applied upon the wound itself, the edges of which have been previously lightly scarified; here it is intended to pump and draw out the poison, so that the wound may be got free from venom, like as it is with those which result from the bites of serpents. This kind of cupping has been abandoned, because it is not now supposed that gunshot wounds are venomous; nevertheless this practice was not bad, seeing that there is really a kind of poison in them. As regards myself, I do not employ this kind of cupping; I use, instead, injections

which are much better still, because they cleanse the wounds, and they are thus freed of all that is putrid and dangerous to the system.

As to the ordinary scarifications by cupping, these are not indicated but in cases where the circumference of the wound is greatly inflamed; these applications, however, are too powerful, and leeches replace them advantageously. Finally, they are useful only when the wound is evidently inflamed; and against the abuse of leeches Dupuytren has strongly protested. So Lisfranc makes six or seven applications successively around a gunshot wound, and that not when it has been indicated, but on principle and, *à priori*, with the design, it is said, to combat the strangulation, and to prevent the necessity of dilatation. For you to be convinced that this practice is bad, call to remembrance, gentlemen, that strangulation in gunshot wounds is very rare; none of our wounded present to us a single example; those of them upon whom we have performed the operation of amputation were entirely exempt; in the hospital to one only of the patients have I ordered an application of leeches, not because there was strangulation, but because a most intense inflammation had manifested itself. As a general rule it is by no means necessary to employ leeches; these weaken the system as much as general blood-letting; and when, in an enervated subject, the period of suppuration arrives, the pus is of an unhealthy character, sanious, and not very abundant, and the colliquative diarrhœa completely exhausts the remaining strength of the patient. Thus, to sum up, there is no general rule to be observed in gunshot wounds. It is necessary to dilate when there is strangulation, which is seldom the case; we must have recourse to general and local bleedings when these are positively indicated; in one word, we must not proceed *à priori* and by system.

ON THE ADMINISTRATION OF INTERNAL REMEDIES.

The administration of medicines internally was in former times considered a most important circumstance; now it is almost abandoned, and, doubtless, for good reasons. Yet there are certain indications which it is always necessary to fulfil: these are to relieve severe pains by opiates, to dilute the blood by cooling drinks, to destroy its plasticity by general blood-letting and by certain saline purgatives: during the first and second period, prudence dictates that here they should perseveringly be used; for, if tonics be had recourse to, there is produced in most cases an improper excitement. In the third period—that of suppuration—it is necessary to support the patient by a light, tonic, non-irritating regimen; great care and circumspection are necessary in dieting the patient. That is how we must sum up the employment of internal medication in gunshot wounds.

OF THE POSITION OF THE WOUNDED PARTS.

The position of the wounded parts is not of less importance when the injuries have been produced by firearms than in ordinary wounds. The rule is this:—*To proceed in such a manner that the pus has no stagnating point in the wound, and that it may always escape at the most depending part.* Pus, indeed, is a source of infection against which it is necessary to protect patients. Suppose the wound is on the head, and that the orifice is not at its most depending part, three things are necessary to remedy this disadvantage: it is necessary either to place the patient so that the direction of the wound is changed, or to compress the wound by a careful bandage from the top to the bottom, so that the pus cannot stay at the bottom and then burrow; or, finally, to make a counter-opening. You have a case of this kind in the hospital, in No. 48. This man had received a blow from a sword on the left parietal bone; the opening of the wound was at the top, the pus could not escape; this I remedied by making a counter-incision at the bottom of the wound.

One of the reasons why penetrating wounds of the chest are so dangerous, independent of lesion of the lungs, is this:—The secretions accumulate at the inferior part of the wound, they then form true burrows, in which they settle, unless it is possible to make them escape, whatever be the position in which you may place the patient. This danger exists in a lesser degree in penetrating wounds of the abdomen, because compression, well made, joined to the position which may be given to the patient, may almost always cause the liquids to escape by the opening of the wound.

But, gentlemen, it is especially in wounds of the limbs that *position* of the wounded parts is important. Here again you will convince yourselves that an absolute rule in reference to treatment cannot be laid down, because the position must vary with the different aspects of the course of the wounds.

Suppose a patient is attacked with a plegmon, in which there is not yet a suppurating point, the limb must be maintained in an elevated position; this position alone may produce resolution; but when the phlegmon begins to suppurate, this same position becomes very dangerous, because it urges the purulent discharges towards the superior parts of the limb. It is necessary, therefore, to keep the suppurating phlegmon in a dependent position. Just so it is gunshot wounds. The extremity of the wounded limb must be kept elevated when the wound is in its first and second stages, but when suppuration is established it is necessary to place the member in a depending position to prevent the pus receding.

The elevated position of limbs in gunshot-wounds is but of small utility; on the contrary, it may be a source of grave inconvenience. What, indeed, is its advantage? It is to diminish the inflammation. But it is not inflammation in these kinds of wounds we have to fear. What, now, are the dangers? To favour the discharges and the purulent infiltrations? But it is here precisely what is most to be feared. You have a clinical proof of this assertion in certain cases which are under your observation. You saw, in truth, that in the ward in a patient with a wound of the knee. The knee, in dorsal decubitus, is almost of necessity more elevated than the hip. What is the consequence? Stagnation of fluids in the wound. This is assuredly one cause which renders so serious wounds of the knee. Do not think, gentlemen, that an elevated position of the limbs is always harmless; this alone may be a source of serious inconvenience. Suppose that by a systematic plan two limbs are elevated, what will happen? The circulation in them will be greatly modified, the quantity of blood conveyed will be less; but, on the other hand, it will be increased in the other regions, and there will be congestion of the liver, kidneys, lungs, brain, &c. So, then, it is necessary to use very great discretion in employing an elevated position of the limbs, which, to be brief, in gunshot wounds may be much more injurious than useful.

ORIGINAL CONTRIBUTIONS.

A KEY TO CHOLERA.

By W. G. MAXWELL, M.D., Calcutta.

PREFACE.

This "Key to Cholera" is a condensed epitome of the practically useful part of a work on the same subject now passing through the Calcutta press; but the uncertainty of its appearance, at a time when cholera is raging here and elsewhere, has induced me to publish this key without further delay.

In this paper I have omitted all that might not prove directly and practically useful, and I have confined myself to giving a natural sketch of the disease, and pointing out the natural indications of cure. I am enabled to do this principally from the circumstance of having had three attacks myself at different intervals of time; and it was only after and from the last (the severest) that I derived any decided knowledge regarding the real nature of the disease.

My views, I was happy to find, corresponded with those of Sydenham, whose principles of treatment had been at last adopted in England. Among other important symptoms, however, the spasms, I find, have not been satisfactorily explained in any English author that I have met with; their nature was, however, revealed to me during my last attack, and their explanation will be found in the other treatise. Suffice it, for all practical purposes, here to say that irritants to the extremities for the relief of spasms are unnecessary and injurious, and that their cure, equally with that of all the other symptoms in the chain, depends upon the natural system of treatment. The natural system I call that which is indicated and at once explained by the symptoms; that which is the spontaneous, instinctive, and successful choice in the moment of pressing urgency and danger; that which, in spite of all laboured theory or hypothesis, remonstrance or ban, is chosen and eagerly demanded by the sufferer; which in theory is denounced as death, but which in practice enables the patient to rise up with renewed energy and life. Such was the natural system I adopted in my own case, solely directed thereto by the natural instincts, in opposition to all that I had learned from books, or fabricated in my brain on theory or hypothesis. I found all wanting at the time I most required their assistance. But Nature, the best and kindest physician, directed me to the natural system of cure, whereby I was not only quickly cured, but meanwhile escaped the torments of that destroying thirst which is present in every case.

Now, the chief object in an epitome like the present is to endeavour to explain the principles on which the cure depends, rather than waste time in the enumeration of various remedies which would serve but to perplex and annoy the judgment. With this object in view, therefore, I will briefly describe the progress of disease, and the corresponding symptoms, from which, as a matter of course, the principles of cure will be made apparent; but I will also assist the conclusions of the reader by a reference to my own case.

THE NATURE OF CHOLERA.

The Progress of Symptoms.—What is cholera? is a question that has been asked a million times.

Cholera is the first stage of fever; the fever of a particular locality—the endemic fever, or the epidemic fever.

Fever is made up of various stages: the collapse stage, the shivering stage, the hot stage, and the sweating stage. All or each of these may be morbidly increased, constituting apparently different diseases, but in reality linked together in inseparable union. It is the morbid increase of the first of these that I have now briefly to consider, viz., cholera morbus.

Here the fever never rises higher, it never reaches the shivering or the hot stages; if it does, it is no longer cholera; the fever has passed from the collapse into the other stages. Those who have had ague will comprehend the term "collapse of fever." They will recollect having had the paleness of the hands, feet, and countenance (and these generally tipped with blue); they will recollect the cold smooth feeling of the hands, the nervous sensations about the chest and stomach, and extending over the system (together with others mentioned in the treatise). These, all or partly present, constitute what I call the "collapse of fever;" and this collapse of fever (in excess) is cholera morbus.

During the prevalence of the epidemic constitution, if an individual sojourn in a locality notoriously febrile, he will imbibe (what I will call for the easier comprehension of the reader) the epidemic leaven or ferment. Now, this ferment will take some time to display its full action, varying according to the quantity taken into the system; but it is generally in the middle of the night following that the effects are displayed; and it is an equal chance whether the individual sinks in the first or collapse stage, or rises from it into fever; hence the explanation

of those cases, found in the morning in a high state of fever, which had been first reported as instances of cholera.

The development of the stages of fever entirely depends on the changes the leaven has effected. If this change has been such that the blood has become too thick to flow through the lungs, then, as a matter of course, the collapse stage is developed in excess; in other words, cholera asphyxia is exhibited. The blood, unable to pass through the middle passage into the arteries, collects and swells out the veins, giving that deadly or blue colour to the skin. When the vomiting and spasms come on, this mass of blood in the veins is squeezed with great force, and hence the clammy moisture that is forced from every part during these fits. There is no pulse, because there is no blood in the arteries. There are also lethargy and languor, and oppression in breathing, caused by the blood being all collected in the veins. These make up the principal links of the chain of mechanical symptoms. The other train of symptoms and associate symptoms arises directly from the stomach and bowels. I cannot say which are the most important; the neglect of either may be fatal. They, like the former, spring from the influence of the epidemic leaven. When the blood begins to thicken, that same moment all the functions begin to go wrong. The most important of all the functions, digestion and assimilation, are the first to feel the influence; in fact, it is difficult to define priority; the influence must be immediate, being part of the same circle. The derangement of these functions and the depravation of the blood advance mutually, as a matter of course; neither the one furnishing secretions to the bowels, nor the other nutrition to the blood. The inevitable, invariable consequence of this is the establishment of fermentation of the contents of the stomach and bowels; the abdomen becomes swelled, and the stomach and bowels more or less uneasy; and this uneasiness increases exactly in proportion to the completeness of the changes the alimentary matters undergo. Nausea advances rapidly, followed by vomiting and purging; and, if there is not a free discharge both ways at first, spasms are induced by the irritating fermenting matters remaining in the intestines; if these are in the stomach or upper portions of the bowels, the spasms will be in the chest and upper extremities; if in the lower part of the canal, the spasms will be in the inferior extremities. Examination after death reveals the origin of these spasms in the mucous membrane of the bowels; it is found more or less destroyed in various parts, or covered with ulcerations in protracted cases. The contents of the bowels are found in a putrid state; there are no healthy secretions, and not a particle of bile—the preserving fluid of the intestines, the register of putrefaction. The moment it disappears, fermentation and putrefaction advance rapidly. Its absence is one of the links in the great chain; as also are all the effects resulting therefrom. There is not a single secretion carried on in fully formed cholera—for this plain reason, that there is no circulation, the blood is too thick to pass through the middle passage into the arteries; it remains in the veins, and during each fit of vomiting and spasm it is squeezed, as in a cheese-press, and the clammy moisture forced from it at all parts. Hence observe the chain of actions: the leaven leavening the mass, thickening of the blood, stoppage of digestion, fermentation of the alimentary matters, irritation of the mucous membrane, vomiting, purging, and spasm, all reacting, as it were, on the first symptoms, and increasing the thickening of the blood; all, in fact, parts of the chain linked together in inseparable union.

PRINCIPLES OF CURE.

From the foregoing brief illustration of the progress of symptoms may be readily inferred the principles of cure indicated in the treatment; and the reader has, no doubt, in part formed his own natural conclusions thereon. I will assist him in the correct formation of these by the recital of my own case, from which alone it was that I myself derived any decided views regarding the nature of the disease or the principles of cure.

I must necessarily spin out the case to elucidate the subject, but shall do so as concisely as I can, consistent with the object in view. I had the last attack of the disease about this time last year, in the Northern Circars, where cholera was raging all along the great military roads north and south. My attack was in the evening, between seven and eight (rather unusual with such attacks, which take place generally a little after midnight; the reason of this I have considered in the treatise).

I had dined rather heartily about three o'clock. After I had gone out, about half-past five, I experienced a disagreeable feeling of distention across the stomach, which, however, nearly gradually wore off for the time, but partly returned, with the addition of nausea, on reaching home. After a while, vomiting suddenly came on, attended with inordinate straining. I drank copiously of cold water to relieve this straining, and after a while it ceased; but it returned again.

I had again recourse to copious draughts of cold water, and after a time obtained relief; but in about a quarter of an hour the nausea, with the vomiting and excessive straining, again returned, and at the same time a sudden irresistible call to stool, when I passed without any exertion a copious, watery, putrid evacuation. I was now fainting, and threw myself down, bathed in cold, clammy sweat. A few more involuntary evacuations, and spasms in the toes, feet, and legs (observed first in the right then in the left leg), convinced me that the disease had no tendency to stop.

I now began to run over in my mind all that I had read in books about the disease, and the best methods of treatment.

Bleeding first presented itself; just at the same moment I felt a spasm in the right leg (which was held already by two domestics), and I immediately began to couple the two together in mind, when, to my astonishment, the spasm changed from the right leg to the left, followed, or rather accompanied, by an evacuation, and then a cessation of the spasm. This immediately pointed out to me the nature of the spasms and the cause of the evacuations, viz., that they proceeded from irritation of the mucous membrane, produced by matters resting in the tube; hence I perceived that bleeding could not relieve these particular symptoms; and so I now, in rapid succession, turned my attention to laudanum, but I found the same reasoning apply to it; I knew it would lull for a time, but what security against a recurrence of the vomiting, and purging, and spasm, while semi-stupified by the drug and the disease? What security that it would stop the fermentation of the contents of the bowels, which were irritating the mucous membrane, causing vomiting, purging, and spasm, sinking, and loss of voice? None—and if none, thought I to myself, in my case, where the last meal had been nearly all rejected, then what security in those where the whole of a large meal has passed down into the small intestines? (a)

I next thought of calomel and opium, but here, again, I found the same reasoning apply. It is recommended to be given in both large and small doses: which was I to follow? I knew not, because I saw not the principle of its exhibition in my case. I could not see how calomel and opium resting in the stomach could remove from the colon a mass of prawns, potatoes, or plums that might be resting there, undergoing fermentation and keeping up irritation—the cause of all the consecutive train of symptoms.

My thirst now was becoming overpowering, my tongue and throat were glued, as it were, together, and I looked in vain to bleeding, calomel, and opium for a relief to this most distressing of all symptoms. I had previously partaken freely of cold water, at first to ease the straining and clear the stomach (a most important point); but, as the disease began to be developed, I abstained from its use, under the borrowed impression of its being death in this disease. I am ashamed to say that I was ignorant of, or had forgot, Sydenham's principles of cure in cholera.

The thirst, however, became worse and worse, and I determined to relieve it at all hazards, and not add misery to death. Having made up my mind, the next point was the choice of the particular beverage; there was plain water, whey and barley-water, gruel, congee, &c., wine and water, brandy and water, &c. To the last of these I had a repugnance, as every one has in fully formed cholera, and the others would require time and direction for their preparation, which my disease was not able to afford or I to give. Whilst thus ruminating my eye accidentally fell upon a packet of effervescing soda-powders standing among a crowd of other remedies and nostrums on the table. It immediately took my fancy; it struck me as the very thing I wanted, and without further delay pointed to it, and made signs for a copious draught thereof. It was soon made and soon swallowed; it was extremely refreshing and agreeable, and the thirst was allayed; no nausea succeeded, and the pleasing anticipation remained of having a repetition of the draught whenever I desired. This I was not long in desiring; in fact, almost immediately after I swallowed another, and continued repeating it whenever the thirst became urgent. Instead of retrograding or remaining stationary, I began to improve; the stools became easier, and the spasms less vigorous and vicious.

I experienced an inclination to sleep, a desire to be covered up, and for something hot to drink (these are the best signs, they point out the disease escaping from the collapse stage). I had a large tumblerful of very warm but weak brandy and water made, and drank it off. I fell asleep, and had five or six hours of profound repose. I awoke bathed in perspiration, and, with the exception of a little stiffness and considerable thirst, I felt perfectly well. The thirst was again relieved by the effervescing draughts, and I followed up the principle with a couple of dishes of that most delectable and pre-eminent of all stomachics, tea.

Here ends my case, with the remarks thereon and inferences therefrom. I have only attended to the display of the principle of cure as best I could. Were I to begin with remedies, I might write till this time next year without advantage.

I do not say that the effervescing draught is the only cure, but it is one which carries out the principle as well as any I know, and it is agreeable and refreshing, and allays the thirst; can be taken in any quantity, and is efficacious. I have given it in various instances, in every stage, always with advantage to the disease and gratification to the patient; but from these I do not only judge, it is from having taken it myself, as I have described, that I feel authorized thus to speak regarding it.

Bleeding, both general and topical, may be necessary in cholera when there is much oppression, restlessness, pain, spasm, blue skin, or asphyxia; neither were necessary in my case. People do not die from being bled, even when unnecessary, but from bleeding being trusted to alone, while the principle of cure I have pointed out is not followed up.

Sinapisms and blisters to the legs, &c., for the relief of spasms are unnecessary; the origin of the spasms is in the intestines, as I have pointed out. Hot fomentations to the loins and stomach relieve the spasms of the legs. The wishes of the patient should be strictly attended to; Nature is the best physician; if he wishes for cool air he must have it; if he desires to be covered up he must be so; many perish from being too much covered up at first, when the fresh air would revive them (see the treatise for an explanation of this and other circumstanees). Calomel and opium may be necessary in some cases; in mine they were not, therefore were not used. From it may be defined the nature of those cases that might require their

(a) The greater the quantity of the last meal that passes into the bowels in cholera the greater the danger invariably.

administration. No harsh remedies will do in cholera; all must be of the mildest description—such as will pass in quantity gently along the bowels to remove the fermenting matters; and, above all, they must be such as will be relished and eagerly desired by the sick, and such as can be constantly taken for the relief of the urgent destroying thirst, constantly present from the commencement of the disease.

RECAPITULATORY SUMMARY.

I have endeavoured to make this key as concise as possible, consistent with utility. I think it will be found to embrace the most important points connected with the disease. Of all these the irritation of the stomach and bowels claims the first rank; it is caused by the presence of fermented matters. The cure cannot be accomplished till they are removed, or their acrimony blunted; and this must be effected in the gentlest manner by copious diluents, as I have pointed out. I took, in my own case, the effervescing draughts, and I found them answer admirably; they were delightfully refreshing, and they passed gently downwards, removing the irritation in the bowels. I was solely guided by the thirst; it no sooner returned than I swallowed another tumblerful of the effervescing draught. After taking fifteen at least of these, always with relief and gratification, the disease began to rise through the other stages, indicated by the wish to be covered up, and for something hot to drink, as I have already described.

I will not say a word on the question of bleeding; it is impossible to lay down a fixed rule on this head, or to explain, within the limits of an epitome like this, all the circumstances connected with it; suffice it to say—1. That, if the natural diluent system is early had recourse to, bleeding will seldom be necessary. 2. That bleeding alone will not cure the disease,—for this plain reason, that it cannot remove the fermented irritating matters from the bowels. 3. That the natural diluent system, if early and steadily persevered in, not only removes this irritation, but likewise prevents the further thickening of the blood. If these conditions and their effects, however, from neglect of diluents or other causes, have become urgent, let blood be taken away; it will flow if diluents are now freely given, and the surface kept moist, according to the wishes of the patient.(a)

One parting word, and I have done. Neglect not the desires of the sick. Behold the mortality within these few days. How many in the spring of life have been swept away! What has the withholding of liquids, covering up, and friction done, save adding misery to death!

APPENDIX.

Now, in tributary justice to the memory of the illustrious Sydenham, I must add the following quotation from his celebrated works, by which it will be perceived that I have done little else save re-echo the treatment of cholera pursued by him in England nearly two hundred years ago.

Sydenham's Treatment.—Let a chicken be boiled in about three gallons of spring-water, so that the liquor may scarce taste of the flesh. Several large draughts of this are to be drunk warm, or, for want of it, of posset drink. At the same time I order a large quantity of the same to be given at several times successively by way of clyster, till the whole be taken in and discharged by vomiting and stool. In this manner the sharp humours are either evacuated, or their acrimony blunted. When this business is over, which requires three or four hours, an opiate completes the cure.

Swan's Observations, 1742, *in Sydenham.*—The general indications of cure in this disease are—1st, to correct and soften the acrimonious peccant matter, and fit it for expulsion, and, if there be occasion, to expel it by art; 2nd, to check the violent motions in a proper manner; and, 3rd, to strengthen the weakened nervous parts.

The discharge of fermented and corrupted diet should be encouraged by gentle emetics, lenient cathartics, and plentiful dilution with whey, thin water-gruel, the small chicken-broth recommended by our author, and the like, and afterwards give strengthening medicines to complete the cure.

Cold water is esteemed an excellent remedy in Asiatic cholera; and is said to be so much the more effectual, the warmer the climate, season, and constitution of the patient be. It mitigates and takes off the violent heat, dilutes and blunts the acrimony of the humours in the bowels, &c.

(a) In various parts of Europe the only effectual remedy was found to be cold water, drunk *ad libitum*, and also applied to the surface.

HOSPITAL REPORTS.

HOPITAL ST. PIERRE.

SOME OF THE PRINCIPAL CASES IN THE SURGICAL CLINIC, FROM JUNE 10 to 17, UNDER THE CARE OF PROFESSOR SEUTIN.

FISTULA IN ANO CAUSED BY A FISH BONE.

J. C., aged 55, was admitted into this hospital on the 10th of June, having a phlegmonous tumour on the left buttock, which surrounded the anus. He said that he perceived the first symptoms of disease about a fortnight ago.

An operation being necessary, the patient was placed under the influence of chloroform, and complete insensibility was induced in a minute and a half. A gorget was then introduced, and the tumour divided with a sharp-pointed bistoury. By the opening thus made, a grooved sound was introduced as far as the gorget, and the tumour entirely divided. A fish bone was then extracted from the bottom of the tumour, which had caused the fistula.

ERECTILE TUMOUR IN AN INFANT.

The child was two years of age, and the tumour was situated on the left half of the lower lip, of the size of an almond, limited at the base by the inferior border of the lip. Five needles were inserted through the tumour, two lines distant from each other, by which its whole circumference was included, and the twisted suture used.

June 17. The needles were removed, and the portions of the tumour which had been included between them were excised. The whole surface of the wound was then cauterized with acid nitrate of mercury, and strapping applied. Since then three applications of the caustic have been made, with some days intervening between each; and to-day the wound is healed, with the exception of a small place at its inferior part, which is on a level with the other part of the lip, so that a perfect cure is expected.

WOUND OF THE WRIST ON ITS ANTERIOR EXTERNAL SURFACE, WITH INJURY TO THE RADIO-PALMAR ARTERY AND RADIAL NERVE.

Patient admitted on the 12th of June, and the injury was produced by the bursting of a bottle. Ligatures were immediately applied on each side of the wounded vessel; three interrupted sutures were used to bring the edges of the external wound together; the hand was flexed to promote reunion, and kept in position by a starched bandage and pasteboard splints, curved so as to fit the posterior part of the forearm and hand; the whole strengthened by a zinc apparatus of the same shape and length. By these means the forearm was rendered immoveable, and the hand elevated and bent.

WOUND ON THE DORSAL ASPECT OF THE LEFT HAND, WITH DIVISION OF THE TENDONS OF THE EXTENSOR PROPER OF THE INDEX FINGER AND OF THE TENDONS OF THE EXTENSOR COMMUNE LEADING TO THE MIDDLE AND RING FINGERS, PRODUCED BY A BUTCHER'S KNIFE.

Patient admitted on June 13. Sutures were used to bring together the divided tendons, and the adhesive strapping then applied. The hand was bent upon the forearm, and maintained in this position by the use of the starch bandage, over which was applied the zinc apparatus. In this case the apparatus occupied the anterior face of the forearm and hand.

COMPLETE FRACTURE OF THE RIGHT LEG AT ITS INFERIOR THIRD, WITH VIOLENT CONTUSION OF THE PARTS.

The patient, a young man, admitted June 15, was thrown from a high cart upon the pavement. Reduction was immediately effected. The ends of the fractured bones and the tendons were protected by wadding, or little cushions made of tow, the parts presenting a uniform convex surface; a roller bandage over the place of fracture; bandages from the toes to within four inches of the knee; three pasteboard splints softened in water, having projections resembling a divided boot, were moulded upon the leg and foot; the posterior splint cut to a level with the heel, which was elevated almost as high as the knee; the external part of the pasteboard splints were then strongly starched; around them the starch bandages were applied down to the edge of the malleolus externus; before their application the splints were made to take by pressure the form of the parts they were to cover. Dry splints were temporarily placed on each side of the limb to sustain it till the bandages, &c., were firm; lastly, a circular bandage was applied. The same day the patient walked in the yard with the help of crutches.

CHRONIC OPHTHALMIA.

This occurred in a young girl of scrofulous diathesis, and the disease was kept up by entropium. An operation was performed on the left eye. A vertical section two lines in length was made in the tarsal cartilages to within a short distance of the puncta lachrymalis, and to within two lines of the external angle of the eye, to facilitate restoration to the natural state. Excision of a small portion of skin from each eyelid, so that the point of the edges might be as near as possible to the ciliary insertion. Sutures to the different points; a light bandage to the eye.

HYDROCELE OF THE RIGHT TESTICLE IN AN INFANT.

The child was three years of age, and admitted June 17. A puncture was made with the three-quarter explorator. After the evacuation of the fluid the instrument was reintroduced, and allowed to remain, so that the internal surface of the tunica vaginalis might be irritated, in order that adhesive inflammation might be set up.

SPRAINS OF THE FOOT.

During the week four cases of sprains were received into the hospital, three of which were of the left and one of the right foot.

MODE OF TREATMENT. — The parts were defended in the same way as for fracture of the leg. Bandages were applied from the toes to within four inches of the malleolus; pasteboard splints were applied laterally, bent as in fracture of the limb, but not carried so high as the inferior third; hole in the posterior splint; over all a starched roller bandage. Graduated compression is here employed instead of discutient applications. The bandage keeps the joint at rest, not allowing any kind of movement, preventing at the same time pain and inflammation. The patients are permitted to walk in the courtyard of the hospital.

FRACTURES OF THE CLAVICLE.

Three fractures of the clavicle, produced by falls on the shoulder, two of which are at the external angle of the bone, without displacement, and the other at the external third.

In each case Desault's bandage was applied, starched; but in the third case there were placed upon the external fragment small quadilateral compresses to keep them in position.

STRANGULATED INGUINAL HERNIA OF THE RIGHT SIDE.

Lambert S., aged twenty-eight, by trade a joiner, of lymphatic temperament, entered the hospital on June 17, at eight o'clock at night. He has had during the last four years an inguinal hernia on the right side, which could be returned and maintained in its position. He stated that a tendency to strangulation first showed itself about ten years ago. On Monday, the 12th of June, he made a violent effort to lift a heavy weight. At this time his bowels were freely open; the symptoms of strangulation, however, gra-

dually came on; the ordinary means for reduction were employed without success by a physician, who after three days sent him to the hospital.

On admission the abdomen was tympanitic and tender; the bowels had not been relieved for six days; there were bilious vomitings, and hiccough had come on four days previously. The patient exhibited an anxious countenance; pulse 80, and compressible; the scrotum appeared to contain a portion of omentum, which was soft.

The external ring appeared free and open, so that the index finger could be easily introduced and traverse the canal, and within about an inch of the bottom a knuckle of intestine was discovered, and the strangulation seemed not to be at the external ring, but more internal.

Let him have a bath; and let him be placed in an easy position; the taxis to be employed. The principal surgeon having arrived, after having used the taxis moderately for about four minutes, was enabled to push back the intestine, and he endeavoured to keep it in position by introducing a cylindrical compress into the canal, over which a compress and a bandage were placed. In an hour afterwards the patient became so uncomfortable that it was necessary to remove the dressing. Twelve drachms of aërated water were prescribed, which produced copious evacuations from the bowels during the night.

18. In the morning the patient appeared relieved; the bowels, however, continued tympanitic, though not to the same degree as yesterday; less pain is also felt in the abdomen. To have a particular diet and aërated water; an easy position of the body to be maintained; compresses wetted with vinegar to be applied over the parts. During the day the bowels operated freely.

In the evening reaction supervened; abdomen much more painful. Let him be bled to the amount of ℥xviij.; forty-eight leeches to the bowels, and a mustard poultice.

19. Evidently much improved; a considerable quantity of urine had been evacuated; abdomen less painful and tender; bowels open. Continue the mustard poultices, &c.

The following days he continued improving, the symptoms gradually subsiding, and the abdomen assuming its normal condition.

26. The patient was discharged with a hernial bandage, which had been used for three days previously.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

OBSERVATIONS ON "OCHLESIS," OR THE DISORDER GENERATED BY THE ACCUMULATION OF THE SICK.

By George Gregory, M.D., Physician to the Smallpox and Vaccination Hospital.

The object of this communication is to give a brief sketch of the evils which result from the accumulation of a vast number of sick persons under one roof. The author designates the general condition of disease produced under these circumstances by the term "ochlesis," derived from *οχλος*, a crowd. The normal type of the disorder is erysipelas of the face; but there are a vast number of allied affections which appear at different times with it, either separately or in combination. These are, erysipelas of the extremities, especially affecting wounds or sores; trails of erythematous redness, following the course of the chief absorbent trunks, and terminating in abscesses; cellular inflammation of the lower limbs, or phlegmasia dolens; cellular inflammation of the neck, leading to abscess, cynanche, otitis, glossitis; inflammation of the joints, terminating in purulent effusion; spontaneous gangrene of the genitals and of the extremities; gangrene supervening upon wounds or sores; spontaneous gangrene of some portion of the trunk of the body, especially in new-born children; gangrene of the umbilicus. Instances of pure fever, of a low type, from the same source, are not uncommon. Diarrhœa sometimes is the result, from the mucous membrane of the bowels becoming affected; and in the wards of lying-in hospitals the "ochletic" miasm expends all its virulence on the peritoneum. The author has seen an asthenic form of laryngitis produced by the same cause, and believes that the pneumonia which springs up in hospitals has, likewise, its source in the contagious ochletic miasm. This miasm, too, he thinks, produces the excessive depression which attends the worst cases of sea scurvy, and he has seen it occasion, in the Smallpox Hospital, a state resembling, in all respects, scurvy itself. All the disorders originating in the ochletic miasm are characterized by a low condition of the vis vitæ, and intractability. The experience of the Smallpox Hospital during many epidemic visitations, especially the years 1842, 1844, 1847, and 1848, has convinced the author of the fact, that all the diseases which he has enumerated may arise from the same miasm. Contagious peritonitis is, perhaps, the only form of the ochletic malady that he has not seen at that hospital during the last twenty-five years; but he regards it as quite certain that this is "part and parcel" of the same disease. The chief agent in the production of ochlesis is, certainly, the crowding together of the sick in one spot; but matters are made much worse by unfavourable locality, by dampness of the surrounding soil, imperfect drainage, or choked sewers, by deficient ventilation, by the character of the cases congregated, by neglect of personal cleanliness, by the employment of unpurified bedding, and by inefficient purification of the wards. Since, however, the ochletic miasm is evolved only at certain times, a peculiar, but unknown, condition of the atmosphere must concur towards the actual result. The ochletic miasm appears to attach itself strongly to the walls and floor of the apartment—hence the use of covering the floor with a mixture of quick lime and water, of lime-whiting the walls, of fumigating with nitric acid or chlorine, &c. The great means of checking the development of ochlesis, however, is to restrict the admission of patients, and to leave the infected ward unoccupied for a certain time.

Dr. Copland, who had entered the room after the reading of the paper, said that he could gather sufficient from its conclusion to know its purport and intention. He quite agreed with the author as to the evils produced by crowded and ill-ventilated rooms. When he was attached to the Lying-in Hospital, fever of a most fatal kind prevailed from bad air, and the vitiated secretions of the patients. So fatal was this disease, that it often runs its course in twenty-four, and sometimes even in eighteen, hours. The morbid emanations from an atmosphere so tainted spread to the walls, floor, &c., and the evil was further increased by washing the floors. He had found the best antidote to the poison was dry-scrubbing the floors, and sprinkling them freely with chloride of lime. Another mode in which disease was propagated was through the feather-beds becoming surcharged with morbid matter. These beds were frequently not cleaned for twenty or thirty years, and the emanations from them were the cause of sporadic cases of low and puerperal fevers. Again, the way in which houses were at present built favoured the spread of disease; for the contents of the water-closets were not carried off the premises, but into a cesspool under the kitchen floor; fever of a bad kind was thus periodically produced. He should not enlarge upon the subject, but he had gone fully into it in the article in his Dictionary, under the head of "Domestic Sources of Pestilence." In answer to a question from Dr. Gregory, Dr. Copland said, that since the hospital he had alluded to had been better ventilated, &c., disease had been much less prevalent, only an occasional sporadic case of peritonitis assuming the asthenic form.

Dr. Chambers agreed with Dr. Copland in regard to the ill effects of ill-ventilated and crowded wards; but this was not the sole cause of the spread of disease, for in many cases it was propagated by contagion. He instanced cases of phlegmonous erysipelas and puerperal peritonitis arising, in the first instance, from crowded and ill-ventilated rooms, but propagated afterwards by contagion.

Mr. Arnott mentioned the value of dry-rubbing the floors in hospitals to prevent the spread of disease, and instanced the ease of the Manchester Infirmary, in which, previous to the system of dry-rubbing being resorted to, erysipelas after operations was of very frequent occurrence. Now, under the influence of dry-rubbing, erysipelas was nearly extinct.

Dr. Copland said that scrofula and swelled glands were very common diseases in the wards of St. Marylebone workhouse, until he recommended the employment of dry-rubbing, since which these complaints had very much diminished in frequency.

Dr. Webster alluded to the case of a house in Glasgow, containing 350 or 400 inhabitants. It was badly ventilated, and fever of a malignant character was constantly occurring. A system of ventilation was afterwards adopted. A pipe communicating from each room, with a large common chimney, was constructed, and fever did not again occur.

Dr. R. Chambers could bear testimony to the value of dry-rubbing in the wards of a hospital as a preventive of disease.

Mr. Partridge said, that, however striking the good effects of dry-rubbing were in the wards of the Manchester Infirmary, they were no less beneficial in the hospital at Birmingham. In this hospital, under the system of washing the floors, erysipelas after operations was exceedingly common. Dry-rubbing was resorted to, and the erysipelas disappeared. The wards were again washed, erysipelas again returned, and was only eventually got rid of by a return to the wholesome system of dry-rubbing.

Mr. Sankey did not regard the decrease of cases of erysipelas in hospitals entirely to the system of dry-rubbing. He mentioned, that, in the fever hospital to which he was attached, erysipelas, which was remarkably prevalent at a given period, became less and less general, without any obvious cause. On referring to the lists of the registrar-general, he found that the prevalence and diminution alluded to bore a direct ratio to the state of the disease throughout the entire of the metropolis. This fact showed that some other causes for the prevalence of a disease in a hospital, besides bad ventilation and washing the floors, must exist; for in the Fever Hospital these two causes were not in operation; neither did he think that diseases like erysipelas and phlebitis were more prevalent in hospitals than out of them.

ON THE MINUTE ANATOMY OF THE EMPHYSEMATOUS LUNG.

By G. Rainey, M.R.C.S., Demonstrator of Anatomy at St. Thomas's Hospital.

The author first describes the minute anatomy of the pulmonary tissue in the healthy state. He then gives an account of the microscopic examination of portions of lung which were in the state of ordinary vesicular emphysema. The first change which attracted his attention was the perforated or cribriform state of portions of the lining membrane of the air-cells. He next observed that the membrane in the vicinity of these perforations, as well as in many parts which had not yet become cribriform, was studded with minute portions of oil, the membrane itself being thinner at these points. He supposes, therefore, that the conversion of the nutritive material of the pulmonary membrane into oil induces a weakened condition of the membrane, and renders it unable to support the capillary plexuses, and to resist the pressure of the air in the air-cells, and that the perforations already mentioned are the consequence. Other changes follow. The meshes of the capillary network become wider, and the capillaries themselves smaller. Several cells become broken up into one cavity. Fragments of the lacerated cell-walls are then seen containing extremely elongated and contracted capillaries, with very large and generally very long areolar spaces. When the cavity has become very large, the air-cells

which were broken up to form it have in a great measure disappeared, and its sides are held together merely by fibrous bands composed of the remains of small bronchial tubes, and of condensed interlobular cellular tissue. When such a cavity is situated near the surface of the lung, the pleura and subserous tissue become thickened. The disease is regarded by the author as an instance of "fatty degeneration."

CASES ILLUSTRATIVE OF SOME CONSEQUENCES OF LOCAL INJURY.

By Thomas Hodgkin, M.D.

The cases detailed are divided into two groups: the one, in which the effects had more or less the character of common inflammation; the other, distinguished by the production of an adventitious structure having the character of malignant disease. The following is an outline of the first of three cases included in the former group:—

R. M., about forty-five years of age, an active man of business, of spare habit, but enjoying nearly uninterrupted health, had, rather more than two months before his death, fallen upon the edge of the kerbstone, in one of the streets of London, but was not sensible of having received much injury. About six or seven weeks afterwards he was exposed to wet and cold, after being heated and fatigued. In the evening he was chilly and distressed, and felt severe pain in the right side. He went out the next day, and was again exposed to wet and cold, but after this was confined to the house. A blister was applied to the seat of pain, and aperients and effervescing salines were given. He complained no more of pain in the side, but remained feverish and weak. Two half-glasses of claret produced a most disproportionate mental excitement, which returned in paroxysms. In a day or two after this he passed into a state of coma, with a very rapid, feeble pulse. Ammonia was given. He revived, and complained transiently of a little pain in the left arm and leg. A small induration was found near the calf of the leg: this slowly increased, and the day before his death caused considerable pain. After the mental disturbance had passed off, his head was generally hot, and his face for some time rather flushed; the expression of his countenance generally quite composed; the breathing quick, but easy, with a little stertor during sleep or somnolence; the tongue was moist, with a white fur on its surface; the pulse generally numbered 120; vomiting occurred twice or three times before death. A short time before death small pustules or maturating vesicles were noticed on the body and limbs.

On the examination of the body, a small subcutaneous collection of pus was found near the head of the right fibula. A larger tumour at the upper part of the left calf was not opened. Nothing remarkable was found within the cranium, except that in the cortical substance of the brain, at one particular spot, there seemed to be an evident but very partial softening, by which the separation of the external layer of the cortical substance from the subjacent layer was favoured. The right pleura presented marks of recent inflammation near its lower part, and over the fifth or sixth rib, from its anterior extremity to its angle, was elevated by rounded purulent deposits of various sizes. The corresponding part of the pulmonary pleura presented similar purulent deposits, and the adjoining part of the lung was in a state of recent hepatization. The muscular structures on the exterior of the same rib were found sprinkled with similar but smaller purulent deposits. The left pleura and lung, and the heart, were healthy. In the abdomen, the only remarkable appearances were numerous scattered depressions in the mucous membrane of the stomach, probably the enlarged orifices of follicles; marks of severe inflammation of the mucous membrane of the large intestine, from the middle of the arch of the colon to the rectum; and the presence of a small quantity of semi-transparent lymph between the convolutions of the intestines, between the middle and lower parts of the abdomen. Of the second class of cases seven examples are given. The author, in his remarks, first directs attention to the peculiarities of the former class of cases; the slight primary effects of the local injury, and the anomalous character of the secondary effects; the disturbance of the mental faculties in two of the cases; the constitutional disturbance, exciting the suspicion that the brain, heart, or some important part of the alimentary canal, was in a state of acute inflammation; and in two cases, the severity and rapidity of the symptoms, which were nearly as great as in cases of dissection and other poisoned wounds. He expresses the opinion, that these symptoms were due to a morbid poison being generated in the system—an opinion favoured by the occurrence of vesicles, with puriform contents, on the surface of the body. To explain the formation of this morbid poison, he supposes that the immediate effect of the local injury is so to impair a portion of the animal tissue, as to render it incapable of the proper maintenance of those molecular changes by which interstitial absorption and deposition are carried on; that the changes which take place in dead animal matter proceed in the injured part very slowly, and during health produce no inconvenience; but that, if a febrile state of the body be set up by cold or other cause, the morbid influence of the part in which these chemical changes are going on produces inflammation or derangement of a more specific kind in the surrounding tissues, and the further production of a like cause of irritation in the system generally. In one case a remarkable odour of malt or saccharine matter was observed. This the author regards as an almost certain omen of death. In the second group of cases, instead of the vitality of the injured part being reduced, the most striking phenomenon is the production of a new growth, to which vital organization is essential. All living parts, whether old or new, are nourished from living material, and every living cell is produced from a previous cell. In these cases the injury does not destroy life, but only modifies the nutrition of the part, by exerting an influence on small molecules. The result is, that the new cells formed there are modified, from being, as it were, incubated in a peculiar nidus. When once the production of morbid corpuscles, suited to the production of a morbid tissue, has taken place, the growth of such structure at the affected part may almost be made the subject of ocular demonstration; but the subsequent appearance of a similar structure in other parts of the body is still involved in some mystery.

CORK CUVIERIAN SOCIETY.

CHLOROFORM AND ETHER.

Mr. Windele, President, in the Chair.

Dr. Grattan read a paper on chloroform, a copy of which we have much pleasure in giving. The year 1847, he said, was ushered in by an announcement that operations could be rendered painless by the inhalation of the vapour of sulphuric ether. Such a startling fact naturally created a spirit of inquiry amongst all classes of the community; the operator and the operated on viewed the discovery as a boon of no ordinary kind. For nearly twelve months ether stood forward as the great panacea for painful operations. Men who devoted their time to its study had just begun to bring its anæsthetic powers properly to bear upon the various nervous systems they had to deal with. Many persons, who had imagined that its use was simple and unattended by danger, found out that it required both caution and experience for its use. Thus ether stood when a new anæsthetic agent appeared to contend for the palm. Professor Simpson, of Edinburgh, announced in November last that he had discovered a much more powerful agent—safe and certain in its operation on the patient, and entirely free from the objections which by many had been raised against the use of ether—chloroform. Immediately on receipt of Professor Simpson's pamphlets, Dr. Grattan proposed the chloroform according to Professor Dumas' process, and tested its power in about twenty cases. Its action on the circulating system differed considerably from that of ether. In the majority of patients intense excitement was produced, so that several of them were obliged to be held by main force until they were totally knocked down by its agency. The pulse was increased at the commencement of the inhalation, but during the greatest excitement of the patient it would fall down to 35, and in two cases fell as low as 25 beats in a minute. Such a cessation in the heart's action at once awakened his suspicions that the remedy was not exactly so safe as had been pointed out, and he at once classed chloroform amongst those medicines which, while they act on the nervous system in the first instance by excitement, depress the circulating one. I looked upon it, says the doctor, as belonging to the same class, only milder in its effects, as prussic acid—the most powerful of our narcotic poisons; I recollected that, when I had been tryiug experiments with prussic acid, I had frequently submitted animals to its action by making them inhale its vapour, and I produced symptoms nearly resembling those under which my patients were suffering from chloroform, namely, violent excitement at first; 2nd, spasmodic action of the muscles; and lastly, coma. I have frequently placed rats in this state, and completely recovered them by placing a few drops of strong liquor of ammonia on a piece of paper, and allowing its vapour to be mixed with the air impregnated by prussic acid. Now, chloroform produces identically the same effect on the circulation as prussic acid, only, being a milder preparation, a larger dose can be given; but give a sufficient quantity and you will kill your patient, just as if you had given the stronger poison. I am not aware how its internal use might affect the system; its repeated inhalation is decidedly injurious. Mr. H., jun., of this city, mentioned to me that he had given it to a cat on two occasions, to show the action it had on the nervous system; and the cat recovered again quickly after its doses, but, in a few days, he observed it to pine away, and, though it ate its food well, still the wasting went on, and it ultimately died a complete skeleton. A similar occurrence happened in London to a Guinea pig, and it died from the same cause. That chloroform is not so safe an anæsthetic agent is clear; but, did we want positive proof of its being anything but safe, unfortunately, we have two cases occurring lately, in which death resulted from its use. Professor Simpson states that, in the first case (that of the young woman near Newcastle-upon-Tyne), death was caused by the means used to preserve her, and that she died from the brandy and water getting down the trachea. Such a statement might have been of some value had not the other case of the young man at Dundee clearly proved that in both cases death resulted from the poisonous influence of the chloroform; and that it did arise solely from its use in the first case, and its abuse in the second, is beyond a doubt in both cases. I look upon it that the heart's action ceased from the depressing influence of the chloroform, and the only means that could have aroused it again would have been a galvanic current passed near the region of the heart. Having administered ether to over 300 persons, I have no hesitation in saying that it is a far more safe and manageable anæsthetic agent; used with caution its action on the system is beautiful. I have given it in about twelve capital operations. One case of dislocation, in which the bone had been displaced for one month; one case of tetanus, and in a number of several minor operations; and in no single instance did one of the patients die, recovery being complete in all. During the operations no wine was required to be given, the ether acting as a beneficial stimulant. There are, however, persons who cannot be placed under the influences of ether; to such I might give the chloroform. But as a general anæsthetic agent I am opposed to it on the following grounds:—1st, it is not so safe as ether. 2nd, it produces spasmodic action of the muscles, rendering operations on the mouth impossible with-

out a gag. 3rd, the moment a patient is recovered from the coma the nervous system is more susceptible to pain, such not being the case when ether is used—a most important fact where the operation may take some time to finish. 4th, you must make the patient completely insensible, a cause not necessary with ether, as you can tell by the action on the iris whether your patient will suffer pain or not, rendering in a great majority of cases total insensibility unnecessary. As regards the administration of any anæsthetic agent for the purpose of doing away with pain in midwifery practice, I care not how enthusiastic some men may be, as an individual who has devoted some of the best years of his existence to that laborious and arduous practice, I shall never give my sanction nor lend my name for the purpose of turning the ordinary course of nature into a path of drunkenness.

(*Republished from No.* 300, *June* 21, 1845, *of the Medical Times.*)

There is now before me the cranium of an adult who was fatuous from birth; yet this cranium is at first sight perfectly well formed in all its parts; and so it seems until narrowly looked at, when I thought I could discover a peculiarity which has not, I think, been already explained; it is this, and here is the cranium. Now, the several measurements of the cranium are excellent, and its whole appearance indicative of its having belonged to some one of sound and of good intellect; all the regions seem well developed, that is, all the phrenological regions, as they are called, and yet the person was fatuous. That no doubt may remain as to this singular law I venture now to bring forward, I offer you all the more important measurements compared with those of an ordinary French cranium, not selected, but taken at random from a number of others.

Measurements of the cranium of a fatuous person compared with those of an ordinary or normal cranium:—

	French skull.	Fatuous.
Circumference by tape measurement	20 5-8	20 4-8
Height from one meat. audit. exter. to the other	12 4-8	12 4-8
Breadth of forehead	4 4-8	4 4-8
Sphenoid bone—		
1. Greatest breadth of the larger ala	1 1-8	5-8
2. Where narrowest	6-8	4-8

The pterygoid processes are not larger than in a child, and the whole bone bears the marks of imperfect development. From these measurements may be deduced the singular law (provided it meets support from other crania), that a segment of the cranium, or a cranial vertebra, may be superficially developed; that in this case it was the sphenoidal vertebra; that certain parts of the brain having a relation to this vertebra partook of its imperfect development; that the functions of these parts suffered thereby, disturbing all its functions, and producing fatuity.

IMPORTANCE OF THE SPHENOID BONE AND ITS DUE DEVELOPMENT IN MAN.

By DR. KNOX.

Most of the speculations having a reference to the philosophic or transcendental anatomy of the cranium which have been brought forward during the last thirty or forty years tend to show, with other singular and hitherto unexplained circumstances, that of the cranial vertebræ, whether three or more, the sphenoid or central is by far the most important. In the physiological lecture I published in this journal (see *Medical Times*, vol. xii.), I therein describe an adult cranium of a fatuous person in whose conformation nothing else could be found amiss excepting the incomplete development of the sphenoid bone. It was the cranium of a gentleman between thirty and forty years of age, in whose features, when alive, nothing amiss could be discovered; he appeared, in fact, quite sane; but the instant he spoke it was easy to see that he was fatuous; and he had always been so. In that gentleman's cranium I discovered that the sphenoid bone was not larger than in a young person of some ten or twelve years of age, and even of some much younger. On observing this I wrote to my most esteemed friend, your valuable correspondent Mr. Hallett, demonstrator of anatomy in the university of Edinburgh, calling his attention to the circumstance, and requesting him to have the kindness to obtain for me correct measurements of the sphenoid bone at different ages and in different races. He most politely furnished me with the following table, interesting, I hope, to physiologists and to the philosophic anatomist; and for which I feel greatly obliged to him. I shall myself return to the consideration of this important table, so soon as I resume my course of lectures on the Physiology and Physiological Anatomy of Man.

Table of Measurements of the Sphenoid Bone in different Races of Men, and in different Ages. By C. H. HALLETT, Esq.

Number	Race.	Male.	Female.	Age.	Circumference of cranium.	Vertical measurement.	Greatest breadth of forehead.	Greatest breadth of ala of sphenoid.	Least breadth of the same.	Length of the external pterygoid.	Length of the intern. pterygoid process.
1	English.	Male.	..	Adult.	20 4-8 in.	13 in.	4 6-8 in.	1 2 8 in.	5-8 in.	1 in.	1 2-8 in.
2	Do.	Do.	..	Do.	20 ..	12 4-8 ..	4 6-8 ..	1 2-8 ..	4-8 ..	1 ..	1 2-8 —
3	Do.	..	Female.	Do.	20 ..	12 ..	4 4-8 ..	1 4-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
4	Do.	Male.	..	Do.	20 6-8 ..	12 6-8 ..	5 ..	1 4-8 ..	5-8 ..	1 1-8 ..	1 4-8 —
5	Do.	Do.	..	Do.	21 3-8 ..	13 2-8 ..	4 4-8 ..	1 2-8 ..	5-8 ..	1 1-8 ..	1 4-8 —
6	Do.	Do.	..	Do.	20 4-8 ..	12 7-8 ..	5 ..	1 3-8 ..	6-8 ...	1 1-8 ..	1 1-8 —
7	Do.	..	..	Birth.	12 7-8 ..	9 3-8 ..	2 5-8 ..	5-8 ..	3-8 ..	3-8 ..	3-8 —
8	Do.	..	Female.	20 years.	21 2-8 ..	13 ..	5 ..	1 2-8 ..	6-8 ..	1 2-8 ..	1 2-8 —
9	Scotch.	Male.	..	Adult.	20 1-8 ..	12 6-8 ..	4 3-8 ..	6-8 ..	4-8 ..	7-8 ..	1 —
10	Do.	..	Female.	Do.	19 3-8 ..	11 5-8 ..	4 2-8 ..	1 6-8 ..	1 ..	1 ..	1 2-8 —
11	Do.	..	Do.	Do.	20 3-8 ..	12 3-8 ..	5 2-8 ..	1 1-8 ..	5-8 ..	7-8 ..	1 —
12	Do.	..	Do.	Do.	20 1-8 ..	11 7-8 ..	4 5-8 ..	1 2-8 ..	5-8 ..	1 ..	1 1-8 —
13	Do.	Male.	..	Do.	21 5-8 ..	13 ..	5 1-8 ..	1 5-8 ..	6-8 ..	1 1-8 ..	1 3-8 —
14	Do.	..	Female.	Do.	19 6-8 ..	12 ..	4 6-8 ..	1 6-8 ..	1 ..	1 2-8 ..	1 4-8 —
15	Do.	..	Do.	Do.	21 ..	12 4-8 ..	5 3-8 ..	1 7-8 ..	6-8 ..	1 1-8 ..	1 3-8 —
16	Do.	Male.	..	Do.	20 4-8 ..	12 5-8 ..	5 6-8 ..	1 3-8 ..	6-8 ..	1 ..	1 1-8 —
17	Do.	..	Female.	Do.	20 ..	11 3-8 ..	5 ..	1 2-8 ..	6-8 ..	7-8 ..	1 1-8 —
18	Do.	Male.	..	Do.	21 2-8 ..	12 5-8 ..	5 5-8 ..	1 6-8 ..	1 ..	1 1-8 ..	1 3-8 —
19	Do.	Do.	..	Do.	21 ..	12 2-8 ..	4 4-8 ..	1 3-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
20	Do.	Do.	..	Do.	20 ..	12 3-8 ..	4 5-8 ..	7-8 ..	4-8 ..	1 1-8 ..	1 3-8 —
21	Do.	..	Female.	Do.	20 3-8 ..	11 5-8 ..	4 7-8 ..	1 2-8 ..	7 8 ..	6-8 ..	7-8 —
22	Do.	Male.	..	Do.	20 7-8 ..	12 4-8 ..	5 3-8 ..	1 4-8 ..	7-8 ..	1 ..	1 4-8 —
23	Do.	..	Female.	Do.	19 4-8 ..	12 2-8 ..	4 7-8 ..	1 3-8 ..	5-8 ..	1 ..	1 1-8 —
24	Do.	Male.	..	Do.	21 ..	13 ..	4 7-8 ..	1 7-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
25	Do.	Do.	..	Do.	20 6-8 ..	13 ..	5 ..	1 5-8 ..	1 ..	1 ..	1 3-8 —
26	Do.	Do.	..	Do.	20 4-8 ..	13 3-8 ..	4 6-8 ..	1 3-8 ..	6-8 ..	1 1-8 ..	1 2-8 —
27	Do.	Do.	..	Do.	2 6-8 ..	13 6-8 ..	5 ..	1 1-8 ..	6-8 ..	1 ..	1 2-8 —
28	Do.	Do.	..	Do.	22 6-8 ..	13 6-8 ..	5 ..	1 3-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
29	Do.	..	..	7 years.	18 4-8 ..	12 3-8 ..	4 6-8 ..	1 2-8 ..	6-8 ..	7-8 ..	1 —
30	Do.	Male.	..	4 years.	19 7-8 ..	12 4-8 ..	5 3-8 ..	1 3-8 ..	5-8 ..	7-8 ..	1 —
31	Irish.	Do.	..	Adult.	21 ..	12 6-8 ..	4 4-8 ..	1 3-8 ..	6-8 ..	1 1-8 ..	1 3-8 —
32	German.	..	Female.	Do.	19 3-8 ..	11 3-8 ..	4 2-8 ..	1 4-8 ..	7-8 ..	1 ..	1 1-8 —
33	Do.	Male.	..	Do.	21 3-8 ..	13 5-8 ..	6 2-8 ..	1 4-8 ..	5-8 ..	1 1-8 ..	
34	Do.	Do.	..	Do.	21 3-8 ..	14 2-8 ..	4 7-8 ..	1 5-8 ..	1 ..	1 ..	1 —
35	Do.	Do.	..	Do.	21 5-8 ..	13 1-8 ..	5 3-8 ..	1 4-8 ..	7-8 ..	1 1-8 ..	1 2-8 —
36	Do.	Do.	..	Do.	21 1-8 ..	13 5-8 ..	5 2-8 ..	1 4-8 ..	5-8 ..	1 1-8 ..	1 1-8 —
37	Do.	Do.	..	Do.	21 .	12 6-8 ..	4 6-8 ..	1 4 8 ..	6-8 ..	1 2-8 ..	1 3-8 —
38	Do.	..	Female.	Do.	20 1-8 ..	12 2-8 ..	5 3-8 ..	1 3-8 ..	5-8 ..	1 ..	1 3-8 —
39	Do.	Male.	..	Do.	19 3-8 ..	13 4-8 ..	4 4-8 ..	1 1-8 ..	5-8 ..	1 1-8 ..	1 3-8 —
40	Do.	..	Female.	Do.	20 3-8 ..	13 2-8 ..	4 6-8 ..	1 3-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
41	Do.	..	Do.	Do.	19 6-8 ..	12 2-8 ..	4 6-8 ..	1 3-8 ..	7-8 ..	1 ..	1 —
42	French.	..	Do.	Do.	21 4-8 ..	13 ..	5 4-8 ..	1 6-8 ..	6-8 ..	1 2-8 ..	1 3-8 —
43	Do.	Male.	..	Do.	20 2-8 ..	12 3-8 ..	4 5-8 ..	1 6-8 ..	5-8 ..	1 2-8 ..	1 3-8 —
44	Do.	Do.	..	Do.	20 4-8 ..	13 ..	5 ..	1 3-8 ..	7 8 ..	1 1-8 ..	1 3-8 —
45	Do.	..	Female.	Do.	20 ..	13 2-8 ..	5 3-8 ..	1 ..	5-8 ..	1 1-8 ..	1 3-8 —
46	Do.	Male.	..	Do.	19 6-8 ..	13 4-8 ..	4 7-8 ..	1 5-8 ..	5-8 ..	1 1-8 ..	1 1-8 —
47	Do.	Do.	..	Do.	20 6-8 ..	13 5-8 ..	5 2-8 ..	7 8 ..	4-8 ..	1 ..	1 1-8 —
48	Do.	..	Female.	Do.	19 6-8 ..	13 ..	5 ..	4-8 ..	3-8 ..	1 ..	1 1-8 —
49	Do.	Male.	..	Do.	19 5-8 ..	12 4-8 ..	4 5-8 ..	1 4-8 ..	5-8 ..	1 ..	1 2-8 —
50	Do.	..	Female.	Do.	20 7-8 ..	13 2-8 ..	4 5-8 ..	1 4-8 ..	5-8 ..	1 1-8 ..	1 2-8 —
51	Do.	Do.	Do.	20 years.	20 2-8 ..	12 6-8 ..	5 ..	1 2-8 ..	5-8 ..	1 ..	1 —
52	Do.	..	Do.	20 ..	19 ..	12 1-8 ..	4 7-8 ..	1 4-8 ..	5-8 ..	7-8 .	1 1-8 —
53	Do.	Male.	Do.	20 ..	19 7-8 ..	12 2-8 ..	5 2-8 ..	1 3-8 ..	5-8 ..	1 ..	1 3-8 —
54	Do.	..	Female.	20 ..	20 5-8 ..	13 2-8 ..	5 1-8 ..	1 1-8 ..	5-8 ..	1 ..	1 3-8 —
55	Swiss.	..	Do.	Adult.	20 6-8 ..	12 5-8 ..	4 6-8 ..	1 1-8 ..	4-8 ..	7-8 ..	1 —
56	Spanish.	Male.	..	Do.	20 2-8 ..	12 3-8 ..	5 3-8 ..	1 2-8 ..	6 8 ..	1 1-8 ..	1 2-8 —
57	Flemish.	Do.	..	Do.	19 3-8 ..	12 3-8 ..	5 ..	1 ..	4-8 ..	1 ..	1 1-8 —
58	Italian.	Do.	..	Do.	19 6 8 ..	13 3-8 ..	4 5-8 ..	1 3-8 ..	6-8 ..	1 1-8 ..	1 2-8 —
59	From Island of Corfu.	Do.	..	Do.	19 4-8 ..	12 3-8 ..	4 6-8 ..	1 3-8 ..	6-8 ..	1 ..	1 —
60	Creole.	..	Female.	Do.	20 4-8 ..	12 5-8 ..	5 ..	1 2-8 ..	4-8 ..	1 1-8 ..	1 2-8 —
61	Negro.	..	Do.	Do.	20 ..	13 ..	4 5-8 ..	1 1-8 ..	6-8 ..	7-8 ..	1 —
62	Do.	..	Do.	Do.	19 6-8 ..	12 4-8 ..	4 7-8 ..	1 .	4-8 ..	7-8 ..	1 1-8 —
63	Do.	Male	..	Do.	20 1-8 ..	12 3-8 ..	4 7-8 ..	7-8 ..	5 8 ..	1 ..	1 1-8 —
64	Do.	Do.	..	Do.	20 6-8 ..	12 5-8 ..	4 2-8 ..	1 2-8 ..	6-8 ..	1 1-8 ..	1 3-8 —
65	Do.	Do.	..	Do.	19 3 8 ..	12 1-8 ..	4 1-8 ..	1 6-8 ..	6-8 ..	1 1-8 ..	1 2-8 —
66	Do.	Do.	..	Do.	20 4-8 ..	11 5-8 ..	5 ..	1 3-8 ..	6-8 ..	1 1-8 ..	1 4-8 —
67	Do.	Do.	..	12 years.	18 ..	11 ..	4 3-8 ..	6-8 ..	4-8 ..	1 ..	1 —
68	Hindoo.	..	Female.	Adult.	19 5-8 ..	12 4-8 ..	4 5-8 ..	1 ..	5-8 ..	1 ..	1 1-8 —
69	Do.	..	Do.	Do.	20 2-8 ..	13 2-8 ..	5 1-8 ..	1 1-8 ..	4-8 ..	1 ..	1 2-8 —
70	Do.	Malo.	..	Do.	18 6-8 ..	13 ..	5 ..	1 2-8 ..	4-8 ..	1 ..	1 2-8 —
71	Do.	Do.	..	20 years.	19 ..	12 2-8 ..	5 ..	4-8 ..	2-8 ..	1 ..	1 2-8 —
72	Malay.	Do.	..	Adult.	19 2-8 ..	12 2-8 ..	4 3-8 ..	1 ..	5-8 ..	1 ..	1 1-8 —
73	Siamese.	Do.	..	14 years.	18 3-8 ..	12 1-8 ..	4 7-8 ..	6-8 ..	4-8 ..	7-8 ..	1 —
74	Tartar.	Do.	..	Adult.	19 3-8 ..	12 4-8 ..	4 ..	1 ..	4-8 ..	1 1-8 ..	1 4-8 —
75	Esquimaux.	..	Female.	14 years.	18 1-8 ..	12 2-8 ..	4 2-8 ..	7-8 ..	5-8 ..	1 ..	1 1-8 —
76	Carib.	Male.	..	Adult.	18 4-8 ..	13 4-8 ..	4 2-8 ..	1 4-8 ..	5-8 ..	1 ..	1 —
77	Do.	Do.	..	Do.	20 2-8 ..	12 ..	4 6-8 ..	1 7-8 ..	7-8 ..	1 2-8 ..	1 2-8 —
78	Australian.	Male.	..	Adult.	20 1-8 ..	11 7-8 ..	4 4-8 ..	1 ..	5-8 ..	1 ..	1 1-8 —
79	Do.	..	Female.	18 years.	17 6-8 ..	11 ..	4 ..	7-8 ..	5-8 ..	7-8 ..	7-8 —
80	New Zealand.	Male.	..	Adult.	22 ..	13 3-8 ..	4 2-8 ..	1 6-8 ..	1 ..	Defi-	cient.

All the measurements were made with tape. The circumference was measured from the occipital protuberance, along the temporal fossæ, over the frontal eminences, to the mesial line in front. The vertical measurement was found by carrying the tape from one external auditory meatus to the other over the parietal eminences. The greatest breadth of the forehead was taken by measuring from temporal ridge to temporal ridge, opposite to and over the frontal eminences. The greatest breadth of the greater alæ of the sphenoid bone was found by measuring from the posterior angle of the fronto-malar portion of the transverse suture, to the anterior angle of the squamo-parietal suture. The least breadth of the same was found by measuring the ala about an inch below the spheno-parietal suture. The length of the pterygoid processes was taken from the scaphoid fossa to their apices.

August 3, 1847. C. H. HALLETT.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 175.)

The doctrines propounded in the paragraph quoted in the last number are sound, and merit the attentive consideration of the practitioner. But, as relates to inflammatory action and the applicability of mercurials for its relief, there are points not wholly unworthy our attention. The general opinion is certainly in favour of *mercury* as an antiphlogistic—an opinion in which, to a certain extent, we concur. Notwithstanding, it would be very dangerous to trust to mercury in the acute form of active inflammation; and, indeed, it may be questioned whether the mercurial influence would not prove positively injurious in active inflammation. Effusion, suppuration, and even gangrene have resulted from the specific influence of mercury in acute inflammation. We should prefer antimonials, especially tartar emetic, in the acute stage; but when by venesection, purgatives, and antimonials, the peracute has been reduced to the passive or congestive stage, then the stimulus of mercury is not only safe but effectual. However, it is but very rarely that dyspeptic inflammation assumes the peracute character.

The second class of remedies are those calculated to prevent the secondary effects of mal-assimilation, and are usually applied upon rational principles. Unless reason be applied in their administration, they may do more harm than good. The rules for the exhibition of such remedies are thus laid down:—

"The two great objects to be kept in view in the administration of this class of remedies is either the mechanical object of getting rid of the unnatural material whose effects we wish to obviate, or the chemical object of neutralizing the acid and other unnatural products of the primary assimilating processes. Now, as both these objects have reference to certain periods, and depend upon the *time when* the assimilating organs are called upon to perform their duty, it is obvious that, to obtain the utmost benefit of this class of remedies, their administration must in a great degree be regulated by such periods. Thus the acid *residue* of a meal should be neutralized when the digestive processes are completed; that is usually from three to six hours after the meal has been taken; and for this purpose, even in the worst cases, from ten to twenty or thirty grains of the carbonate of potash will be quite sufficient. To the carbonate of potash I find that four or five grains of nitre may be usually added with good effect; though I do not pretend to explain its *modus operandi*. Those who wish to prevent the distressing secondary effects of acidity in the *primæ viæ*, must steadily persist in the use of this remedy daily—not for a few days or weeks, but until the affection has been entirely subdued by other means, viz., by the joint effects of appropriate diet and medicines; for it should be constantly borne in mind that alkaline remedies have no effect in *preventing acidity;* their effects are solely confined to *neutralizing the acids already formed.*"—Pages 88, 89.

A fashion has grown up amongst indolent persons, and who, at the same time, indulge in the pleasures of the table, of being always "bilious," or of suffering from "acidity." Hence the abuse of medicines, as the blue pill and black draught, and the resort to soda-water and similar antacids. Each of these classes of remedies are extremely serviceable when required to meet disease, but, on the contrary, prove highly pernicious when abused, or in certain states of system. Alkalis, if there be no acidity of the stomach, &c., at least the habitual use of them, cause the morbid generation of an acid, as the only means by which the system can rid itself of an agent in no way required for the purposes of the economy, and consequently, so far, deleterious.

But, when acidity even prevails, some judgment is required in the selection of the antacid. When the stomach or upper portions of the intestinal tube are the seat of the acidity, potass or soda answer the purpose effectually; but if disorder exist in the more remote parts, as the cœcum or colon, the more insoluble, as the alkaline earths—magnesia, for instance—should be chosen. If the soluble alkalis be used in such circumstances, they are neutralized, absorbed, and voided through the emunctories, before they can reach the seat of the acidity. Our author, however, recommends, as "the shortest mode of getting rid of the immediate inconvenience of acidity in the lower bowels, the injection of a pint or two of warm water (or of soap and water), and thus removing the offending cause."

Purgatives are generally necessary, and our author recommends that they should be taken at bedtime. They should be mild, but effectual, and disposed to act chiefly upon the lower bowels. Hence the decoctum aloes comp., or the pulvis aloes comp., are best suited to such cases. Drastics should be avoided, for, though they may afford temporary relief, they inveterate the disease.

In what are really bilious attacks there is usually a congested state of the viscera; which congestion requires to be removed by appropriate purgatives and deobstruents. Persons who have not been habituated or inured to the use of mercury will scarcely require it in the slighter attacks; but, if accustomed to the use of this mineral, nothing else probably will remove the congestion and relieve the system. Upon these conditions our author makes some very pertinent remarks, attention to which might prove useful to the community at large. "Bilious attacks," he says, "are so common among the indolent and over-fed inhabitants of great towns, that everybody, patients as well as doctors, think they understand them, and treat them accordingly. The truth is, however, that these derangements are not half so well understood as they are supposed to be; and that there is no class of diseases, particularly as they occur about the middle or stationary period of life, requiring greater discrimination or judgment on the part of the practitioner, on whose mode of treatment very often depends not only the future comfort, but sometimes even the very existence, of the patient."—Page 90.

Dyspeptic disease, or, as our author calls it, a congested condition of the assimilating organs, often proves the cause not only of disease in other parts of the system, but those of the most varied description and character. The seat and nature of these will be, in a great measure, determined by the state of the general health, or the condition of some particular organ or part. "Raro," says Celsus, "qui-quam non aliquam partem corporis imbecellam habet."(a) So the congested condition of the organs of assimilation, under consideration, will strongly predispose to disease in those parts of the system which, from original or accidental causes, are weaker or more obnoxious to disease than the others. "It becomes, therefore, the duty," observes our author, "of the medical practitioner to study the weak points of the patient's constitution, and to direct his remedies accordingly. Calomel pills and black doses will not do for all; and, when misdirected, they too often bring on irreparable mal-assimilation and its consequences."—P. 91.

We have already dwelt at some length upon the evil consequences of a blind or indiscriminate resort to mercury; yet there is no abuse, perhaps, more common, notwithstanding the evil results. We ourselves find the prejudices in favour of mercury—no matter what the occasion—one of the greatest difficulties in therapeutics which we have to oppose or surmount. Patients are so constantly "bilious" that there is no possibility of convincing them of their error; and the idea of bile in the system without recourse to mercury is a proposition too monstrous and absurd, and the attempt would prove sufficient to overturn even the College of Physicians itself. The author next passes on to the treatment of ague, rheumatism, and neuralgia, &c., which concludes the subject of lactic acid.

(a) "De Medicina," lib. i., cap. ii.

In the third chapter the author of the work before us proceeds to the consideration of the pathology of albuminous assimilation and secretion. Albuminous assimilation seems to be essential to all the more perfect animals, and cannot be long, if at all, suspended, without destruction to life; but, according to the author, in the human subject the *primary* assimilation of *animal* albuminous matters may certainly for a time, if not altogether, be dispensed with. It is not known whether the primary assimilation of gluten or vegetable albumen, or the caseous principle of milk, can be, consistent with existence, permanently suspended. Upon this question the author observes:—"My belief is that the function of assimilating albuminous matters, taken in its *general* sense, like the function of assimilating the organized saccharine principle, is never entirely suspended; in other words, that the complete suspension of this function is equivalent to the death of the organized being."—P. 93.

The derangements which result from albuminous mal-assimilation are more conspicuously shown in the alterations to be found in the urine; and the changes so induced in the secretion our author makes the basis of his arrangement and description. This arrangement consists of a division into four sections—*a*, *b*, *c*, and *d*.

Derangements characterized and indicated by

a Excess or deficiency of urea.

b The presence of albuminous matters in the urine.

c The presence of lithic acid and its compounds.

d The presence of cystic oxide, xanthic oxide, hippuric acid, &c.

Excess of Urea.—According to the analysis of Berzelius, 1000 parts of human urine contain 30·10 parts of urea. There is good reason, however, to believe that this ratio, considered absolutely, is very enormous, and that it has been deduced from urine the specific gravity of which must have been at least one-third above the normal or ordinary density.

Dr. Christison, who is considered the most accurate experimentalist upon the relation between the density of the urine and its solid constituents, finds that every decimal unit of density (a) represents or corresponds to 2·33 of solids in every 1000 parts of urine. Consequently, if D represent the density of the urine, the formula $D \times 2{\cdot}33 =$ the solids in 1000 parts of the specimen. Now, Berzelius's analysis gives 67·00 of solids in 1000 parts of urine; and $67{\cdot}00 \div 2{\cdot}33 = 29$ very nearly. Thus it is evident that the density of the urine examined by Berzelius must have been very nearly 1·029. If, then, we assume that the density of this urine exceeds the natural average by about a third, the natural ratio of urea would be as 20 07 : 1000. Thus Berzelius's estimate of the proportion of urea exceeds the healthy average by about one-third.

(To be continued.)

Treatise on the Falsifications of Food, and the Chemical Means employed to detect them. By John Mitchell. London. 1848. 12mo. Pp. 334.

This is a very sensible, practical, and useful little volume. Moreover, it is one calculated to supply a very notable desideratum. Accum's "Death in the Pot" was the first work in English which directed popular as well as professional

(a) Above that of distilled water assumed as unity, or 1·000.

attention to the various sources of imposition and mischief which beset the commonplace duties of eating and drinking. Since Accum's time, however, the advances of chemistry have given additional opportunities to this species of fraud, and have also, happily, supplied corresponding means for its detection. These means, however, in a purely chemical acceptation, are not within the reach of other than those who are in the habit of purchasing and perusing the latest works on chemistry, and are, therefore, capable of keeping pace with its advances. Only the professed chemist, with money at his command, can do this. Hence it is that judicious selections of valuable experimental processes and facts are in so much esteem when they can be made available to the common purposes of life. Of such character is the volume before us. The object of it, throughout, is to indicate the frequency with which common edible and drinkable articles are adulterated—the mode of adulteration, and the fraudulent materials used—and the processes whereby the various impositions may be detected. In the prosecution of these several intentions, our author has obviously aimed at practical clearness and judicious condensation. There is no abuse of technical phrases, and the matter of general detail is conveyed in language which is at once copious and concise. Scattered throughout is a great mass of interesting facts and very useful information; such, indeed, as the scientific man will not be above acknowledging, and the popular reader will be glad to get. For the most part the chemistry is good, but, in many of his processes of analysis, Mr. Mitchell is somewhat roundabout. Many of his directions for analysis might be very much shortened, and thereby simplified. This is particularly observant in the articles wine and bread. We hope this fault will be amended in a subsequent edition. In the meantime we give the volume a cordial recommendation.

Popular Lectures on the Prevailing Diseases of Towns, &c. By WILLIAM KEBBELL, M.D. Brighton. 1848. 12mo. Pp. 196.

The subject embraced in the volume before us is, of course, one in which everybody is concerned who feels any interest in the maintenance of his life and health. So many important facts have of late been disclosed in reference to the production or prevention of disease, by a neglect or an observance of general and personal hygienic means, that a summary of such facts and their practical advocacy cannot fail to confer a great public benefit. Such is the tendency of the volume we are noticing. Though for the most part directed to an announcement of the physical evils which beset the town of Brighton, it relates, more or less, thoughout, to a consideration of the remediable causes which contribute to the vast mortality of some of our larger towns. These several causes are successively enunciated, and made the subject of comment, in a manner which does great credit to the industry and good sense of the author. In his remarks on intramural interment, however, though mainly good, there is one conspicuous error.

"In all cases of interment," he observes, "some portion of the gas (of decomposition) which is formed will take an upward course through the soil, and be discharged into the atmosphere; while another will diffuse itself laterally and downwards, and become mixed with the surrounding moisture; thus proving a source of contamination to the two chief elements of life—the air we breathe and the water we drink."—P. 182.

The chief gases eliminated by animal decomposition are carbonic acid and sulphuretted hydrogen. Than these, few gaseous effluvia could more deteriorate the atmosphere, in so far as concerns respiration; but there is a wide difference between the lungs and the stomach, as regards what can be taken into either with impunity. It requires but a small quantity of sulphuretted hydrogen, or carbonic acid gas, to destroy life when respired; but we opine a man might drink somewhat largely of Harrowgate-water before its sulphurous impregnation poisoned him; and the only person we ever heard of being killed by soda-water was a thirsty boor who swallowed enough to burst him. The gaseous products of decomposition can only prove injurious to living animals by contaminating the atmosphere—and they do this enough, in all conscience!

The whole tenor of Dr. Kebbell's work is mixed up with good intentions, and we have much pleasure in commending it to general as well as professional perusal.

THE MEDICAL TIMES.

SATURDAY, JULY 22, 1848.

THE UPTON POOR-LAW UNION SURGEONS' APPEAL TO THE PROFESSION.

THE agitation of the question of Poor-law Medical Reform has produced sentiments favourable towards the claims of medical men engaged in union practice for fair remuneration. Startling facts have been published which are now exercising an influence for good, and which will ultimately compel poor-law guardians to do justice to their medical officers. The "Convention" has diligently laboured, and we believe not in vain, though it has yet only reaped some first-fruits, which, however, are the precursors of a coming harvest.

Oppression has not yet ceased, and oppressors are still to be found who would willingly perpetuate the wrongs of which the poor-law surgeons have so justly complained. While many unions have been shamed into well-doing, there are not a few which even now resist the righteous claims of their medical officers. Bygone days appear not to be forgotten when parishes were let by tender, and when those who would do the most work for the least pay were elected medical officers. To these good old times some unions would wish to return, and amongst the number may be placed that of Upton-on Severn, in the county of Worcester.

We published last week a document addressed to the profession by the medical officers of that union, in which they ask the support of every practitioner in their struggle with their oppressors. We feel convinced that every honourable-minded gentleman amongst us will heartily respond to that appeal, and thus show to the guardians that the game can no longer be successfully played of pitting medical men against each other.

The Upton surgeons do not complain without reason. Their salaries are utterly inadequate to cover their expenses; the remuneration per case varying in different districts from 4s. to 1s. 7½d. Before appealing to the profession, they appealed to the board, in the hope that a sense of justice was not entirely obliterated in the bosoms of the members. The least these could do they did do, viz., appoint a committee to examine into the matter. This was all the redress, however, which the surgeons obtained; for though they showed inability to do their work without their pecuniary loss, though they urged the justice of their claims by a reference to other unions where large increases of salaries had recently been made, the committee, after receiving them courteously, dismissed them with the promise that their case should be reported to the board on the following Thursday. During the interval the medical officers lived upon hope, a very pleasing but unsubstantial commodity; and, when the appointed day arrived, the generosity of the guardians was so great that they allowed an additional £6 per annum for the Kempsey district, but resolved that all the other salaries should remain as before.

They came to this decision, in all probability, after taking into consideration the chances that the medical officers would resign. This the worthy guardians imagined might be easily remedied by advertising for surgeons to fill their situations; for in a profession proverbially overstocked there would be no lack of candidates, though only from 4s. to 1s. 7½d. per case was allowed in a case of pauper sickness. The thing had been done hundreds of times before with success, and why not now? The surgical officers, with a magnanimity truly admirable, did resign, and they have now appealed, through the medical press, to their brethren for support, while they measure their strength with their official masters. And who will withhold support from the Upton poor-law surgeons after such praiseworthy conduct? They appeal to our honour, they confide in our generosity, and we are sure they will not be disappointed. They have only to continue true to themselves, and we are sure that the members of the profession will be faithful to them; and the guardians will soon be taught a truth, which perhaps may be new to them, that to count upon the divisions of medical men as the means of keeping down their salaries when they accept office in unions is to lean upon a broken reed.

The delusion is scattered to the winds that union offices are sure stepping-stones to private medical practice. The injustice of "guardians" has become so palpable that advertisements for medical officers now fail, in most instances, to beguile even new-fledged members of the profession into the trap set for them. We think the Upton officials will find no pigeons silly enough to allow *them* to put salt upon their tails, for the voice of the profession will scare any away who may exhibit a disposition to be caught.

Firmness in the present instance is all that is necessary to ensure a triumph; and this may teach all poor-law guardians that henceforth surgeons in their employ must receive for their services an honourable and equitable remuneration. When any refuse to give this, they will have to bear all the disgrace attached to such proceedings, for the poor-law commissioners have declared themselves in favour of justice towards union surgeons.

We would urge the Upton guardians immediately to reconsider the question of medical salaries, and to place them upon such a liberal scale as shall be honourable to themselves, advantageous to the poor, and remunerative to the surgeon.

This is the only means of escape for the parochial authorities in their present difficulties for we cannot believe that any members of our profession will accept office to receive, in addition to low pay, the opprobrium of all their brethren.

The matter cannot rest in its present position

THE FATE OF ANÆSTHETIC AGENTS DECIDED.—DEATHS FROM CHLOROFORM IN ENGLAND, FRANCE, AND AMERICA.

THE fate of chloroform is sealed, at least so far as relates to its employment in minor surgica

erations. The deaths which have occurred to sons under its influence, both in England, nce, and America, have incontestably proved t it is a medicine which cannot be administered hout great risk. Anæsthetic agents may be ly said to have had their day, and hence- th they will cease to be employed, either in gery or midwifery, except under peculiar umstances, and by persons of more than inary courage. The law, up to the present e, has not interposed to stop the perilling of man life by the inhalation of ether and chlo- orm; but another death or two will rouse it o action, and surgeons under whose sanction se agents may hereafter be administered will exposed to the danger of a prosecution for nslaughter.

The great experiment has now been fairly ed, whether patients about to submit to sur- al operations can be rendered insensible to n by certain agents and their lives not perilled. r a time all seemed to promise well, and the t death which occurred was attributed to ne other cause than the administration of oroform or ether. The scientific world was willing to admit that agents apparently so uable should possess attributes which would vent their general employment. Thus brandy, her than chloroform, was stigmatized with the lt of Hannah Greener's death; and the ggist's apprentice, who expired after inhaling e anæsthetic agent merely to produce a mo- ntary pleasure, was said to have given up the ost for the want of breath, his face being veloped in the napkin from which he inhaled e much-loved gas. Facts, however, have since cumulated, which forbid us to doubt that, der certain circumstances, death will follow e exhibition of chloroform and ether.

Could these circumstances be clearly ascer- ned beforehand by the surgeon, all difficulty uld vanish, and science would be justly proud the discoveries of Morton and of Simpson. in, however, seems as yet to be indissolubly ked to human nature, and science has laboured vain to produce its extinction. Chloroform d ether, which appeared for a season to be two the most important gifts ever given to man, ve proved, to some, fatal poisons—penetrating an instant the whole system—attacking the tal energies, and compelling them to yield to ath, though apparently uninjured previously disease.

The way in which anæsthetic agents are in- oduced into the system renders the resources our art powerless in any attempts to coun- ract their poisonous influence. In no single stance that we know of has the effort to stract blood been successful; nor are we isposed to imagine that much good would re- lt from bleeding if the venous and arterial rrents were not completely stagnated. Blood ppears to lose those characteristics which are ssential to life, assuming a dark colour in the rteries, while the fluid in the veins becomes ixed with air. This latter circumstance has een noticed in nearly every fatal case, and is a henomenon which as yet has not been satis- ctorily accounted for. In the case of the French male, M. Gorré, the surgeon who administered he chloroform, endeavoured to account for the resence of air in the veins from the possibility f its being introduced at the time of performing he operation, which was only that of opening n abscess for the extraction of a foreign body. Like a zealous friend of anæsthetic agents he uggests the idea that the patient died from this cause, and not from the inhalation of chloroform. M. Velpeau, with great propriety, controverts this opinion, as death appears to have actually taken place before the operation was commenced; yet he advances an opinion equally as improbable as that of M. Gorré, viz., that, as the autopsy was not performed till twenty-four hours after death, putrefaction might have been the cause of the air in the veins.

In the American case, though the body was not examined till twenty-four hours after death, putrefaction could not have been the means of generating the gases found in the sinuses of the dura mater, as in the month of February in Cincinnati the temperature of the air is not sufficiently high to produce decomposition sufficiently rapid to generate gases in the veins even of a person who died in the midst of health.

Looking over the cases, we are led to conclude that the quantity of chloroform exhibited has very little to do with the fatal results. In Mr. Robinson's patient a drachm and a half only was placed in the apparatus; in the American case there was probably not more administered; while the patient of M. Gorré had only placed upon the handkerchief fifteen or twenty drops.

In all the fatal cases death occurred without any previous signs of disease. Had the patients presented anything unusual in their appearance, it is likely that the surgeons would have detected it; and it is this circumstance that renders the administration of chloroform so dangerous.

Hence it becomes the members of the medical profession to use with the greatest circumspection anæsthetic agents. In the minor operations of surgery they are now inadmissible, and even in the great operations it becomes an important question whether the risk incurred will justify their employment.

Since writing the above remarks, on looking over the *Gazette Médicale* of the 15th of July, we find a case recorded of a corpulent young man, twenty-four years of age, admitted into the Hôpital Beaujon on the 25th of June, and who suffered amputation of the thigh in consequence of a gunshot wound. The patient inhaled the chloroform, and before the operation was concluded sensibility appeared to be returning, when M. Robert, the surgeon, ordered some more chloroform to be inhaled; within a quarter of a minute the respiration became stertorous, the face and lips pale, the pupils dilated, and the head fell upon the shoulder. Powerful friction and irritating the pituitary membrane seemed for a moment, in this case, to produce signs of returning sensibility. The patient, however, soon expired.

Here, again, the surgeon was willing to suppose that the anæsthetic agent was not the cause of death, but rather the peculiar condition of the patient from the gunshot wound which he had received. Be this as it may, the fact is now established that anæsthetic agents cannot be employed without in many cases endangering the lives of those who are placed under their influence.

ADVANCE OF THE ASIATIC CHOLERA, WESTWARD.

Public attention is again directed to the fact, that the cholera has appeared in Europe with its usual virulence. For a few weeks we heard little of its progress, and some were ready to indulge the hope that its advance westward had been arrested. The foreign journals, however, inform us that it has broken out afresh in Moldavia, Wallachia, Galatz, and Moscow. At Galatz, since February, 746 cases have occurred, and 237 deaths, in a population estimated at 40,000. In Moscow, 222 cases were reported in two days, more than one half of which proved fatal. The physicians have discovered no means of checking the ravages of this disorder; for whatever remedies they have employed appear to have produced no beneficial results.

At St. Petersburg no less than one thousand cases had occurred up to the 24th of June, and a greater number of deaths are said to have happened than even at Moscow. This frightful epidemy is taking exactly the same course as in 1831-32. At that period, after remaining during the winter months at Moscow, it advanced in the spring to the Russian capital, where it attacked persons of every class in society. It has been conjectured from these circumstances that it will continue to proceed in its old route, and that it will reach our shores about the spring of next year.

Prudence dictates that every means at command should be employed to avert the impending evil; and we sincerely hope that medical science may ere long successfully combat it. A prospect of its speedily appearing amongst us will give an impulse to the sanitary measure which yet lags in the House of Lords. The Premier has declared his intention of carrying the bill through this session; and we hope that, when it does become law, its provisions will be rigorously enforced. Cleanliness, ventilation, and efficient drainage cannot fail to help medical science in bringing about a favourable issue in certain diseases: we trust that Asiatic cholera may be amongst the number.

THE POOR-LAW COMMITTEE.

Mr. Healey having, about a month since, resigned the hon. secretaryship to the Committee of Poor-law Medical Officers, that body, at its last meeting, passed the following resolution:—

"That this committee feel themselves deeply indebted to Mr. Healey for his kind, efficient, and disinterested services, as their hon. secretary, and, whilst they much regret that Mr. Healey finds himself under the necessity of resigning that office, they hope that he will continue to give them his valuabe assistance as a member of the committee."

ON POOR-LAW MEDICAL RELIEF.

There is no part of the administration of the poor law in which the public are more interested than in the medical attendance on the sick. The larger part of the expenditure of the rates is incurred in the maintenance of the sick and their families; and it is obvious that not only humanity, but economy, requires that the sick poor man should have good and speedy medical aid, to enable him to return to work, and thus remove himself as quickly as possible from dependence on the general fund. There is no doubt that the majority of guardians and ratepayers think they have, by the appointment of their medical officers, secured good and speedy medical aid to the sick poor; and it is hoped and believed that in the majority of the unions and districts throughout the kingdom this is the case; but this result arises much more from the conscientious and humane feeling of the parish doctor than from the excellence of the arrangements made by the boards of guardians. Such is the nature of medical practice, that there never is, and never can be, any regular market price for medical services. The peer and the cottager, if they have a broken leg, or an inflammation of the lungs, require the same attendance, the same medicines for their cure; yet they cannot by any possibility pay the same amount of remuneration. Thence it follows that different classes of society

pay very different sums for the same services. Advantage has been taken of this want of a fixed scale to arrange the salaries of parish doctors in an arbitrary way, without the slightest reference to the actual amount of labour, or to the expenses incurred; thus, in the very sickly winter of 1847-8, there have been unions in which the whole payment to the doctor has not amounted to threepence per case; and in others, permanently, the amount does not exceed sixpence per case, the medical officer having to provide at his own expense the necessary drugs and applications. The general average of payment in country districts in the south of England is about two shillings and sixpence per case. In this state of matters one of two things must occur—either the poor are neglected, they are supplied with bad medicines, and the general amount of sickness and mortality is increased; or, what, it is hoped, is far more common, the doctor does justice to his pauper patient, and uses his best endeavours to get him well, but receives no remuneration for his exertions; and, even in seasons of extraordinary sickness which various circumstances have rendered more common than formerly, he must suffer a pecuniary loss—hence a great and natural dissatisfaction. Surely it cannot be right that either of these alternatives should be inevitable—it cannot be right that a great and rich country like England should consent to receive the gratuitous labours of a class of men, far from rich, in an unremitting and highly responsible employment—it cannot be right that three millions of our fellow-subjects, and those the most helpless, should be intrusted to the unpaid labours of any class of men, before whom so great a temptation is set to render imperfect and inefficient assistance. In every other transaction of life it is considered necessary to pay well in order to be well served; and the medical profession may, indeed, be proud of the confidence that is reposed in its members, when they are expected to perform an anxious and harassing duty with the slightest expectation of pecuniary reward. It would, however, be well for the public to consider whether the general rule would not here also be applicable; and whether a more liberal payment would not ensure, in the long run, a more efficient and complete attendance on the sick, and thereby a diminution of charges for sick maintenance.

At present the real amount of responsibility of the medical officer is by no means great. It is true he may often incur great blame from a very trifling cause, or perhaps from no just cause; but he may be guilty of great neglect without its being known to his employers. This arises from the circumstance of boards of guardians, however much they may desire to ensure good medical attendance to their poor, being unacquainted with medical science, and therefore being really unable to judge whether the amount and quality of the attendance rendered by their medical officer is at all equal to the occasion. In all other public departments in which medical services are required, there is a system of inspection by competent medical authorities, which is absolutely necessary to a proper supervision, and which would introduce a real responsibility if it were applied to the poor-law medical system. This is so generally acknowledged that the only objection that has been offered to it is the expense. Undoubtedly, if a system of inspection were to be properly carried out, it must be properly paid for; but this expense would speedily prove a saving if, with other improvements, it ensured to the labourer good and speedy attendance. Such a system of professional inspection is not only necessary to do justice to the poor; it is also necessary to ensure justice to the medical officer, for the extent of his services and the exactness with which he performs his duties can only be appreciated by persons who are thoroughly acquainted with medical science and practice.

It has been objected that the medical profession have the remedy in their own hands—that they need not continue to hold their appointmets for which they are so badly paid, but may give them up to others who will be ready to take them. It is true that in many cases, however low the so-called remuneration may be fixed, there will frequently be found men, with the necessary testimonials, prepared to take the appointments; but these men will, in their turn, reiterate the same complaints, and with the same reason, for the grievance will still remain—an undue amount of labour, attended with much anxiety and personal risk, will be demanded for an insufficient recompense;—the natural result follows: unless an abiding sense of duty and self-respect animates the medical officer, harshness and neglect take the place of kindness and zeal. Is not this a natural, nay, a necessary result? And ought not the public to consider well whether they are blameless in allowing a system to go on which occasionally deprives the poor helpless man of health, or wounds him in his tenderest feelings by the neglect of those who are dear to him—which occasionally increases the expense of maintenance of the poor, by allowing disease to go on unchecked for want of remedies—and which always produces deep and heartfelt dissatisfaction to the medical man, who feels that of all public servants he is the hardest worked and the least remunerated? These evils are great and real—they are felt only by the doctor and the pauper; but their consequences affect society generally. The remedy is simple and practicable—Let the parish doctor be really paid; let him, after a proper calculation of his expenses, have a modest overplus to compensate him for his skill, his time, his mental anxiety; but let him also be really responsible to persons competent to understand his functions; let a strict supervision ensure a punctual performance of his duty: in short, act as in any other business and relation of life—let a liberal course of action be encouraged on both sides—from the poor-law authorities, a rate of payment which shall be no longer penurious and illusory—from the medical officer, a prompt and earnest attention to the combined interests of the pauper and the rate-payer.

Committee Room of Poor-law Medical Convention, 4, Hanover-square.

SURGEONS OF EMIGRANT SHIPS.

[The following letter was addressed to a medical gentleman who was desirous of obtaining information in reference to the appointment of surgeons to emigrant vessels.—Ed.]

Colonial Land and Emigration Office,
Park-street, Westminster, July 7.

Sir,—I am directed by the Colonial Land and Emigration Commissioners to acknowledge the receipt of your letter of the 3rd inst., and in answer to your inquiry I am to state that the commissioners are not engaging any surgeons to proceed to the North American colonies, and that the medical appointments to which you allude have reference only to the colonies of New South Wales and South Australia.

The commissioners are frequently despatching vessels to Sydney, Port Phillip, and Adelaide, each of which carries a surgeon, who must be duly qualified to practise his profession in this country, and whose remuneration consists of a free cabin passage out, but not home again, and of a gratuity of 10s. a head for all emigrants landed in the colony, provided the duties be satisfactorily discharged.

Should you desire to become a candidate, it will be necessary for you to forward your diploma, together with testimonials both of professional ability and moral conduct, when your name will be placed on the list, and will be considered in common with those of other applicants.

MR. JAMES BIRD ON MEDICAL REFORM.

(Continued from p. 180.)

It was a memorial by the president, the vice-president, and the council of the National Institute?—It was.

Was that memorial concurred in or supported by the Society of Apothecaries?—They were not directly parties to it; their combined functions ceased when the joint deputation published the last of their reports.

Was that memorial accompanied by any heads of a charter?—It was not.

Were any heads of a charter afterwards prepared at all?—None till recently.

When were they prepared?—Within the last month; it was the result of a conference between the council of the National Institute, or certain persons sent by the National Institute, and the Colleges of Physicians and Surgeons, and the Society of Apothecaries; we memorialized for a charter, in general terms, without having prepared the charter, beyond the principles which we had already promulgated, till we had ascertained from the Secretary of State whether he was disposed to grant the charter.

Did the Secretary of State give you encouragement or not?—The Secretary of State acknowledged the receipt of that memorial, and gave us so much encouragement as to say that the council of the National Institute should be concurrent parties to any measure of medical reform that was hereafter adopted by Government.

You met with a deputation from the College of Physicians in London, from the College of Surgeons in London, and from the Society of Apothecaries' Hall?—Yes.

And you agreed upon certain principles?—Precisely.

Which have been laid before the committee by another witness; in conformity with these principles you mentioned, have the heads of a charter been again prepared?—They have.

Have they been submitted to the Society of Apothecaries?—They have.

And also to the other bodies?—And also to the other bodies, at the conference.

Were they prepared at the conference?—They were not prepared at the conference; they were prepared, and were founded upon the same principles as had been formerly agreed on, by our solicitor.

Have you the heads of that charter?—I have not a copy here; it is incomplete, and that is the reason why I am indisposed to produce it.

It is not complete; it is only in course of preparation?—It is still under consideration.

In the contemplated charter, though in course of preparation only, is it intended that it should accomplish the same objects as the previous charter which you had submitted?—It is.

You did not use the former charter in drawing the clauses of the new one, did you?—I believe the solicitor made use of certain portions of it, I think the whole of it, as nearly as could be collected.

Would there be any difficulty in the committee procuring a draught of that former charter?—I do not know that it ever came out of the Home Office; without making application, I am not in a condition to reply to the question.

So far as you know, no copy of it has been kept by your institution?—Certainly not; no copy for any general purpose; I really do not know if there is a copy in existence of the old charter as it stood before.

Have you any objection to produce to the committee, from the minutes of proceedings of the association, or otherwise, the heads of the charter which was proposed in the first instance?—Certainly not.

The draught, which was actually drawn out in a more technical form, really embodied what was contained in those heads?—Assuredly.

Not more?—No.

It was intended to carry into effect what you had generally expressed?—Precisely.

The new charter, which is in course of preparation, has never been submitted to any of the medical practitioners generally through the country?—No, except the heads, as the heads of a charter, in accordance with those that were formerly submitted.

Have you separate heads of the charter lately submitted?—We have no separate heads of any charter which has been submitted, except the first.

With regard to the institute which you represent, you mentioned that there was no examination of already qualified members; what is the

qualification to be a member of the National Institute of Medicine, Surgery, and Midwifery?—The possession of any diploma or qualification whereby the person applying is entitled to practise, and under which he practises.

Does that extend in any degree to Scotland or Ireland?—Assuredly.

Does it extend to all degrees or qualifications or diplomas, irrespective of their having been recognised by the College of Surgeons, the College of Physicians, or the Society of Apothecaries, in England?—It does; it comprehends the whole of the three kingdoms.

Does it extend to all degrees, or only to the higher class of diplomas?—All medical degrees.

If a gentleman has practised under a degree or diploma from Aberdeen or St. Andrew's, or any other college of medicine or surgery, he is entitled to be a member of the institute?—Precisely so.

What practice constitutes such a person a general practitioner?—That he practises in all departments of the profession.

Must he have a certificate that he has practised, or how do you judge of it?—It is judged of, in a great degree, by the character of his qualification, in the first instance, and inquiries are made of some parties who know him in his neigbourhood, as to what the nature of his practice is.

The committee are to understand that this National Institute is not like the College of Surgeons or Physicians, but that it is a body which represents the views and feelings of the three parts of the empire, England, Scotland, and Ireland?—It may be, if those gentlemen think proper to express their opinions.

Did not you say before, that the members of the institute were confined to England and Wales; are there any simply Scotch practitioners, practising in Scotland, members of the National Institute?—There are some.

How many?—I do not know that there are many.

In Ireland are there any?—Yes, and there are some in the Isle of Man.

Many in Ireland?—Not many.

In the National Association were there any practitioners who were practising in Scotland or in Ireland?—There were.

Were those practitioners practising in those countries members of the association, although their right to practise depended solely upon Scotch or Irish diplomas respectively?—Undoubtedly.

Can you say that the National Institute or the National Association does contain anything like the clear expression of the opinions of the general practitioners in Scotland and in Ireland; you mentioned that it contained an expression of the general opinion of the practitioners in England, because it consists, the one of 1500 and the other of 4000 or 5000; but does it contain anything like the general expression of opinion of the practitioners in Scotland and Ireland?—The parties who constitute the institute are persons who were actually in practice prior to the 1st of August, 1815, licentiates of the Society of Apothecaries, members of the Royal College of Surgeons in England, Ireland, or Scotland, masters of surgery and doctors or bachelors of any university of the United Kingdom, and fellows or licentiates of any college of physicians who shall have been in actual practice as general practitioners in medicine, surgery, and midwifery, or who shall satisfy the council of their qualifications to practise in medicine, surgery, and midwifery; consequently any qualified person may belong to the National Institute.

That is to say, the National Institute is open to all those parties who ask admission; but are practitioners in Scotland and Ireland, in point of fact, members of the National Institute to such an extent as to enable you to say that the National Institute does represent all the opinions of the Scotch and Irish practitioners?—I should say we are applying for a charter referring to England and Wales, consequently the temptation to Scotch and Irish practitioners to join the institute is probably not sufficiently great to have induced them to do it in sufficient numbers as to give us any right to say that we represent the opinions of the Scotch and Irish practitioners upon this subject.

(To be continued.)

DEATH FROM CHLOROFORM IN FRANCE.

At the meeting of the Academy of Medicine, on the 4th of July, the following instance of the fatal effects of chloroform vapour was communicated to the members by M. Gorré, surgeon-in-chief to the Hospital of Boulogne.

The patient was a female about thirty years of age; and the operation, which was performed on her under the use of chloroform vapour, was merely that of opening an abscess caused by a foreign body lodged beneath the skin. Before commencing the operation, M. Gorré held under the nostrils of the patient a handkerchief on which he had poured about fifteen or twenty drops of chloroform. The patient had only made a few inhalations, when she cried out, "I am suffocating." Her face became pale, the expression of her countenance was changed, the respiration was difficult, and there was frothing at the mouth. The handkerchief was withdrawn, and the operation was performed. During its performance, which occupied a very short time, one of the assistant-surgeons endeavoured to restore the patient from the state of inanimation into which she had fallen. M. Gorré and his assistants persisted for two hours in the use of every possible means to rouse her; but their efforts were vain. They could hardly persuade themselves that she was dead, although it is most probable that she died about the time at which the operation was commenced. The suddenness of death resembled that state in which the individual dies from the introduction of air into the veins.

A quantity of air was found in the veins, especially in those of the brain and at the base of the skull, as well as in the pulmonary, hepatic, and crural veins. The blood was remarkably dark and very fluid; in colour it resembled ink.

ANOTHER DEATH FROM CHLOROFORM IN FRANCE.

M. Robert made the following statement to the Academy of Medicine in reference to the death a person at the time he was under the influence of chloroform. The patient was a young man, twenty-four years of age, very corpulent, but of a sluggish, lymphatic constitution, admitted into the Hôpital Beaujon on the 25th of June last, wounded in the left thigh by a ball, which had entered anteriorly, and passed out behind, injuring greatly the limb. The disarticulation of the thigh was considered necessary, and decided on. The patient was placed under the influence of chloroform. In three or four minutes after the commencement of inhalation convulsive movements of the patient characterized the stage of excitement, which were soon succeeded by complete insensibility. M. Robert immediately commenced the operation, and the patient scarcely lost a drop of blood. When, however, the first incisions were made, for an instant the patient appeared to show signs of returning sensibility, and M. Robert ordered the chloroform again to be inhaled. Hardly had a quarter of a minute elapsed before the respiration became stertorous, at which moment the apparatus for inhaling was removed; the face and lips turned deadly pale, the pupils of the eyes became dilated, and turned upwards under the lids. The operation, of course, was immediately suspended, and M. Robert, with his assistants, did all in their power to restore the patient, whose breathing was now become short. The pulse was, however, perceptible, but the limbs were completely relaxed. Frictions on the skin were immediately used, the pituitary membrane was irritated, and the arms and chest stimulated. Frequently the respiration appeared about to be renewed, and the pulse appreciable; but these favourable symptoms were only momentary, and, after three-quarters of an hour's incessant efforts of the surgeon and his assistants, it was found that no symptoms of returning life were manifested, and it was not considered necessary to proceed further.

M. Robert was inclined to think that the condition of the wound under which the patient laboured, producing a great shock to the nervous system, such as usually attend gunshot wounds when inflicted on important joints, and the moral disposition of the patient, all tended to produce the fatal result.

DEATH FROM CHLOROFORM IN INDIA.

Dr. Barnes reports, in the *Medical Gazette*, a death from chloroform at Hyderabad, from the pen of the operating surgeon; furnished by Dr. Hardinge, to whom it was addressed for public communication:—"A most distressing case has just occurred in my public practice here. Chloroform has proved fatal in my hands. A young woman presented herself this morning with disease of the distal phalanx of the middle finger of the left hand, requiring amputation at the middle joint. As she appeared of timid disposition, and exhibited more than usual reluctance to submit to the little operation, I administered a drachm of chloroform in the usual way, namely, by sprinkling it on a pocket-handkerchief and causing her to inhale the vapour. She coughed a little, and then gave a few convulsive movements. When these subsided I performed the necessary incisions, which, of course, did not occupy more than a few seconds. Scarcely a drop of blood escaped. The patient was then put into the recumbent posture with the head low. Active means were taken to bring her out of the state of coma into which she had apparently fallen. But, although these means, including artificial respiration, were perseveringly employed for five hours, the unfortunate woman never breathed again. I am inclined to think that death was almost instantaneous; for after the convulsive movement above described she never moved or exhibited the smallest sign of life. No opportunity was afforded me of making a *post-mortem* examination, so that it must for ever remain a secret whether or not there were any special circumstances, such as aneurism of one of the great vessels, or disease of the heart."

[The chloroform was supplied by Messrs. Twemlow and Co., Bombay. It required a drachm and a half of the same chloroform in another case to produce a slight effect.]

DEATH FROM THE INHALATION OF CHLOROFORM IN THE UNITED STATES.

Report of the principal Facts connected with a Fatal Case of Chloroform Inhalation, which occurred in Cincinnati on the 23rd of February, 1848.

Mrs. Martha G. Simmons was, at the time of her decease, thirty-five years and ten months old. She generally enjoyed excellent health; she was the mother of six children, five of whom were still living; her last accouchement occurred eight weeks previous to her death. Nothing unusual was observed, either at the time of parturition or subsequently; her health remained good, and the ordinary quantity of milk was secreted.

On the 23rd of February she dined at a quarter past twelve o'clock, and after dinner walked to a dentist's, a distance of about three-fourths of a mile, for the purpose of having some roots of teeth extracted. She arrived at the dentist's sixteen minutes before three o'clock, appeared slightly flushed from the exercise of walking, but exhibited no alarm on account of inhaling the chloroform.

At three o'clock, fifteen minutes after her arrival, Mrs. S. commenced inhaling chloroform. Two female friends were present, and report the

following as the events which occurred:—The respiratory movements appeared to be free; chest heaving. While inhaling, *the face became pale.* At the expiration of about *one minute*, the instruments were applied, and four roots of teeth extracted. The patient groaned, and manifested what they regarded as evidences of pain, while the teeth were being extracted, although she did not speak, or exhibit any other sign of consciousness. As the last root came out, which was about two minutes from the beginning of the inhalation, patient's head turned to one side, the arms became slightly rigid, and the body drawn somewhat backwards, with a tendency to slide from the operating-chair. At this instant, one of the females states that she placed her finger upon the patient's pulse; observed that it was feeble and immediately ceased to beat; respiration also ceased *about* the same time. The face, which was previously pale, now became livid, as also did the finger-nails; the lower jaw dropped, and the tongue projected a little at one corner of the mouth, and the arms were perfectly relaxed. The females regarded her as being then quite dead. Efforts were made to resuscitate the patient: ammonia was applied to the nostrils, cold water dashed in the face, mustard, brandy, &c., applied. The patient was now removed from the operating-chair and laid on a sofa; but she did not breathe, nor exhibit any sign of life, after being placed in the recumbent position.

The patient took the chloroform vapour from Morton's inhaler; it contained a sponge (perhaps one-third filling the glass globe of four inches and a half diameter) saturated with the liquid; to this, twenty-five drops more were added when the patient began inhaling.

After the patient was laid on the sofa, medical aid was sought, and Dr. A. H. Baker was the first physician who arrived: this was probably thirty minutes after respiration had ceased. He immediately pronounced her dead, but proceeded to employ vigorous measures for resuscitation. The principal means employed consisted in artificial respiration, electro-magnetism, and external stimulants. Electro-magnetism caused active muscular contraction, but no evident effect on the heart. Not the slightest sign of life was manifested; the heart did not respond to the electricity, and the only change produced was some slight removal of the lividity of the countenance by the artificial respiration.

The *post-mortem* examination was made twenty-six hours after death.

External Appearances.—Lips livid, but face pale; bloody froth issuing from the mouth. Anterior surface of body and limbs free from discoloration, but posteriorly the skin presented a deep livid hue. Cornea dull and flaccid, and a dull-red horizontal belt extended across each eye, corresponding to the part which was unprotected by the lids; this belt was one-tenth of an inch in diameter, and made its appearance a few hours after death. Limbs quite rigid. Abdomen distended with gas. Patient rather muscular; weight probably from 140 to 150 pounds; hair dark; eyes dark brown; temperament sanguineo-bilious.

Brain.—Integuments contained but little blood. On removing the upper part of the skull, a larger quantity of blood than usual flowed from the vessels of the dura mater. Superficial vessels of the brain moderately distended; two or three ounces of fluid blood, intermixed with bubbles of air, flowed from the sinuses of the dura mater. General aspect, colour, and consistence of the brain, normal.

Lungs.—Considerably but not intensely congested: crepitated freely at all points; no extravasation. Lining membrane of bronchia slightly congested, apparently the result of recent catarrh; deeply stained by the blood. Pleura at all points highly injected; six drachms of bloody serum in the right, and two ounces in the left, chest.

Heart and large Blood-vessels.—Pericardium contained six drachms of bloody serum. Heart flaccid, *and all its cavities entirely empty;* inner surface of both ventricles and auricles deeply stained. Aorta and pulmonary artery empty; no blood in the cava within the chest, and a very small quantity in the part which lies within the abdomen: indeed, so small was the amount that it could not be appreciated until the vessel was opened. Lining membrane of all the blood-vessels deeply stained.

Abdomen.—One ounce and a half of bloody serum in the right hypochondrium. Stomach and intestines distended with gas. Partially digested aliment, amounting to about three gills, was found in the stomach. Liver paler than natural, arising from the absence of blood; kidneys considerably engorged. No marks of previous disease in any of the abdominal organs. Uterus and bladder normal; the former exhibited the usual condition of the organ two months after delivery.

Blood.—Fluid as water in every part of the body; not a coagulum was seen in any vessel. Examined with the microscope, the globules appeared altered somewhat in form; some were irregular in shape, and they seemed generally distended and more globular than is normal; they were also somewhat fragmentary, a part apparently having been ruptured; their number seemed somewhat diminished. The colour, in every part of the system, was that of dark venous blood.

Sympathetic Nerve.—The sympathetic nerve, together with its larger ganglia, including the semilunar ganglion, presented a natural colour.

The Chloroform used.—The specific gravity of the chloroform employed was found to be 1·3. It contained some alcohol, but upon the whole it is regarded as a fair article; it was the same which the dentists had previously used in numerous cases without any unpleasant results.

GOSSIP OF THE WEEK.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the college at the meeting of the court of examiners on the 14th inst.:—Messrs. A. Birney, R. Wilson, H. B. Robertson, E. Batt, T. English, T. Walker, J. T. Matthew, J. W. Crow, W. Scott, E. Ilott, J. Conry, J. F. Johnson, and T. M. Jones.—Admitted on the 17th inst.:—Messrs. J. M. Todd, G. M. Young, T. S. Sudlow, G. W. Paternoster, T. S. H. Jackman, J. George, T. Roberts, W. C. Lake, G. Smith, J. Hinton, T. B. Rake, H. E. Turnour, and H. Turner.

War-office.—29th Foot: Surgeon Richard Dane, M.D., from the 63rd Foot, to be Surgeon, vice Taylor, appointed to the 80th Foot.—63rd Foot: Surgeon Alexander Sheriffe Macdonell, from the 80th Foot, to be Surgeon, vice Dane, appointed to the 29th Foot.—80th Foot: Surgeon John Robert Taylor, from the 29th Foot, to be Surgeon, vice Macdonell, appointed to the 63rd Foot.

The Royal General Dispensary.—The anniversary festival of this, the oldest institution of its class in the metropolis, was celebrated a short time ago in the great room of the Albion Tavern, Aldersgate-street. The chair was taken at six o'clock by Lord Carrington, the president, who was supported by Archdeacon Hollingworth, the Rev. Messrs. Rogers, Blomfield, Hackman, &c.; Drs. Lloyd, Brownless, Sewell, &c. Mr. Toole officiated as toastmaster, and Mr. T. Hatton, assisted by Mr. Huxley, the Misses Williams, and others, arranged the musical department. The usual toasts, the health of her Majesty the Queen, and the healths of the other members of the Royal Family, having been drunk with the usual display of loyal feeling, the chairman proposed success to the dispensary, and advocated its claims to public support. A large subscription, amounting to upwards of £700, was then announced by the secretary. In this subscription were included £100 from an anonymous friend to the building fund, and £105 from the corporation of London, besides many donations of £10 from various individuals. The festivity of the evening was kept up until past eleven o'clock, when the company broke up and departed.

Public Health Bill.—Lord John Russell intimated, in the House of Commons on Monday last, that it was the intention of the Government to proceed with the Public Health Bill this session, that it may as early as possible become the law of the land. The steady approach of the cholera requires that this measure should be no longer delayed.

Health and Cleanliness of the Poor.—Within the last month a washhouse has been opened in Ham-yard, Great Windmill-street, Haymarket, for the purpose of enabling the poor of the metropolis, and especially those who sleep in the streets or parks, or the casual wards of the workhouses, to wash themselves in the morning. Upon inspecting this washhouse we were glad to observe that there was a plentiful supply of pure clean water, with basins, towels, and other necessaries, to enable the poor to enjoy—what is so essential to cleanliness and health—a good ablution. There are separte apartments for men and women, and waterclosets and other conveniences are provided. No less than from 300 to 400 of both sexes avail themselves of this excellent washhouse to refresh and invigorate them in the morning, after being pent up in great numbers in the casual wards of the various workhouses of the metropolis, in only two or three of which is any convenience provided for the cleanliness of the casual poor. In connection with the washhouse a soup kitchen has been opened, where the unfortunate persons who come to wash are supplied with a basin of good warm soup and a piece of bread. There is also a refuge on a small scale, where destitute persons are allowed to sleep, and in case of sickness to remain until their recovery. The expense of opening and fitting up one or more washhouses similar to that in Ham-yard, in every parish in the metropolis, would be trifling; and considering how conducive such means would be to the maintenance of public health, and more especially at the present time when we are threatened with the return of the cholera, we would earnestly call the attention of the parochial authorities and the public at large to the subject.

Training Institution for Nurses.—On Thursday a meeting was held at the Hanover-square Rooms for the purpose of forming a society for the training and instructing nurses in the performance of their duties. The chair was taken at one o'clock by his Royal Highness the Duke of Cambridge, who was supported by the Earls Nelson and Harrowby; the Bishops of London, Norwich, Salisbury, and Manchester; the Rev. Dr. Wordsworth, Dr. Todd, &c. The meeting, in the course of the proceedings, was addressed by all the gentlemen above mentioned, who advocated in the best manner the cause of those who were to be benefited by the training of the nurses, and combated the notion that by forming a class of female assistants and visitants of the sick they were borrowing from the Church of Rome something that would tend to injure the Church of England. The ladies who should go forth to assist the poor were practising virtues enjoined in the Holy Scriptures, and there was no doubt of their zealous co-operation. The society was as yet in its infancy, but there could be no doubt of the increase of its powers when the objects for which it was formed were explained to the public. A number of resolutions concurring in the views taken by the speakers were then carried by acclamation. A vote of thanks was passed for the chairman, who acknowledged the compliment, and about three o'clock the meeting was dissolved.

Sanitary Condition of St. Martin's-in-the-Fields.—We have received a letter (says the *Times*), signed by upwards of thirty householders and ratepayers of the parish of St. Martin's, complaining of the conduct of the churchwardens, who, it states, have refused to convene a vestry meeting to take into consideration the bad sanitary condition of the parish. The letter, which is a very long one, sets forth the circumstances under which this refusal has been made, and which are shortly as follows:—The parish being notoriously unhealthy, and the poorer

classes suffering greatly, a requisition, signed by fifty-six ratepayers, was during the winter presented to the churchwardens for an early vestry meeting on the subject. In consequence a vestry meeting was held on the 14th of January, but the resolution proposed at it for effecting sanitary improvements appears to have been mixed up with the question of poor-law maladministration in the parish, and to have been lost in consequence of the opposition thus created. Our correspondents state, however, that at that meeting another vestry meeting was promised when the Ministerial Sanitary Bill was introduced into the House of Commons. When this bill was introduced the churchwardens were reminded of their promise, but they replied that it did not relate to that bill, as one for the metropolis was distinctly implied when the promise was given. They also denied that the state of the parish was unhealthy, or that the dwellings of the poor were in a filthy and miserable condition. The letter states on this last point certain facts which were disclosed at a meeting of the Health of London Association, held on the 13th of June, at the Western Institution. These details disclose a most revolting picture of the sanitary condition of Angel-court, Rose-street, Bedford-court, Vinegar-yard, and White Hart-court. It is further stated that on the 29th of June another meeting was held at the Partheneum Rooms, St. Martin's-lane, where fresh evidence on the unhealthy condition of the parish was adduced, and in consequence of resolutions adopted at that meeting a requisition signed by 100 householders was forwarded to the churchwardens, calling on them to convene a vestry meeting on the subject. This requisition, our correspondents complain, has been unceremoniously refused by the churchwardens, who, they add, would have given the use of the vestry-room for party or political purposes.

Awful Mortality.—The district of Cachtem, the population of which was estimated at 1600 persons, has been reduced by death since the 1st of last January to 104 persons.

Typhus Fever.—It is reported that typhus fever has broken out in many of the prisons crowded with convicts. M. Phreny, however, who has been appointed by the Government to the management of hospitals, has, in a letter addressed to the *Moniteur*, denied that this is the case.

The typhus fever which at one time prevailed in the neighbourhood of Lendelide has again reappeared there with considerable intensity. The mortality has been considerable.

The Cholera.—A case of cholera occurred last Sunday week in the commune of Saint Légere-sous-Breviande (Aube). M. Goutière was seized with violent colic as he was entering his house. The next day he died, and his body presented the usual appearances of Asiatic cholera. It is certain that at Saint-Martin-es-Vignes serious cases have manifested themselves.

The Asiatic Cholera.—By the last accounts received of the progress of the cholera in Moldavia, the visitation was excessively severe. At Jassy, from the 17th to the 28th, 1799 persons had been attacked, of whom 810 had died, and 655 remained in the hospital, and 334 only had been cured. The attacks were steadily increasing in severity. At St. Petersburg, from June 24 to July 3, there had been 5063 cases, of which 2596 had proved fatal, 198 had been cured, and 2269 remained under treatment.

Spread of the Cholera.—Bucharest, June 23.—Politics are completely in abeyance in consequence of the fearful spreading of the cholera within the last few days. The number of cases are now 186 a day, of whom a fifth are rapidly carried off. A universal panic has seized all the inhabitants, and every person that can fly from the city to the mountains does so in the greatest haste. Even the gipsies of Transylvania have demanded their passports in order to hasten home, and, if possible, escape the fearful contagion. All the public tribunals are closed.

The Cholera.—The cholera has broken out at Kowno, on the border territory between Lithuania and Poland, but as yet only in a mild form. It St. Petersburg it is of a worse character. The following are extracts from the latest journals relative to the progress of the disease:—"The cholera is rapidly approaching towards Hungary and Bukovina. A letter, dated Galacz, the 24th of June, states:—'With the beginning of this month the cholera made its appearance here, and increased much about the 12th; the first day after that 197, the second 186, persons fell sick, of whom 36 and 32 died in the course of the two days. On the following days the number attacked by the sickness was 230; it was observed that on an average one third died. On the 20th it raged worse still, and 67 persons have fallen victims daily since then. In the cities where it rages the people desert their houses and encamp on the open field; thus Giurgewo is entirely depopulated. The sickness reigns likewise at Silistria, Turtukay, Popica, Sistowa, Widyr, and at Werszerow, on the frontiers of Wallachia. Also at Galacz, where it has reappearad since the 15th, and has taken a worse character. Up to the 8th of June, 285 persons have fallen sick, and 101 died at Ibrailow, containing a population of 18,000 souls. At Jassy, until the 23rd of June, from 31 to 40 daily fell sick, of whom about two died; from that place it has spread all over the country. It is remarkable that the sickness has not been increasing on the side of the Danube, which extends into Bulgaria, except at one place called Maczyn. More remarkable still it is that the sailors on the Danube have been entirely free from it. At Moskovy 1724 persons have fallen sick, and 728 died, between the 13th and 20th of June; besides many other districts visited by the cholera, it is principally the district of Jaroslaw which has been violently attacked by it; likewise the town of Tichwin, in Novgarod, has suffered much. It has just broken out at Nikolajew, in Cherson, and in the quarantine at Odessa, where, since the beginning of May, many lives have been lost in the vessels; the city of Odessa is, however, free from it.' In Sweden a quarantine for five days has been ordered to be kept by all vessels which arrive from Southern Finnland and Hangoudd. For this reason the steamers Storfursten and Prince Metternich have delayed their departure for Stockholm. At Constantinople the cholera continues to make great havoc in all parts of the capital, and also in some villages situated on the Bosphorus." The Government are making every preparation against the disease; a royal order directs the revival of all the former regulations, except those experience proved to be unnecessary.

Letters dated St. Petersburg of the 7th inst. state that the cholera still continued to make alarming progress in that city. On the 4th inst. there were 1064 new cases declared, 553 deaths, and 131 recoveries. On the following day there were 2983 cases in the hospitals. The number of persons attacked at Moscow on the 30th of June was 1974, of whom 30 died the same day.

Inauguration of the Statue of Parmentier.—The statue of Antoine Agustin Parmentier, the celebrated chemist, and formerly a military surgeon, born at Montidier in 1745, which has stood on the esplanade of the Hotel des Invalides, was inaugurated at Montidier on the 18th of June last. A great number of National Guards were present; the representatives of the department in the National Assembly assisted at the ceremony. M. Labordier delivered a discourse, in which he mentioned in high terms of praise the services rendered to science and humanity by the illustrious Parmentier.

Killed and Wounded in France.—The *Moniteur du Soir* states that the number of killed and wounded during the late insurrection, as well as the number of insurgents arrested during and since the battle, has been grossly exaggerated. The following are the official numbers:—Killed during the engagement, or who have since died of their wounds, 1400. Wounded, still remaining in the hospitals or at their residences, 1100. Insurgents arrested during and since the battle, and detained in prison, 8686.

The *Moniteur* publishes the returns of the wounded in the civil hospitals of Paris, from which it appears that 923 still remained in them on the evening of the 16th inst. Their condition was satisfactory.

The French Academy.—It is asserted (says the *National*) that the French Academy has felt that M. de Chateaubriand's seat could fall to the lot of one man only, and that it has resolved spontaneously to elect the illustrious Beranger.

Ingenuity of Science.—Who would have imagined, when gun-cotton was produced by M. Schonbein, and the world was threatened with destruction by being blown up by this terrible explosive material, that within a few months it should be discovered to be an excellent styptic for dressing cuts and wounds? But so it is. Dissolved in ether, and applied to the severest cut, it forms an adhesive covering of singular closeness and adhesiveness, protects the wound, and excludes atmospheric air, or any irritating matter, so that the process of healing is carried on speedily and effectually; and when all is well the "protectionist," having done its duty, is removed. So also has Dr. Simpson, of Edinburgh, we are informed, similarly applied chloroform and gutta percha! This mixture, in a liquid condition, at about the consistence of fine honey, is kept in a phial or bottle, and, when an accident of the kind to which we have referred occurs, it is simply poured upon the wound; the chloroform instantly evaporates, and the gutta percha remains a perfectly flexible second skin over the injured part, preserving it for weeks if necessary, without the need of dressing, bandages, or any other appliance, till there is no more occasion for this admirable agent. When we call to mind how much human pain will thus be alleviated, how many cures effected where hitherto there have been danger and uncertainty, and how a number of surgical operations will be simplified, it may not be considered too much to rank such inventions among the most valuable that could be discovered and applied for the benefit of mankind.

Lapis-lazuli.—The Petersburg Academy of Sciences has published the following particulars relative to lapis-lazuli and mica:—"Both these minerals are found in the vicinity of Lake Baikal, especially in the river Hindianka, and in all the rivers which fall from Mount Khamardaban. Mineralogists have not, however, yet succeeded in finding the flow of the lapis-lazuli, notwithstanding the minute researches which have been made in divers points of these localities. Mr. Moor, the mineralogist, who spent two summers on the banks of the Hindianka, succeeded only in discovering the flow of glaucolithe, or calcareous blue spath; and every attempt since made to ascertain the place of the formation of the lapis-lazuli has been unsuccessful. The natives affirm that this precious stone is met with after the heavy rains have washed down the pebbles found in the beds of the rivers. With regard to mica, it is found in great abundance in the neighbourhood of Hindianka, even with the ground, in the form of not very thick flakes, lying upon a bed of soft clay, as if it had been deposited upon it. The inhabitants frequently resort to these places to carry off the mica, which they put into their window-frames in place of glass.

Obituary.—On the 14th inst., after five days' illness, of typhus fever (caught in the discharge of his professional duties), Joseph Howell, Esq., surgeon, Southwark-bridge-road, aged 47.—On the 30th ult., at Cavan, after a short illness, Dr. M'Donald, one of the oldest as well as ablest practitioners in the north of Ireland. For upwards of thirty years he was physician to the county fever hospital in that town, the ordinary duties of which (together with a most extensive practice) he discharged with that skill and untiring energy that marked his whole life. By his death the medical profession has sustained a most severe loss. He will never cease to be deplored by his family and a numerous circle of admiring friends, while his intellectual attainments will long remain the theme of his professional brethren.

MORTALITY TABLE.

For the Week ending Saturday, July 15, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	970	972
SPECIFIED CAUSES...	969	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	338	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	45	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	94	120
Diseases of the Lungs, and of the other Organs of Respiration	76	80
Diseases of the Heart and Blood-vessels.....	28	28
Diseases of the Stomach, Liver, and other organs of Digestion	70	79
Diseases of the Kidneys, &c.	11	8
Childbirth, Diseases of the Uterus, &c.	5	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	3	7
Diseases of the Skin, Cellular Tissue, &c.	2	1
Old Age	25	50
Violence, Privation, Cold, and Intemperance.....	13	31

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

TO CORRESPONDENTS.

"C. B. L." had better consult a bookseller's catalogue, and judge for himself.

"N. B." will find an answer to his question in an advertisement inserted this day.

"Honesty."—We have already given an opinion on the subject.

"Mr. Prendergrast's" request cannot be complied with.

"An Army Surgeon," having been in practice prior to 1815, is not in danger of a prosecution from the Apothecaries' Society.

"Cato."—The paper is not sufficiently professional to warrant its publication in our columns.

"T. D.'s" observations on orchitis are correct, but not original.

"Securus' " statement must be authenticated before it can be published.

"Frater" asks a question which we cannot answer, except by a private letter. Our correspondent's address must, therefore, be forwarded.

"Agrestis."—It is always soluble in solution of nitre. This solution is effected more rapidly or slowly according to the quantity of the salt, of water, and the elevation of temperature.

"M. D."—The opinion is becoming more general amongst physiologists that agents produce the most decided results on the extremities of the nerves.

"Quod si" on Chloroform is under consideration.

"Sodalis."—The phenomenon has not yet been satisfactorily accounted for.

"A Member."—The bill will not be introduced this session.

"Chirurgus" asks our opinion concerning the actual cautery. We can only say that Sir Astley Cooper used to call it a rude piece of farriery; and, perhaps, he was not far from being right.

"A Lover of Justice."—We agree with our correspondent that the abuse of the Corouer's Court requires speedy correction.

"Veridicus."—The hospital report must be authenticated before it can be inserted.

"Medicus."—There is no doubt but that an indictment can be sustained under the Apothecaries' Act.

"Eques auratus" is thanked for his obliging offer, which is accepted.

"A Student of St. George's" asks if the diploma of the Edinburgh College of Surgeons is worded similarly to the London College. Our correspondent should have applied to the secretary of the former college, and he would have had the form, in all probability, sent him.

"A Constant Reader, Gloucester."—The series will be concluded in the present volume.

"Mr. Eaton's" questions we cannot answer.

"Inops."—The urine in the disease referred to generally contains large quantities of albumen, which may be easily discovered by adding to it a few drops of nitric acid.

"A Poor-law Surgeon" is thanked for his communication. We see no reason why it should not be published. With our correspondent's permission we will do so.

"O. N."—Nitrate of ammonia.

"Dr. Buchanan."—Yes.

"Quæsitor."—Yes: experiments have proved that the two diseases are identical, variola being modified by the nature of the animal.

"Assistant-Surgeon, R.N."—We have noticed with pleasure the efforts of the provincial non-medical press. We shall not forget our correspondent's suggestion.

"M. B."—1. Yes. 2. The morbid phenomena of acute disease in general acquire in the evening a greater degree of violence than during the day.

"A. B."—There is no authority to which we can refer our correspondent.

"Mr. Nott."—We do not know of any gentleman suited to the proposed task.

"Galen."—The person is a begging-letter impostor. He is not a qualified medical practitioner.

"Spectator Medicorum" says that he has been amused at the tact of some medical gentlemen in getting up hospitals and dispensaries merely to increase their own private practice. Our correspondent concludes a long letter on this subject by saying, "I am sure that such a mode of proceeding is not only derogatory to those who, under the guise of charity, seek to promote their own worldly interests, but is most injurious to surgeons in general practice."

"J. A. S."—No.

"Alpha, Newport."—We know of no act of Parliament on the matter.

"First-Session Man." — The secretary of the College of Surgeons will readily afford the desired information.

"A Medical Practitioner."—Yes. Shipbrokers in the City generally have the appointments.

"Anglican." — Sir Patrick Dun's Hospital is connected with the College of Physicians and the University. Students, not graduates of Trinity College, pay for one year's attendence £10. 10s.

"A Subscriber, Bolton." — Consult the Army and Navy Lists.

"Mr Goulding."—The letter has not been received.

"A Reporter" is requested to communicate his name in confidence.

"Spectator," on the Fishponds Lunatic Asylum, received.

"Anticritic" is right in his conjectures.

"Dr. Grattan, Cork."—Communication received.

"One Wishing to Emigrate."—Many passenger vessels to North America do not carry surgeons.

"Junior Medicus, Liverpool," writes us in reference to an uneducated practitioner in his neighbourhood as follows:

—"I enclose you a copy of a medical certificate of the cause of death, signed by a self-constituted surgeon. This person, I believe, never attended a medical lecture in his life. He has the audacity to write himself surgeon, and occasionally M.D. A short time ago he opened a shop for the sale of drugs, and is in the habit of prescribing, compounding, and attending midwifery cases. I have marked his residence on the back of the certificate. The number on the front refers to the registrar's book. Is there no way of putting a stop to such barefaced imposition?"

"L. M. N."—As a surgeon and accoucheur.

"Formerly a Practitioner at Chalfont St. Peter's, Bucks." —Communication received.

"Rudis Medicinæ" says, in a note addressed to us—"I am apprenticed to a chemist and druggist at present, and shall be loose in a short time, if all's well. I have always given my chief attention to medicine, and am determined to make my way, if possible, after my time is expired. Perhaps you can give me advice on the subject, as to the amount charged for attendance, &c., on the lectures and demonstrations of the medical schools, and the hospital practice necessary, and the probable amount of time and expense to the examination."

ERRATUM IN THE LAST NUMBER—In p. 169, first column, eighth line from the bottom, instead of "The popliteal vein *can* be felt," read "*cannot*."

"Juno."—A surgical diploma and the London Apothecaries' certificate are necessary.

"A Student R.C.S.I."—"Tables for Students," by E. C. Nourse, published by Churchill, Princes-street, Soho, price 1s., or post-free 1s. 6d.

"N. B."—Communication answered next week.

"A Poor Student, London."—We do not know of any institution where our correspondent could obtain gratuitous instruction in the department referred to.

"Medicus."—No. 9, Park-street, Westminster.

"E. G. C."—1. Yes. 2. Yes. 3. No.

"Mr. Edward S. Symes, Grosvenor-street."—Communication received, which will be inserted next week.

A Correspondent writes as follows:—"The action of chloroform on the human system has lately been freely discussed by the medical public, and the number of deaths which have occurred to persons under its influence gives to the discussion still greater interest. There is one fact connected with the *post-mortem* appearances of persons dying under the influence of chloroform that to my mind has not been satisfactorily explained, and that is the presence of air in the veins. The first action of chloroform on the blood; now, the effects of the healthy action of respiration is that the venous blood, containing protocarbonate of iron, enters the lungs, gives off its carbonic acid, and receives a fresh supply of oxygen, which converts the iron into a peroxide; the chief use of the iron (according to Liebig) is that it serves as an *oxygen-carrier*. Where venous blood is circulated in lieu of arterial, the effects are too common to require any further elucidation. Of the two cases recently brought before the notice of the medical public, we find some difference as to the *post-mortem* appearances. In one case the heart is flaccid, and all its cavities empty; in No. 2 the heart is also flaccid, but both ventricles contained clots of blood. In the one case, 'no undue effusion of serous fluid in the pericardium was found;' in the other the pericardium 'contained six ounces of bloody serum.' There are these and some other differences which may be discovered in the two cases; but, as regards the air found in the venous blood, I find it to be the same in both, as likewise in many other cases which have been published. But the question is how to account for it. Now, when venous blood enters the lungs, it is stated by chemists that the iron, having a greater affinity for oxygen than for carbonic acid, gives off its carbonic acid, combines with an additional quantity of oxygen, and becomes peroxide. The question then arises, if there were no oxygen would the iron remain a protocarbonate, or would it give off its carbonic acid and become a simple protoxide? Of course there is no difficulty in coming to the conclusion that it would remain in the form of a protocarbonate; then, when unoxygeuated blood circulates, the effects we presume to be on the nervous system, which effects are shown first on those nerves which supply the lungs and heart. The nerves, wanting the stimulus of the arterial blood, refuse to supply their stimulus to the parts to which they are distributed; the consequence is, that the lungs are unable to expel the whole of their contents (venous blood), and what does reach the heart that organ itself is unable to contract with force enough to expel the blood to its destination. This will also, I imagine, explain the cause of the sense of suffocation which has been felt in many cases. And now as to the air found in the veins. Whilst blood and air remain in the lungs, I conceive it to be a very natural result that the blood and air would mix; 2nd that the air would have a tendency to rise to the surface; 3rd, that, chiefly by gravitation, the blood and air would be carried to different parts of the body. I would also suggest the propriety of the inhalation of oxygen in cases of poisoning by chloroform."

"An Admirer" says:—"Observing a remark by Valentin (quoted by Mr. Guthrie in his excellent lectures in the *Medical Times*) in regard to the effusion of blood, as well as pus, in the cavity of the pleura, that they are attended with œdema of the integument, the former at the same time with ecchymosis, I have the notes of two cases which occurred to me lately in private practice, and which rather put me about. I had not seen any one to whom I could refer the cases, in order to hear their experience in the matter; but I shall now relate them to you, and if you can suggest anything different from the idea which I myself formed, and which is quite in accordance with the belief of Valentin, I will feel obliged by your doing so. 1. In a case of pericarditis, terminating favourably under the usual treatment, a curling in the progress of the disease involving the scapula, and beyond it resembling an abscess (or I considered, as in the case of pericarditis, that it might have been rheumatic, attended with œdema, which is said sometimes to occur), in a short time, and without much treatment, it disappeared, and left nothing behind. 2. In a case beginning with pain in the left armpit, loss of appetite, quickness of pulse, incapability of lying on the left side, pains in and constriction of the left side, by-and-by swelling in the region of the margin of the latissimus dorsi. This swelling was punctured; no purulent matter reached; tent introduced; continued of the same magnitude for five days; great weakness, flushings, and sweats, with pains continuing in the left side, and feeling of constriction; by-and-by pulse becoming small and imperceptible; no catamenia; swelling gone; greasy and dirty perspiration. The patient sank, with little or no delirium. Puerperal fever and erysipelas, or inflammation of cellular tissue, with influenza, were very prevalent during the occurrence of this case. The pain in the armpit and swelling here were so prominent that they nearly engrossed the whole of the treatment. For the most part I believed it to be a case of purulent absorption; while also, during the progress of the case, however, it occurred to me that the pleura or pericardium might be involved. If the remark of Valentin be correct, as I think it may be, can you give any explanation of such subintegumental œdema, with discoloration in the case of diffused blood?"

Letters and communications have also been received from C. B. L.; N. B.; Honesty; Mr. Prendergrast; An Army Surgeon; Cato; T. D.; Securus; Frater; Agrestis; Quod si; Sodalis; A Member; Chirurgus; A Lover of Justice; Veridicus; Medicus; Eques Auratus; A Student of St. George's; A Constant Reader, Gloucester; Mr. Eaton; Inops; A Poor-law Surgeon; O. N.; Dr. Buchanan; Quæsitor; Assistant-Surgeon R N.; M. B.; A. B.; Mr. Nott, Galen; Spectator Medicorum; J. A. S.; Alpha, Newport; First-Session Man; A Medical Practitioner; Anglican; A Subscriber, Bolton; Mr. Goulding; A Reporter; Spectator; Anticritic; Dr. Grattan, Cork; One wishing to Emigrate; Junior Medicus, Liverpool; L. M. N.; Formerly a Practitioner at Chalfont St. Peter's, Bucks.; Rudis Medicinæ; Juno; A Student, R.C.S.I.; N. B.; A Poor Student, London; Medicus; E. G. C.; M. D.; Mr. Edward S. Symes, Grosvenor-street; A Correspondent; An Admirer, &c.

No. 461. **SUMMARY.** JULY 29.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 199

Clinical Observations on some of the more Important Diseases of Children, by W. H. WILLSHIRE, M.D. 201

Clinical Lectures on the Gravity and Treatment of Fractures and Wounds by Fircarms, by M. VELPEAU 202

ORIGINAL CONTRIBUTIONS—

On the Mode of Applying Cotton Wool as a Substitute for the Loss of the Membrana Tympani, communicated by THOMAS BUCHANAN, Esq. 203

Royal Medical and Chirurgical Society 204

On the Utility of Trisnitrate of Bismuth in the Diarrhœa accompanying Phthisis 204

A Plan of Treating Ovarian Dropsy by the Ulcerative Opening of the Cyst after its permanent Adhesion to the Walls of the Abdomen 204

Case of Hydatid Disease of the Liver cured by Operation 204

On the Internal Use of Turpentine Oil in Cases of Hemorrhage 205

Case of Hydatids within the Cranium, giving rise to some singular Phenomena 205

Case of Obturator Hernia, with Symptoms of Intestinal Obstruction within the Abdomen .. 205

Congenital Malformation and Structural Diseases of the Heart in a Child 205

History of a Case of Dislocation of the Head of the Femur backwards 205

LEADERS—

The Resolutions of the Gloucestershire Association 206

Deleterious Ingredients in the Food of the People 206

Popliteal Aneurism mistaken for an Abscess.—The Value of a Man's Leg 206

Symptoms of the Approach of Asiatic Cholera 208

New Course of Lectures on Midwifery and Diseases of Females, by C. WALLER, Esq. 208

Dr. Venables on Asiatic Cholera 220

To the Graduates of the University of Edinburgh 208

Letter from Dr. Hinds, of Birmingham, in Reference to Dr. Knox's Lecture on the Jewish Race 208

The National Institute and the Medical Profession 209

Report of the Committee of the Convention of Poor-law Medical Officers 209

GOSSIP OF THE WEEK 213

MORTALITY TABLE 214

TO CORRESPONDENTS 214

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from page 165.)

ON THE DARK RACES OF AFRICA.

What the Portuguese thought and did when they first landed at the Cape of Storms has not been recorded, in so far as I know. Records, no doubt, exist somewhere, buried in the archives of Lisbon or Coimbra. Camoens was a Lusitanian, and there may have been other minds in the Peninsula calculated by their labours, scientific or literary, to prove the race to be somewhat above the beasts of the field in their objects and pursuits. But the Portuguese who first doubled Cape l'Agulhas were in search of gold and of the Indies. Southern Africa, with its parched soil, strange-looking beasts, and still stranger men, did not suit them; they landed, but soon abandoned it, leaving the races it contained to the tender mercies of the most selfish, commercial, trading, narrow-minded, unimproving of all the Saxon race, the skippers of Rotterdam, of Amsterdam, and their descendants. These men, of whom I shall speak in my lecture on the Saxon, followed in the wake of the Portuguese; they landed at the Cape, probably in Table Bay, by the base of that romantic Taffel Berg, and, though they found the country poor and generally "sonder vater," they did not altogether despise it. The Cape was on the high-way to India; they found there some long-legged, ill-shaped cattle, which the Dutch boors maintain to this day, and sheep with wool of a miserably poor quality; and so the Dutchman, who could neither invent nor improve, adopted the sheep and the cattle of the Hottentot as his own.

But what were the race or races of men and of animals he found there; were they the same, or did they resemble in any way, the men and animals they had left in faderland—in beloved Holland? Not in the least; neither men nor animals bore any resemblance to those of Europe: the race of men they first encountered were the Hottentots and Bosjemen, the yellow race or races from Africa: the former word, of doubtful origin, expresses the taller and stronger tribes—tribes which were armed with the assagai, held flocks of sheep and cattle, but no horses; the term Bosjeman simply means the man of the bush; by Bosjeman, then, we further understand that section of the yellow race, smaller in stature than those called Hottentot, less civilized, if such a term could possibly be so used or misapplied; living without flocks or herds, huts or tents; employing the bow and poisoned arrow; children of the desert. Our present business is with the primitive race, the aborigines, as they are called, of Southern Africa, called by the Dutch some three hundred years ago Hottentots and Bosjemen,—names unknown in the language of the race, for they call themselves Antrigues Quiquæ, &c. The Dutch, the Christian Dutch, considered these races to be men and women. I scarcely think so. True, they held as a theory that all men and women came from one pair, like all cows, and pigs, and sheep; but this was a mere theory; in practice they held them to be a something different. The coloured men the Dutch called boys, and the coloured women they called maids; in speaking of the persons composing Annardo, for example, they would say that there were on it thirty *men*, meaning Dutchmen, and fifty boys, meaning black men. *De facto*, then, the Dutch did not hold these races to be the same as their own; the fact is undeniable and incontestable. I care not for theories; the Dutch practically denied the first canon of Scripture in a body, as the United States men do now; there is no denying it. To the strange, perfectly strange, animals around them, every one differing generically and specifically from those of Europe, they gave the names of European species: the beautiful antelope frequenting the bushy ravines of the present colony they called the bosje-bok, or bush-goat, although it be not a goat; they found also the elk or eland, although there are no elks in Africa; the very oxen and miserable sheep of the wretched Hottentot, John Dutchman adopted, cherished, and maintained unaltered, until an irruption from Europe of Englishmen upset them and their soul-destroying self-opiniativeness. But we must not advert at present to these drawbacks on the Saxon character; his onward principle diffused and spread him over the colony; the go-ahead principle was at work; this, of course, led to the seizure of land, the plunder and massacre, wholesale sometimes, of the simple aborigines. Wild principles were let loose on both sides; the gun and bayonet became the law; and whilst I now write the struggle is recommencing with a dark race (the Caffre), to be terminated, of course, in their extinction.

I have said that when the Dutch first landed at the Cape of Good Hope they met with the race called Hottentots—a simple, feeble race of men, living in little groups, almost, indeed, in families, tending their fat-tailed sheep and dreaming away their lives. Of a dirty yellow colour, they slightly resemble the Chinese, but are clearly of a different blood. The face is set on like a baboon's; cranium small but good; jaws very large; feet and hands small; eyes linear and of great power; forms generally handsome; hideous when old, and never pretty; lazier than an Irishwoman, which is saying much; and of a blood different and totally distinct from all the rest of the world. The women are not made like other women. Tiedemann says that the two hemispheres of the brain are nearly symmetrical. Though small in stature, they are taller than their cognate race, the Bosjeman; these I take to be nearly allied to the Hottentot, though different in a good many respects. They have the physical qualities of the Hottentot, but exaggerated; they are still shorter in stature. Having no measurements on which I can depend, I shall avoid offering a conjecture as to the average height of the male and female Bosjeman,—perhaps four feet six inches for the male, and four feet for the female. Their power of sight is incredible, and this, with all other peculiarities, disappears with a single crossing of the breed.

The extent to which these singular races, if they really be distinct, extend northwards through Central Africa is altogether unknown. Dr. Andrew Smith, so well known for his travels in Southern Africa, informs me that he saw them within the tropic, and he thinks they extend much higher; moreover, he is of opinion that they form but one race; in Harris's "Ethiopia," mention is made of a race, somewhat resembling the Bosjeman, inhabiting a wild district in Southern Abyssinia, on the equator, deeply hidden amongst woods and mountains. He did not see them, and nothing positive can be gathered from his description.

Diodorus Siculus speaks of the Troglodytes of Northern Africa, who inhabited caves and mountains, a pigmy race and of no courage; whilst the divine Homer places, I think, in Africa his pigmy men, against whom the cranes declared constant war.

What interesting questions, geographical or ethnological, are here to solve! What a field does Africa still present? Whence came these Bosjemen and Hottentots? They differ as much from their fellow-men as the animals of Southern Africa do from those of South America. They are a dark race; but the sun has not darkened them. Without arts, without religion, and without civilization of any kind, for how many centuries had they occupied their kraals, content to live, work, and to perish like the beasts of the field, leaving no name behind them but that such things were!

Before the go-ahead Dutchmen it was easy to see that this puny, pigmy, miserable race must retire; they did so chiefly, as it seems, to the northward, towards the Ganipine streams and the Calihani Desert. They could not retire much eastward, for this reason, that they there met the Camakosos (whom we call Caffres)—a race I was the first to describe to the scientific world of Europe.

Have we done with the Hottentots and Bosjeman race? I suppose so: they will soon form merely natural curiosities; already there is the skin of one stuffed in England, and in Paris if I mistake not. Their skeleton presents, of course, peculiarities, such as the extreme narrowness of the nasal bones, which run into one in early age not unfrequently, as we find in apes. But it is the exterior which is the most striking; and this, no doubt, is wondeful. No one can believe them to be of the same race with ourselves; yet, unquestionably, they belong to the genus homo. They are shrewd, and show powers of mimicry—acquire language readily, but

never can be civilized. That I think quite hopeless. The Dutch endeavoured to make soldiers of them; and it is recorded that they alone showed fight at the battle of Blueberg, when all the white men ran away—I state the story as I heard it. We followed and imitated the Dutch in this, as in most things, and got up a Hottentot corps, or rather, perhaps, I ought to say a Cape corps—for John Bull does not like anything he finds useful called by an offensive name. Well, call it Cape corps, or what you will, it is a miserable policy, unworthy the sanction of any statesman.

In a word, they are fast disappearing from the face of the earth; meeting that fate a little earlier from the Dutch which was surely awaiting them on the part of the Caffres. Let us now speak of the Caffre.

When the Hottentot and Bosjeman tribes fled before the warlike Dutch boors, they proceeded almost due north towards the deserts, the Karoos and the Gariepire country, and the Calihani. The reason for this was soon discovered: in their retreat eastward they encountered the Caffre, a warlike and bold, active race of men, well armed with the assagai, accustomed to war; though somewhat feeble in their arms, yet strongly set upon their limbs, exceedingly daring, and accustomed to act in bodies; dark as Negroes nearly, yet not Negroes; finer made in the limbs, and with more energy; the head, perhaps, a little better than the Negro, or even as good as can be found in any dark race. These Anakosos, or Caffres as we call them, had advaneed into the province, now called Albany, when Le Vaillant was in the colony, in 1794 or 1795; they approached or occupied the eastern tract of the country, the seaboard, as it may be called. But they had neither ships nor boats, nor any human arts; properly speaking they were mere savages, but at that time mild and, to a certain extent, trustworthy; now, by coming into contact with Europeans, they have become treacherous, bloody, and thoroughly savage. Yet they have great and good points about them, which I shall endeavour presently to explain. But at first let me point out, as I did first to Europe, that there is not the slightest foundation for imagining them mixed in any way with Arabian blood. This is a mere fancy. They are circumcized, eat no fish nor fowl, nor unclean beasts, as they are called; live much on milk, and seem to me capable of being educated and partly civilized. Their extent northward and eastward is unknown, but they join at last the Negroes of the equatorial regions: how far they have extended into the interior is not known. Before I speak of the true Negro, let me endeavour to place before you a brief sketch of the race whose contest with the British, but just, as it were, commencing, must end by bestowing on them an unhappy immortality.

The Caffres are closely allied to the Negro race, and probably graduate, as it were, into them; for, as Nature has formed many races of white men whose physical organization and mental disposition differ widely from each other, so also has she formed the swarthy world. It is not necessary, neither, perhaps, is it at all correct, to call a Caffre a Negro, or a Negro a Caffre; neither are the Caffres degenerated Bedouins, nor well-fed Hottentots, nor Saxons turned black by the sun, nor Arabs, nor Carthaginians. I would as soon say they were the ten lost tribes. All these theories are on a par, and are worthy of each other, but not worthy of any notice. Their language is soft and melodious, and they seem to have an ear for simple melody. Since I first saw them in 1817 they have acquired firearms and horses; but they want discipline—the firmness of discipline. Individual acts of bravery they have often performed, but combined they can never meet successfully the European. We are now preparing to take possession of their country, and this of course leads to their enslavery and final destruction, for a people without land are most certainly mere bondmen. *Ascripti glebæ*—they would, but they cannot, quit it. The old English yeomen and the modern Dorsetshire labourer, the local tenant of Sutherlandshire and the peasantry of Ireland, are simply bondmen or slaves; there is no avoiding the phrase. The fate of the Caffre race, then, is certain, but centuries may elapse before their final destruction; in the meantime they may retire within the tropic, where in all probability the white man may not be able to follow, as a conqueror at least. There is the retreat for the Caffre—within the tropics, whence he came—to that again must he retire or perish. What travellers and others tell you about tribes of mixed breed, races of mulattoes, has no real existence; I would as soon expect to hear of a generation of mules. When the Negro is crossed with the Hottentot race, the product is a mild-tempered, industrious person; when with the white race, the result is a scoundrel. But, cross as you will, the mulatto cannot hold his ground as a mulatto: back the breed will go to one or other of the pure breeds, white or black. I have already explained all this.

And now for the Negro and Negroland—Central Africa, as yet untrodden and unknown. Look at the Negro, so well known to you, and say, need I describe him. Is he shaped like any white person? Is the anatomy of his frame, of his muscles, or organs like ours? Does he walk like us, think like us, act like us? Not in the least. What an innate hatred the Saxon has for him, and how I have laughed at the mock philanthropy of England! But I have spoken of this already, and it is a painful topic; and yet this despised race drove the warlike French from St. Domingo, and the issue of a struggle with them in Jamaica might be doubtful. But come it will, and then the courage of the Negro will be tried against England. Already they defeated France; but, after all, was it not the climate, for that any body of dark men in this world will ever fight a French army of 20,000 men I never shall believe. With 1000 white men all the black men of St. Domingo could be defeated in a single action. This is my opinion of the dark races.

The Negro race occupies Central Africa, extending from the Kahhani to the confines of the Sahara; other races of men occupy the remainder; the Mauritanian or Moor, and the Kabzls—the race probably which the Phœnicians found there on their first settlement. But the Moor is probably not indigenous, though of vast and unknown antiquity; so, also, is the Copt. Who the Abyssinians and the Zellahs are, it seems almost impossible to say, seeing that, from Bruce to Harris, African travellers have either started mad, or returned mad—the heat of the climate no doubt affecting their brains.

Is the Negro race confined to Central Africa? It would seem not. Report describes their presence in Madagascar, and even in Borneo, Sumatra, and in some other Eastern isles. The Australians are black, but they are not Negroes.

CONCLUSION.

The past history of the Negro, of the Caffre, of the Hottentot, and of the Bosjeman is simply a blank—St. Domingo forming but an episode. Are the black races become civilized? I should say not: their future history, then, is like the past. The Saxon race will never tolerate them—never amalgamate—never be at peace. The hottest actual war ever carried on—the bloodiest of Napoleon's campaigns—is not equal to that now waging between our descendants in America and the dark races; it is a war of extermination—inscribed on each banner is a death's head and no surrender; one or other must fall. But here climate steps in, and says to the hard, grasping Saxon, "I give you a choice of the soils—cultivate Central Africa or Central America with your own hands, and you perish; employ the coloured man, your brother, as a slave, and live under the continual fear of his terrible vengeance—terrible when it comes as it ought to be: unrelenting, merciless." A million of slaveholders cut off in cold blood to-morrow would call forth no tear of sympathy in Europe; "Bravo!" we should say; "the slave has risen and burst his chains—he deserves to be free."

Wild, visionary, and pitiable theories have been offered respecting the colour of the black man, as if he differed only in colour from the white races; but he differs in everything as much as in colour. He is no more a white man than an ass is a horse or a zebra: if the Israelite finds his ten tribes amongst them I shall be happy. But what has flattened the nose so much—altered the shape of the whole features, the body, the limbs? Some idle, foolish, and, I might almost say, some wicked notions have been spread about of their being descended from Cain; such notions ought to be discountenanced: they give a colour for oppression.

SOME FURTHER REMARKS ON THE NEGRO RACE.

Of the true Negro I need not say much; he seems to me to have qualities of a high order, and might even reach a certain point to civilization. His constitution is energetic, as proved by the extension of his race; Africa is his real country—Central Africa. It is here that climate enables him to set the Celtic and Saxon races at defiance. Often, often have they attempted its subjugation, but have always hitherto failed; and yet there seems to me ways to recal it, did they but adopt the wiles and the modes. Descending the Senegal cautiously and rapidly, clearing the high country dividing its sources from those of the Niger, a thousand brave men on horseback might seize and hold Central Africa to the north of the tropic; the Celtic race will, no doubt, attempt this some day. On the other hand, accident has prepared the way for a speedy occupation of Africa to the south of the equator by the Saxon race, the Anglo-Saxon. But this I had better reserve for my concluding lecture, when sketching the character of the Saxon race.

OTHER DARK RACES.

Little is known of the dark races of Asia, even of those of Indostan. It is a fact worthy of the deepest reflection, that neither Northern India nor Indostan Proper have altered since the time of Alexander the Great; that is, for twenty-three or twenty-four centuries of years they have not progressed nor changed. This I am disposed to think decides the character of the race or races; for no doubt there must be many races inhabiting these widely-extended and still, I presume, populous regions. Their extreme populousness I am disposed to question; their possible improvemement is questionable. I saw two of these young persons—Brahmins I think they were, or of that race who were educated lately in London by the India Company at a heavy expense merely by way of experiment. The result will simply, I think, amount to nothing. If the Company meant to ascertain whether a few of the natives of Indostan could be taught so much of book learning as is usually stuffed into the head of an undergraduate or college student, then the experiment, after all, amounts to nothing, for the same may be done with the Negro, the Hottentot, and the Bosjeman; it is one thing to cram a young head with book learning, but quite another to convert the natives of Indostan, who have stood still in the face of European civilization so long, unaltered and seemingly unalterable. But there can be no harm in trying such experiments; they form a little chit-chat for the coteries and clubs of London. The two young men I saw, who were natives of Indostan, were dark-coloured persons, with heads peculiarly formed—hammer-shaped, in fact—set on the neck differently from the European. They wore, if I recollect right, their native dress, showing that on their return to India they would once more sink into the vast gulf of nonprogression.

In conclusion: researches sufficiently extensive have not been made into the physical structure and psychology of the dark races; even the cranium or skeleton has not been very carefully studied. Of the rest we know scarcely anything. Men go to India in search of rupees, and other stuffs of that kind. They remain as

short time as possible, and are chiefly occupied with personal cares; the unknown is studied chiefly in the Company's official directory, where the anxious inquirer learns how many require to "go out" before his position on the list be quite satisfactory.

HINTS.

Mind of the coloured man—probably no powers of generalization—doubtful if in the Chinese empire there be one Chinaman who could rightly understand a map of the world. Their diverting imitations—have no real musical ear — their ideas of form generally bad; but there are many exceptions.

Is it bulk of brain which is wanting? How stand their reflective faculties? Jargon scarcely has ceased to be even diverting — it explains nothing.—

CHINESE.

Measurement of crania—no science—no fine arts—frightful things at the Chinese exhibition —nonprogression as a race seems the secret.

They are probably wholly without the grand faculties—desire to know the unknown, &c.

A plea for Africa—how to civilize Africa, and to put an immediate stop to the slave-trade.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S.
Physician to the Royal Infirmary for Children, &c.

(Continued from p. 151.)

GENTLEMEN,—The three forms of coryza which I spoke of in my last lecture—viz., simple acute, syphilitic, and scrofulous coryza—are the only ones which have as yet come before my notice. But I must not neglect to tell you of some varieties which have been observed by others. Billard, Rilliet, Barthez, Legendre, Bretonneau, and others, describe a coryza which they call pseudo-membranous—a form of the disease which occurs both in connection with diptheritic affections and as a disease *per se*. The symptoms of this form of the malady differ from the others chiefly in the more severe and acute constitutional irritation, and the greater amount of external swelling and redness of the nasal organ. In most cases it appears undoubtedly to follow in the train of some other affection, like scarlatina, measles, angina, &c. Its progress is very rapid, *death* having occurred within three days; and so extreme is its severity that out of six cases Rilliet and Barthez did not observe a single instance of recovery. After death, in one of Billard's cases, was seen a white pseudo-membranous layer or concretion, slightly tinged with blood on its surface, commencing at the upper part of the glottis and passing up to the sinuses and nasal fossæ, which it covered and was firmly connected with. The mucous membrane below was greatly swollen, and of a light red colour, tinged here and there with blood. In other cases the pseudo-membranous concretions have been found in patches, mixed with pus.

In our own country a disease has been described by Underwood and Denman, called *coryza maligna*, or morbid snuffles, and which so far agrees with the previous form in its severity and frequent complication with disease of the throat, tonsils, &c., but differs in this respect, that on inspection after death of one of six who died out of eight cases, by Hunter and Home, nothing was discovered except that the membrane lining the nose was of a dark red colour, and its bloodvessels more turgid than ordinary. Dr. Davies, in his late edition of Underwood, states that he himself is not acquainted with this coryza maligna of the author, who himself remarks that Denman believed the disease "was new in its manner, though not in its kind, at the time of its first making its appearance, which was frequently in the summer of the year 1790; in the June of which year it was that I also saw it." (Underwood, tenth edition.) A peculiar symptom of this form of the complaint is noticed both by Denmam and Underwood, viz., "a singular purple streak at the verge of the eyelids;" as also a general fulness about the throat and neck externally, taking place soon after the commencement of the complaint, and seeming to date from the appearance of the purulent discharge from the nose; though it has been remarked that this latter symptom, although one of the most formidable, may be entirely wanting. (*Op. cit.*)

Of the coryza so frequently met with in measles and scarlatina I shall not here speak.

I shall now refer to some affections of the mouth. If a young child cuts its teeth with some difficulty, or has diarrhœa, with considerable intestinal irritation; or if an older child has remittent fever, particularly the gastric form, or measles or scarlatina, you will often find that the mouth is very hot, red, and glistening—the latter two phenomena being either diffused or in patches. On placing your finger in the mouth the child recoils as if it suffered pain. From the evenness and polish of the surface of the lining membrane of the cavity the membrane is evidently stretched; this arises from the slight swelling. In very young children, at the outset, the mouth is dry, but soon pours out a thin glairy secretion. In older patients, who have cut all their teeth, this cavity remains unmoistened throughout the affection. This affection is *simple* or *erythematous stomatitis*, in other words, inflammation of the buccal lining membrane. In general it is but a slight and transient disorder if it continues to preserve the simple erythematous condition, and whatever danger arises depends upon the other disorders with which it may be symptomatically allied. But where dentition is very laborious, the membrane lining the gums and the sublying tissues become highly inflamed, tender, and swollen, and *odontitis*, as it has been termed, supervenes. In other cases the tongue suffers very much; and, although there are not the swelling and protrusion witnessed in the *glossitis* of adults, yet from the great redness and retracted way in which the child keeps it, and evident pain it suffers when the organ is examined, we can do no less than apply the term here. In those cases the child becomes highly irritable and sleepless, and constantly crying; it sucks with pain, or cannot suck at all, and a considerable amount of febrile irritation ensues. In these also dependent on difficult dentition the mucous membrane of the lower portion of the digestive apparatus sympathizes with that of the mouth, and diarrhœa is set up. In other cases the stomatitis becomes apthous or ulcerous, or even gangrenous, modifying and increasing the severity of the affection most materially. But of these varieties we shall speak presently.

In the slight forms, all that you have to do is to take care that nothing very warm is allowed to be put in the child's mouth, and that now and then a small quantity of simple mucilage be gently introduced. In the more severe cases you must give the child a warm bath, and the mucilage must have the biborate of soda or the nitrate of potash dissolved in it. If the cause be with the teeth, the gums must be lanced and the child put to the breast if it can suck without much trouble, or, if not, a thin diluent must be given it so as to encourage the bleeding. I have seen children readily take the breast immediately after scarification of the gums, who could not be got to do it before.

When simple stomatitis occurs in weak, badly fed children, in scrofulous habits of body, and often in the course of the exanthemata, it is not at all unusual that the morbid action shall proceed to destruction and ulceration in different parts of the oral cavity, and give rise to the disorder called *ulcerous stomatitis*. This may be a slight or very severe affection, and it exhibits many different and interesting phases. *Ulcerous stomatitis* may be either acute or chronic; it may follow upon the general erythematous inflammation I have just described, or it may be independent of it, and even accompanied with a pale anemic condition of the general lining membrane of the mouth; but at the spots where destruction is going on there has, of course, been inflammation. When the disease follows upon the simple form, you will find that it generally begins at the gums of the lower jaw, along the base of the incisor teeth; the gums become very tender indeed, often bleeding on the slightest pressure, and, sooner or later, covered, except at the lowest portion, with a dirty-grey pultaceous mass. On removing the latter, you find ulceration beneath. On the inside of the lower lip will generally be found an irregular longitudinal ulcer of a dirty-grey colour. If the disease progresses, the gums of the molar teeth of the upper jaw, generally on the right side, become attacked, and the ulcerative action proceeds until at length the teeth drop out.

A still worse form of the malady is frequently seen: soon after the ulcerative action has attacked the posterior gums either of the upper or lower jaw, the left cheek becomes tender and painful, swollen, often slightly red externally, and internally presents a reddened hard spot in its centre; ulceration rapidly attacks this place, and a nasty, dirty, greyish, irregular, often very deep, ulcer, with hardened edge, occupies the spot. The child, in a bad case, can scarcely open its mouth, the breath is fetid, the tongue and teeth covered with soft cheesy deposit, the saliva dribbles from the mouth, and considerable constitutional irritation supervenes. Great pallor of the countenance, weakness of voice, and marasmus frequently and rapidly come on. Sometimes the ulcerative action ceases at the gums, leaving the ulcer of the cheek indisposed to heal; at others, the cheek is first to heal, whilst the ulceration proceeds in the gums, the molar teeth are dislodged, the alveolar processes are destroyed, and pieces of bone are afterwards thrown out. The ulcer in the upper jaw may appear so large as to be capable of holding a small prune, the ulceration making its way up the inner surface. I had such a case under my care a few weeks ago, in which two molar teeth were lost, and a dark, almost black, fetid ulcer of great size occupied their place. But these which are unfrequent and bad cases most generally come on in the course of some febrile disease, or in a constitution greatly broken down and debilitated. Very frequently a child is brought to you with ulcerative stomatitis, and of whose general health no complaint is made, the disorder appearing to be quite local; even when the cheek itself is greatly involved, it is astonishing to see sometimes how little general disturbance takes place.

In the chronic forms, the most frequent spot for ulceration to commence in, especially in very young children who have cut, perhaps, but three or four teeth, is beneath the tongue, at one side of, or even in the very front of the frænum. On raising the tongue you see a round, spongy-looking, dirty-grey ulcer, with a red margin, and which often has great tendency to bleed. In other cases, an ulcer of the lower gums accompanies the sublingual one in older children, and in younger ones there is an irregular ulcer on the tip of the tongue. In the chronic form the ulceration of the gums, if neglected, may run on as in the acute variety, causing loss of the teeth and exfoliation of small pieces of the alveolar processes. Such a case we saw the other morning in the Infirmary, in which the mother neglected to bring the child for three weeks, and then produced him, stating that the ulcer had got worse, that the teeth had dropped out, and afterwards pieces of bone had come away. All this time, however, the boy had appeared quite well so far as his general health was concerned, and seemed to care little about it. The ulceration of the cheek may occur in the same chronic way.

M. Denis de Commercy states that he has several times met with softening of the mucous membrane occupying the centre of the palatine arch; and that, when the softened portion is removed, it is easy to perceive that the margin of the sound parts limiting it is cut perpendicularly, and that the base is formed by the bone in a healthy state. Billard de-

scribes irregular rounded ulceration of the same part, the ulcer having swollen, hard, and red edges, and a shagreen-like centre. M. Guersant admits the disease may attack any portion of the cavity of the mouth. I have but once seen, so far as I can recollect, ulcerous stomatitis of the palatine vault, and this was in a child previous to dentition, and in whom I strongly suspected a syphilitic taint. There were two irregular longitudinal ulcers on the soft palate. I agree with M. Taupin that in the great majority of cases the disease occupies one side of the oral cavity, and with Rilliet and Barthez that the left is more frequently attacked than the right, and the lower lip than the upper one. It is worthy also of recollection that the ulcers are almost always irregular or longitudinal, except the sublingual one, and which circumstance distinguishes them from another disorder I have yet to speak of.

I must likewise caution you against confounding the affection of the cheek with *gangrene of the mouth*, or *cancrum oris*, as it is often termed. Their locality is the same, but their nature and result very different. Nevertheless, they have frequently been mistaken. I may remark, also, that ulcerous stomatitis of the cheek sometimes receives the name of *noma* or *nomacca*.

As to the causes of ulcerous stomatitis, I can only speak in the most general terms. The chronic forms of this disease we generally find occurring in badly-fed, deficiently-clothed children, living in unwholesome houses and places; also in the naturally weak, pale, and scrofulous offspring of the poorer classes. Sometimes, however, we see them taking place in fat, florid little patients, but whose whole set of teeth are rotten and bad. In these latter cases the ulcerative action often depends on such local causes as caries of the teeth or some traumatic injury to the mouth or gums. The acute forms we find occurring in the train of remittent fever, the exanthemata, diarrhœa, and pneumonia; in fact, as Rilliet remarks, there is scarcely an infantile disorder in the course of which they may not appear. They occur at all seasons, but more frequently in spring and autumn, and humidity plays a considerable part in bringing about their development. We may observe the disease also both in an epidemic and sporadic form, and it may be said to be endemic in certain wards of the Hôpital des Enfans at Paris. At the Berlin Policlinic the affection of the cheek appears to assume now and then a very severe form, having a tendency to pass into the true "gangrene of the mouth," and thus substantiating apparently the theory of M. Taupin, that the latter is but a further lesion of the former, or that in cancrum oris we see mortification terminating the inflammation of an ulcerous stomatitis.

M. Taupin affirms also that this disease is occasionally contagious; and Bouchut says that the contagion can be effected by direct transmission from a glass, spoon, or any other body that children may place in their mouths; Kopp, Heim, and Reicke also believe in the contagious properties. Upon this point M. Fbres remarks:—"The contagious property on the one part, the generally very slow course of the malady, and the form it presents, incline one to think that in this case we observe the result of a hereditary syphilitic affection. This opinion is only given with a certain reserve, as not having ourselves observed a sufficient number of cases, but we think it worthy of attention."

I must not forget to tell you that many persons believe, that the free administration of mercury to children now and then produces, not only ulcerative stomatitis but gangrene of the mouth; and sometimes, when a fatal case has happened, such has been the outery about it that a judicial inquiry has been put in force. On the other hand, there are writers who maintain mercury *never* produces any such disorders, and some even go to the extent of affirming that "mercury, so far from having a tendency to produce the disease, can be exhibited safely while it exists, and exerts rather a beneficial influence in checking its advance." (Duncan in "Dublin Journal.") Some continental practitioners also recommend mercurial inunction over the swelling of the cheek. Two or three cases have come under my notice in which I have been forced to give mercury for inflammation of the lungs, and ulcerative stomatitis has supervened as the pneumonia declined. In one case two molar teeth were lost, and a large obstinate ulcer occupied both the cheek and gum. On the other hand, in abundance of cases where mercury has been given no such result has ensued, and we know also that both forms of the cheek affection which I alluded to occur where not a particle of mercury has been taken. But in those few cases I spoke of I am disposed to think the ulcerous affection was excited by the mercury. The same amount of the metal, or much more, given to another child would not have done so; but in these, as they happened to be very weak, ill-fed, scrofulous children, with, I think, a peculiar liability to the specific influence of the drug, ulcerous stomatitis was set up. Of course I know that because of the *post hoc* there must not necessarily follow the *propter hoc*, and if you wished me to give you more definite reasons for the latter than I have done I should find some difficulty in doing so; but one can be impressed *clinically* with a belief for which *theoretically* one cannot always give reasons strictly evident as a chain of causation and effect. I am sure that I believe many things from observation of the sick child that I would rather decline attempting to prove in the way of "why and because;" and my strong impression is that in certain youthful constitutions ulcerative stomatitis may be excited by mercury, even by what all must allow as only a fair and legitimate use of it. I hold that the very great difficulty of affecting the mouth, &c., usually found as relates to children is not a sufficient argument to deny that certain children are, on the other hand, very readily affected by it. The fact, also, of such ulceration, when it is produced, not being preceded or accompanied with profuse ptyalism, and the other local effects we usually meet with in adults, is no proof to my mind that mercury has not exerted it, because we know that in the adult, in particular instances, ulceration is produced by this drug without any ptyalism, and in which it is sometimes impossible to get salivation, give any form of mercury we choose. Such a case the late Mr. Liston and myself had under our charge about a year and a half ago. The patient, a gentleman under thirty years of age, took blue pill, calomel, and the proto-iodide, and had also used inunction; and ulceration of the gums and slightly of the cheek followed every form which was given, but we could obtain no salivation, and there was very little, if any, fetor. I see no reason, therefore, why certain infantile constitutions should not be affected in the same way. I may remark that this case required the utmost care and caution in using the mercurial remedies on account of the tendency to ulceration; but circumstances still obliged its administration, though the constitution was scrofulous. It has appeared to me that, in those cases in which I have thought the ulceration was excited by the mercury, the affection runs a more rapid progress, and has a greater tendency both to spread and to excavate, than the stomatitic affection shows in other instances. However, this question bears more important relations to gangrene of the mouth than to our present disorder; and hence I shall say no more at present about it, simply referring you to Dr. Duncan's paper in "The Dublin Journal" for 1845, and to the second volume of "Ranking's Report," for further information, if you wish it. I shall speak of the treatment of Ulcerous Stomatitis in my next lecture.

CLINICAL LECTURES ON THE GRAVITY AND TREATMENT OF FRACTURES AND WOUNDS BY FIREARMS.

By M. VELPEAU.

TOPICAL APPLICATIONS AND MODES OF DRESSING.

Gentlemen,—Many kinds of dressing were employed in the treatment of gunshot wounds. There was a time when these were burnt with gunpowder for the purpose of destroying all the external layers which were thought to be poisoned. Some surgeons applied the actual cautery, others used boiling water as an application. Ambrose Paré, who lived in a time of civil war, devoted a good deal of attention to the treatment of gunshot wounds. He was one of those who used boiling water. He also used boiling oil. He relates an instance, that, on one occasion being out of oil, he was obliged to employ simple ointments for the purpose of treating his patients. When he got home he was assailed with all kinds of fears in reference to his unfortunate patients. He details the agonies which he experienced all the night, and the hurry and fear with which he returned to his patients. But judge of his astonishment when he found them progressing satisfactorily. It was a matter of simple chance, then, that he repudiated the tortures of boiling water to which patients up to this time had been exposed.

Henceforth science had recourse to ointments, plugs, lints, and setons; this last means is not so irrational as we might at first think. In fact, gunshot wounds are in general tortuous; and this for two reasons—either because the ball has been made to deviate on account of the different densities of tissues through which it has traversed; or else because the organic layers which have been displaced, in order to give passage to the ball, have reassumed their former positions, more or less, according to their respective difference of elasticities. Hence it follows that the sinuosities of the wound prevent the results of suppuration from escaping. The seton, by traversing the sinuous wound, facilitates the flow of pus, and prevents stagnation. Nevertheless, the seton, despite its rational advantages, has been rejected; for, in its quality of foreign body, it determines a considerable inflammation, which may cause serious results.

REFRIGERANTS.

Cold water or ice has long been vaunted as a topical application in the treatment of wounds in general, and of gunshot wounds in particular. A thesis of M. Madelin, published in 1825, proves the antiquity of this practice. Cold water has been specially lauded as a treatment for gunshot wounds by M. Smonck, a Prussian surgeon of the last century; also by Lombard, a French surgeon, who had seen the wars of the Republic. This treatment, once abandoned, has been resumed in France for the last twenty years. M. Josse, a surgeon of Aimens, brought it again into notice. Refrigerants prevent, as it is said, both inflammation and pain; they suppress, so to speak, the process of suppuration, and expedite that of cicatrization. They are employed under many different forms: some practitioners use continued irrigation; others, from motives of convenience, content themselves with the use of sponges and lint saturated with cold water, as is the practice of M. Mayor, of Lausanne, taking care to moisten the topical application from time to time; others employ bladders filled with water or with ice. If it be admitted, gentlemen, that continued application of cold is advantageous, the preferable plan is to employ the system of continual irrigation, which gives a temperature always, or pretty nearly, the same, and not variable as is that produced by ice, or compresses moistened at intervals. But this continued irrigation is difficult to manage and to maintain at a constant temperature.

For my part, I have never advocated this system of continual cold. I have employed it. I have examined with care the observations derived from its use, and I proceed to give you my opinion.

Continual cold employed upon a phlegmon which has not yet suppurated may perhaps cure it; but this same phlegmon might be equally well cured by compression, by leeches, by mercurial inunctions, by a large flying blister, all of them means of greater facility than cold water.

If we have to treat a wound made by a cutting

instrument, the simplest thing to do is to bring the edges of the wound together and keep them in contact, to cause their reunion by the first intention. If in a similar case cold water or ice had been employed, the tissues might have mortified. I have seen this result occur many times in wounds produced by splinters, which, far from healing, became gangrenous. Thus, in wounds produced by cutting instruments, refrigerants are at least useless when they are not positively injurious.

In contused wounds there are two things to be considered—firstly, the mortified parts; secondly, those which must remain. Now, in order to cause the sloughing away of the mortified parts, an eliminatory inflammation is especially necessary, and our only indication is to moderate this inflammation. It has been said that cold water diminishes it. It is true that under the influence of this application the redness of the wound and swelling are less; but as to the inflammation, properly so called, it is rather masked than arrested. Suppuration under the influence of cold water often assumes an unhealthy character, often burrowing into the muscular sheaths, and destroying the results of adhesive inflammation.

But no one will deny that cold water has other disadvantages. Is it not well known that every species of inflammation is occasioned by cold, and especially cold with moisture? Then, does the patient incur no danger by remaining day and night with one of his limbs bathed in cold water? Does he not by this run a risk of contracting pneumonia, bronchitis, rheumatism—all of these affections frequently of a graver character than the wound it was attempted to cure? These, gentlemen, are the reasons which prevent me using cold water.

As it regards our gunshot wounds, what has cold water to do in their treatment? It would have prevented or diminished inflammation which gives us no solicitude, and which, in all the cases brought under our notice, has been of a very trifling character. But would it have prevented purulent infection? Would it not have exposed all those unfortunates already weakened by their wounds, and without the power of reaction, to contract a series of maladies against which their physical powers could not have held out? Thus, then, the treatment by refrigerants appears to me more hurtful than advantageous.

I have discussed with you, gentlemen, in one of our preceding conferences, the immediate complications of gunshot wounds. Those of which I have spoken are not the only ones. There are others, in fact, which secondarily supervene. It is to those that I will now draw your attention.

SECONDARY HEMORRHAGES.

The hemorrhage which comes on secondarily after a gunshot wound is very different from that resulting from the rupture of an aneurism, or of an ordinary wound. In fact, the secondary hemorrhage in the case now under consideration is the consequence of the loss of the plug which had closed up the arterial wound. This plug, by interrupting the course of blood in the wounded artery, has been an incontestable cause of dilatation for all the collateral vessels, in consequence of the circulation which they had vicariously taken on. Now, if you tie the artery between the heart and the wound, what will be the consequence? There will be hemorrhage almost immediately by the collateral arteries. It is the head especially which is to be feared, in consequence of the return of hemorrhage, even after the ligature of a large arterial trunk, by reason of the large anastomoses of the carotids between themselves and the carotids with the vertebral arteries. The patient of No. 26 has just offered us a deplorable example of this: he had, as you are aware, the superior maxillary bone fractured by a ball which emerged from the superior region of the neck. Hemorrhage, which threatened to be mortal, supervened about ten or twelve days after the wound was received. Bleeding took place at the same time through the mouth, and also from the two orifices of the wound, and resisted every application that was used. I then decided to tie the principal carotid artery of the corresponding side. Well, at the very beginning of the operation the hemorrhage returned by two places, and in as great abundance as before. Next morning, when I saw the patient, he was nearly exhausted, but the bleeding had ceased. It reappeared, however, some hours after, and was fatal.

Thus we find that ligature of the wounded artery is often insufficient to remedy the secondary hemorrhage of a gunshot wound. What are we to do, then, in such a case? To make compression is impossible. The indication, no doubt, is to tie the artery on each side of the wound; but this tying, efficacious as it would seem at first view, does not offer any guarantee for the safety of the patient; and the arterial tissues are altered by the wound itself, and, on account of this alteration, another rupture would result, and with it another hemorrhage. From these considerations it follows that secondary hemorrhages from gunshot wounds are often beyond all our resources.

PURULENT INFECTION.

All serious wounds, whatever may be their nature, produce a tendency to general reaction. This is of two kinds:—1. Inflammatory, or febrile; and in this case it is characterized by the ordinary phenomena of reaction, which are so well known that I need not dwell upon them. 2. It is purulent or infectious; that is what I propose now to discuss with you.

Of all species of wounds there are none more than gunshot wounds that expose patients to purulent infection. In ordinary wounds, indeed, the surfaces are not generally mortified; the edges can frequently be brought into contact, and then heal by the first intention; suppuration cannot, therefore, be abundant, and in some cases it may be altogether wanting. In gunshot wounds, on the contrary, immediate reunion is impossible; the surrounding tissues are mortified; they are disposed, therefore, to putrefy, and they are eliminated by suppuration; and it is very difficult to prevent these putrefied tissues, the the elimination of which is not accomplished till after ten or fifteen days, empoisoning even a portion of the economy. For the most part, gunshot wounds are almost always jagged and tortuous, so that the pus accumulates, forming sinuses, and escapes with difficulty. Detention of the pus, and its prolonged contact with tissues seared and *putrilaginous*, is a double cause of *intoxication*, which easily explains the frequency of purulent infection following gunshot wounds.

Purulent infection, the result of the introduction into the system of putrid matter, is always very serious; this is the most formidable of the secondary complications of gunshot wounds, and is also one of the most frequent. We have, unfortunately, many cases of this kind in our wards; thus cases 1, 4, and 20, in the ward Sainte Vierge, are examples of this secondary complication.

Different classes or forms of infection may be established, based upon the different causes producing them, which are the results of different kinds of lesions. Thus, sometimes purulent infection is the result of a wound, or of an ulcer which communicates with the external air; at other times, on the contrary, it follows an abscess which has no external communication, as the abscess by congestion; at other times it develops itself under the influence of extensive and deep-seated suppuration, which denudes the muscles and infiltrates into every part of the limb. These lesions, which determine the infection, extend sometimes to the viscera and splanchnic cavities. In such a case the autopsy discloses numerous abscesses in the liver, spleen, and lungs. This kind of infection is always fatal. Sometimes the abscess occupies respectively the viscera and the cavities, or it is exclusively seated in the limbs or articulations. This is more dangerous than the preceding: the patients may get well if the abscesses are not numerous or extensive; if, moreover, they do not occupy the deep-seated tissues of the limbs, more especially of the thigh. Finally, sometimes the purulent collections occupy for a season the splanchnic cavities and the viscera they contain, the articulations and the different tissues which form the limbs.

Purulent infection following gunshot wounds commences in general from the tenth to the thirtieth day. It is announced by shiverings, which occur at intervals, but as the crisis draws near are more rapidly repeated. The pulse is frequent, small, and soft, with a feeling of excessive weakness, and an evident adynamic condition of the system, so that the fever of infection may be called with good reason adynamic or putrid fever. The body has a jaundiced hue, is covered with a cold, clammy perspiration; the patient is seized with a constant trembling, becomes comatose, and dies. From the commencement of these symptoms the wound assumes a pallid hue, suppuration diminishes, becomes thin and ill-conditioned. In cases which terminate favourably a reaction takes place, the pulse becoming strong and steady. It is proper then to open all the abscesses successively which are found in the fleshy parts of the trunk, or in the tissues of the limbs.

ORIGINAL CONTRIBUTIONS.

ON THE MODE OF APPLYING COTTON WOOL AS A SUBSTITUTE FOR THE LOSS OF THE MEMBRANA TYMPANI.

Communicated by THOMAS BUCHANAN, C.M., Hull Dispensary for Diseases of the Ear, &c.

I have read with considerable interest a paper by Mr. Yearsley, on a mode of supplying the loss of the membrana tympani in cases of deafness, by which I should suppose the author meant great diminution of hearing; for, as to making the deaf hear by this mode, I am rather sceptical. There are a vast number and variety of degrees of diminution of hearing; but if the person be deaf there is only one, and that is generally irretrievable.

Mr. Yearsley mentions that it had been intimated to him, "that he had not explained the new mode of treatment, so as to enable others to adopt it with anything more than a mere chance of success." And further adds, "that it is impossible to convey in words such explicit directions as shall enable them to manipulate with any degree of certainty;" and "that he will venture to say, that in not one instance in twenty, however appropriate and well adapted the case might be, would it succeed, solely from ignorance of the rules, the observance of which is essential to success;" and then adds, "but although it is impossible, in words, to convey all the necessary information, it will at all times afford me great pleasure practically to illustrate the subject before any practitioner who will favour me with a visit."

Now, as Mr. Yearsley repeatedly affirms, that it is impossible for him to describe the method by which he operates; and as it is equally as impossible for every medical reader to visit Savile-row, and avail himself of the polite invitation of Mr. Yearsley, however willing; and as I have been in the practice of aural surgery nearly thirty years,—and also, as I proposed a substitute for the loss of the membrana tympani nearly twenty years ago; and as there is no other way of removing the ignorance of the profession of which Mr. Yearsley complains than by accurate information,—it cannot, therefore, be deemed an impropriety in me to endeavour to inform the profession generally, the mode by which this substitute may be successfully applied.

The intending operator should, in the first place, carefully study the anatomy and physiology of the parts, particularly the position, size, situation, properties, and uses of the membrana tympani, in the healthy state; and as carefully ascertain the nature and extent of disease in the subject to be operated upon.

We will suppose that the patient has complete permeability of the Eustachian tube; that the

ossicula are all firmly connected and *in situ*, and, if there be any remains of the membrana tympani, attached to the parietes of the meatus, the operation will, perhaps, be more easily effected than if the whole were destroyed by ulcerative process.

Let the operator take a small quantity of fine, clean cotton wool, saturated completely in tepid distilled water (to which, in some cases, an alkaloid might be added if necessary), then mould it to the figure of the membrana tympani, but somewhat broader, beating it gently, so as to get rid of the superfluous fluid, and assist in its formation. In order to facilitate and render the operation more easy and successful, the operator ought to be provided with a silver instrument of the following description:—

The instrument and handle to be of silver, four inches in length, and to consist of four extremely slender probes, clustered around a centre probe. The extremity of each of these probes to stand nearly three lines from the centre probe, and to have a small knob or button on its extremity; that of the centre one to be rather broader than the others. The diameter of these five probes, when united, ought not to be above the size of a common probe. In order to close the outer probes, nigh to the central one there ought to be a small slide, or regulator, by which the operator could regulate the instrument, so as to suit the diameter of the meatus of the patient, whether large or small. If the handle were to be bent, so as to form an angle, the operator could then see the progress of the operation better than if the instrument were straight. These probes may be slightly curved upwards, to assist in applying the cotton in an oblique position, similar to that of the membrana tympani; the operator can at any time bend them so as to suit his purpose or inclination.

Or take a common stout probe, and let the extremity be split up into four slender slips, the length of three lines, and each of these slender wire-like branches to have its proportionable part of the original knob or button, and the operator may bend, separate, or close them, so as to suit the calibre of the meatus of the patient to be operated upon. This simple instrument may be of considerable utility in the operation, for, by means of the other flat end of the probe, any inequalities of the cotton may be adjusted so as to assume any requisite position.

But if the operator has not an instrument of the above description, and the patient is unwilling to wait until one be made, then let him take a small piece of whalebone, of about four or five inches in length, and whip it with a waxed thread upwards of the one half of its length, then split the other half into four slender slips. Or take four fine, slender slips of whalebone, of the above length, unite them firmly together, by whipping them with a waxed thread, for the length of two inches, then passing the thread several times between the slips, so as to make them to stand out from each other. Let these pieces be of uniform length, and dipped into hot melted red wax, so as to leave an extremely fine knob of wax on each extremity, which can easily be flattened by applying the whole warm to any plain surface. A slide or regulator can be easily formed of fine brass wire, &c.

I have been thus particular in describing the formation of a temporary instrument, in order to assist the young practitioner, who might have neither time nor opportunity to procure one, such as either of the silver ones described; but who might be able to fashion one of whalebone or gutta percha, with which he might, perhaps, perform the operation successfully, and to the satisfaction of all parties.

Before the operator attempts to introduce the cotton, he ought to cause the patient to force a strong expiration through the Eustachian tube, so as to clear the tympanum; and, if there be any purulent matter there, it will be forced into the meatus, from whence it can be easily removed by means of a common probe and lint.

Having prepared the ear, and placed the patient on a lower seat than that of the operator, with the rays of the sun illuminating the meatus, and the instrument adjusted to the calibre of the tube—which, if it be of silver, ought to be slightly warmed in hot water—the prepared cotton should then be placed on the extremities of the instrument, or buttons of the probes, and the whole introduced carefully into the meatus, then cautiously pushed inwards until it is placed close to the remains of the membrana tympani, or where it was situated. The most delicate tact is now necessary to preserve the flat extension of the cotton, and to place it in its proper oblique position; and also to give due pressure, so as to cause a partial adhesion of the substitute to the manubrium of the malleus, without injury to the ossicula, or deranging the flat and even expansion of the cotton. This is by far the most difficult part of the operation, which will be greatly assisted by the flat extremities of the probes, while the oblique position of the manubrium will guide the operator how to place the cotton in a similar position. Superiority of tact here can only be acquired by frequent operations.

If the operator be afraid of too much pressure, he may withdraw the instrument, and apply a camel-hair pencil, slightly moistened in tepid distilled water, with which he should carefully bring the cotton in close contact with the manubrium.

The position of the cotton should now be similar to that of the membrana tympani in the healthy subject, as it is neither more nor less than a substitute for that important membrane.

The prepared cotton being thus applied, so as to be supported in its position by the manubrium of the malleus, and, being rather larger than the calibre of the meatus, it will, from its flexibility in the moist state, and its extremely minute and numerous delicate fibrous structure, stimulate the branches which lead to and form the tympanic plexus, while it will cling to the parietes of the tube, so as to accommodate to the usual strength of the undulations of sound; and at the same time, from its elasticity, ensure the action of the ossicula so as to affect the sentient parts of the organ. And thus this simple cotton pledget, an article of little intrinsic value, if placed according to the above directions, will in many cases, from its position, state, and structure, become an important and valuable substitute in restoring diminished audition, provided the auditory and assistant auditory nerves have not been injured by exposure to the atmosphere, or to the benumbing effects of strong and loud undulations of sound.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON THE UTILITY OF TRISNITRATE OF BISMUTH IN THE DIARRHŒA ACCOMPANYING PHTHISIS.

By Theophilus Thompson, M.D., F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest.

The author considers the trisnitrate of bismuth to surpass in efficacy and safety our most approved remedies for this complaint. He has taken every opportunity, during the last twelve months, of testing its powers, and has preserved notes of twenty-one of the cases in which it was administered. Of these, eighteen were phthisis in various stages of progress, and three, bronchitis. In fifteen of the patients the diarrhœa was entirely removed; in four, transient benefit was experienced; and the remedy proved useless only in two instances. The dose administered was about five grains three or four times daily, usually combined with a little magnesia and gum arabic. Dr. Thompson has referred to various authors who have written respecting the properties of bismuth, but has not been able to collect from them any evidence of its powers in the phthisical variety of diarrhœa, but he entertains a strong conviction of its peculiar appropriateness to this affection, and has obtained important confirmation of his experience in a recent communication from Dr. Lombard, of Geneva.

A PLAN OF TREATING OVARIAN DROPSY BY THE ULCERATIVE OPENING OF THE CYST AFTER ITS PERMANENT ADHESION TO THE WALLS OF THE ABDOMEN.

By Edward John Tilt, M.D.

The author was led to attempt this mode of cure by observing the process of Nature in some spontaneous and radical cures of ovarian dropsy. His first object is to establish solid adhesion between the peritoneal covering of the cyst and the peritoneal lining of the abdominal parietes. His second object is to make the smallest possible opening into the cyst, so that it may not be suddenly emptied, but remain always full, and be only relieved *per stilicidium* of the overplus of liquid distending its cavity, while it gradually contracts. To attain both these objects he adopts the plan which has often been successful in effecting the adhesion of hydatid cysts of the liver to the abdominal walls. It consists in the application of Vienna paste to the appropriate part of the abdomen. He relates one case in which a radical cure of an ovarian cyst was effected by this means.

A lady, who had always enjoyed good health, ceased menstruating at forty years of age. Soon afterwards, having been exposed to cold, she was seized with violent pain in the left iliac fossa, followed by shivering and high fever. When these symptoms were relieved, a tumour of the size of an orange was felt in the situation of the left ovary. This tumour gradually increased, and in a short space of time the patient had the appearance of being nine months gone with child. Vienna paste was applied to the pit of the stomach; an eschar was produced, and fell off, and afterwards a small opening was formed by ulceration, through which an albuminous ropy fluid escaped. The abdomen was supported by moderate pressure. In a few weeks the discharge became purulent and offensive. Tepid water was then injected into the cyst daily for some months; the cyst gradually contracting, so that at length it would receive only an ounce of water. In about a year the patient was in effect well, although for several years a fistulous opening remained at the pit of the stomach. In the course of the case the cyst formed a communication with one of the intestines, and for several days the patient passed purulent stools, while, during that time, no pus escaped from the external wound.

CASE OF HYDATID DISEASE OF THE LIVER CURED BY OPERATION.

By George Owen Rees, M.D., F.R.S., Assistant Physician to Guy's Hospital, and Principal Medical Officer to the Pentonville Prison.

The case is detailed at some length. The patient was a man aged thirty-one years; admitted into Guy's Hospital on the 13th of October, 1847. Examination of his abdomen detected a distinct tumour occupying the right hypochondriac and epigastric regions. Fluctuation could be felt in it. On the 4th of December the tumour was tapped by Mr. Hilton, with a trocar and canula not larger than an ordinary exploring needle, straps of plaster having previously been passed round the body, so as to fix the tumour in position, and to exert pressure upwards. Thirty-eight ounces of clear fluid were removed. The wound quickly closed. On the 7th of January, the tapping was repeated, with the same instrument, and with the same precautions, as before. On this occasion pus of a very offensive odour escaped, and only ten ounces were obtained, owing to the canula becoming obstructed. On the 9th of January the tumour was tapped a third time, with a full-sized trocar and canula, an elastic gum-tube being passed through the canula. Twenty-four ounces of fetid pus escaped, with membranous flakes, and partially-destroyed hydatids. The opening was maintained, and fetid pus, with, occasionally, hydatids, continued to be discharged (the capacity of the sac at the same time diminishing) till the commencement of April. On the 11th of April the discharging orifice had closed, and no remains of the tumour could be found unless it were a body about the size of a walnut, below the right lobe of the liver.

The author comments upon the diagnosis of the disease, the propriety of the operation, the degree of danger attending it, and the precautions adopted to avert evil results, and concludes with some remarks on the nature of the fluid discharged from the sac.

ON THE INTERNAL USE OF TURPENTINE OIL IN CASES OF HEMORRHAGE.

By L. Percy, M.D., Lausanne, Switzerland.

The author, after noticing the fact that several writers—Adair, Nichol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hemorrhagic diseases, observes that this remedy seems, nevertheless, to be little used by practitioners. In the cases in which he first made trial of it, hematuria of two years' standing, in an old man of eighty, was stopped in twenty-four hours by eight drops of oil of turpentine, and did not return. He has since used it in different cases of hemorrhage, and always with a favourable result. The cases in which its use is indicated are those of passive hemorrhage. It must not be employed in cases where there is an active determination of blood, and where the pulse is full. When the discharge of blood is the consequence of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of scirrhus of the womb, in which the hemorrhage was for some time stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order better to ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions that it appears to him to be particularly applicable in the cases of hemorrhage attending typhus. He noticed the fact that turpentine exerts different actions on the body according as it is taken in large or small doses, being more readily absorbed in the latter case; and he remarks, that as its beneficial action in cases of hemorrhage must depend on its being absorbed, the inference would be drawn that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum arabic. When there is pain in the abdomen, a few drops of laudanum may be added.

CASE OF HYDATIDS WITHIN THE CRANIUM, GIVING RISE TO SOME SINGULAR PHENOMENA.

By James Stewart, M.D., Surgeon, Royal Artillery, Woolwich.

[Communicated, with some prefatory observations on Intra-cranial Hydatids, by George Gregory, M.D., Physician to the Smallpox Hospital.]

In the first portion of this paper, Dr. Gregory remarks on the greater rarity of acephalocysts, or hydatids, in the intercranial structures than in the thoracic or abdominal tissues, and refers to Dr. Craigie's observation that in the greater number of recorded cases only solitary serous cysts existed, not clustered hydatids. After noticing briefly three cases, one described by Rendtorff, a second related by Mr. Mowatt, of Worthing, in the second volume of "The Medico-Chirurgical Transactions," and the third communicated by Mr. Burnell to the late Dr. Baillie, who remarked that none such had ever fallen under his own observation, Dr. Gregory states, as the result of his reading, that the normal series of symptoms flowing from the development of intra-cranial hydatids seem to be the following:—Pain in the head, succeeded, after a considerable time, by epileptic fits, and terminating in apoplexy. The Pathological Museum of the Army Medical Department at Fort Pitt, Chatham, contains two specimens of hydatids of the brain. An account of all that is known relative to these cases has been furnished to Dr. Gregory by Dr. French. In the first case, no cerebral symptoms were noticed during life. After death, cysts, described as hydatids, were found beneath the pia mater, covering the hemispheres, in the right corpus striatum, and in the substance of the cerebrum in its immediate vicinity. In the second case, epileptic fits were present for three years and five months before death. Here there were small round bodies, like hydatids, some hard and almost cartilaginous, not only beneath the pia mater, but also generally throughout the substance of both cerebrum and cerebellum. They were collected to the amount of an ounce or more. Each consisted of a distinct membranous sac, which sometimes appeared double, and in layers like an onion. All the cysts contained a clear fluid, with more or less cheesy-looking matter. Dr. Gregory then communicates the following case, which, at his request, had been transmitted to him by Dr. Stewart:—The patient, a gunner of the Royal Artillery, aged twenty-four years and nine months, was admitted into the Artillery Hospital, Woolwich, on the 29th of April, 1848, immediately on his arrival from Malta, with the following history:—He had arrived in Malta with his company in February, 1847, and from that time suffered from constant headache. In November, 1847, he had a severe epileptic fit, followed by coma. Subsequently, imbecility showed itself, and his vision became impaired, the pupils being sluggish, and the left eyelid affected with slight ptosis. His memory became defective, and he became subject to immoderate and uncontrollable fits of laughter when spoken to. When he arrived at Woolwich, he still presented the last-mentioned most remarkable symptom. His hearing was a little affected, but both eyes were amaurotic; he staggered in his gait like a drunken man, and the expression of his countenance was idiotic. On the 22nd of May, a large piece of meat which he had attempted to swallow stuck fast in the œsophagus, and he was only saved from suffocation by tracheotomy. A few hours afterwards epileptic fits ensued, and were followed by coma, in which he died on the following morning. On examining the body, there was found in the middle fossa of the base of the cranium, between the cranial bones and the dura mater, a mass, the size of a closed fist, which proved to be a nest of hydatids. The hydatids were very numerous, and varied in size from that of a large pea to the dimensions of a small orange. The contiguous bones were roughened. The substance of the brain, which, together with the dura mater, was pressed towards the right side, presented no abnormal appearances. The lateral ventricles were filled with a clear fluid.

CASE OF OBTURATOR HERNIA, WITH SYMPTOMS OF INTESTINAL OBSTRUCTION WITHIN THE ABDOMEN, TO RELIEVE WHICH THE ABDOMEN WAS OPENED.

By John Hilton, F.R.S., Assistant-Surgeon to Guy's Hospital.

Miss ——, aged thirty-six, in September, 1847, had some severe pain and local tenderness on pressure on the right side of the abdomen, above Poupart's ligament, with continued constipation and some vomiting. During several days these symptoms were relieved by the local application of leeches and fomentations, and the use of aperients and purgative injections. From that time she continued in her usual health until Jan. 20, 1848, when she was suddenly seized with symptoms of strangulated hernia; but no hernia could be detected, although she was repeatedly examined in reference to that point. Various means were employed, without any permanent relief to the symptoms of strangulated intestine. These means were continued during eleven days, when, in consultation with Dr. Fox and Mr. Blackmore, of Old-street-road, in whose practice this case occurred, it was resolved to recommend the patient to submit to an operation, the whole importance of which was fully explained to her. On the twelfth day from the first symptoms of strangulated intestine, Mr. Hilton opened the abdomen by cutting in the median line below the umbilicus, and ascertained the existence of an obturator hernia, which had not been at all suspected to exist. The intestine was withdrawn from the obturator opening by laying hold of it within the abdomen: no external tumour could be at that time detected in the upper part of the thigh. The operation was performed (with the patient under the influence of chloroform) in the morning, and the patient died in the evening of the same day. The *post-mortem* examination gave evidence of extensive recent peritonitis. The portion of intestine which had been in the hernial sac was distinctly seen, and on examination was found to have been in a condition favourable to recovery. The hernial sac remained fixed in the thigh; the parts surrounding it were dissected; and a drawing is annexed to the record of the case, showing the position of the hernia.

CONGENITAL MALFORMATION AND STRUCTURAL DISEASE OF THE HEART IN A CHILD.

By Frederic Robinson, M.D., Assistant-Surgeon 74th Highlanders.

G. J., a male child, aged one year and a half, had suffered from his birth from violent palpitation of the heart and dyspnœa, which had latterly increased in severity; the child had otherwise thriven. The veins at parts were prominent, but the general hue of the skin was scarcely abnormal. The heart's action was quick and violent, and heard over a great space, the sound being accompanied by a loud sawing noise. The child died with these symptoms.

Autopsy.—The left lung was reduced to nearly one-third of its normal size by the encroachment of the heart, and studded with tubercles. The distended pericardium contained about four ounces of serum. The right ventricle was large enough to contain a hen's egg, and was filled with a firm coagulum. The free border of the tricuspid valve was thickened to such an extent as to prevent its perfect closure; the pulmonary artery and valves were healthy. The left auricle presented no musculi pectinati, except in its appendix, its walls being as thin as a portion of intestine. A circular orifice, almost as large as the little finger, existed in the septum in the ventricles, opening beneath a muscular fold in the right cavity, and, in the left, immediately below the aortic semilunar valves. The foramen ovale was closed, and no remains of the ductus arteriosus existed.

HISTORY OF A CASE OF DISLOCATION OF THE HEAD OF THE FEMUR BACKWARDS; WITH SOME OBSERVATIONS ON THAT FORM OF DISLOCATION.

By Richard Quain.

An opportunity having occurred to the author of making a dissection of the parts concerned in a recent case of dislocation of the femur, he availed himself of it, and has embodied his observations in this communication to the society. The subject of the injury, a man aged sixty, was killed by a fall from a ladder, the cause of death being extensive fracture through the base of the skull. Considerable deformity being observed in the right lower limb, the author was induced to make a careful examination of the extremity, with a view to detect the nature of the injury it had sustained. It was apparently, but not really, much shortened; it was also inverted, and separated from the sound limb. The trochanter major was altered in its relation to the iliac spine, and the depression behind it was wanting: the head of the femur could be felt towards the back of the pelvis. The limb could be flexed, but not rotated outwards. On removing the glutæus maximus, the head of the dislocated bone was exposed below the pyriform muscle, and immediately behind the acetabulum. The pelvis had sustained a fracture, but the fragments were not altered in their relation to each other. The obturator externus, quadratus femoris, and some deep fibres of the glutæus medius, were torn through. The inner and lower part of the capsular ligament was separated from the neck of the femur, and the round ligament was torn from the depression on its head. The great sciatic nerve was stretched but not injured, as were also the obturator internus and gemelli muscles. The brim of the acetabulum was slightly fractured. After giving the above details, the author re-

marked that there are points of contrast between the present and other cases which have been recorded of a similar accident; and proceeded to quote the history of the dissection in a few instances of the form of dislocation in question. The first was a case from Sir A. Cooper's "Treatise on Dislocations;" the second, one reported by Dr. Scott in the third volume of "The Dublin Hospital Reports;" and a third, described by M. Billard in the third volume of "The Archives Générales de Médecine." He then proceeded to comment on these cases, directing attention particularly to the following points:—1. The condition of the structures immediately interested in the dislocation, and especially the exact position of the femur; 2. The characteristic signs of the displacement; and 3. The restoration of the bone to its natural position. The practical inferences drawn by the author from the foregoing observations may be summed up as follows:—1. In the ordinary form of dislocation backwards, the femur does not reach the sciatic notch. 2. The head of the bone is lodged immediately behind the acetabulum, over the base of the ischiatic spine, and opposite to a small part of the sciatic foramina. 3. The injury would be correctly named the dislocation of the head of the femur backwards. 4. During the extension made to reduce this dislocation, the thigh is most advantageously directed across the pelvis, so that it shall form a right angle, or nearly a right angle, with the abdomen. At the same time the limb is to be in a state of abduction; the femur will thus be drawn away from the pelvis, forwards and outwards. The knee is to be bent, the extending force being fixed above the joint.

THE MEDICAL TIMES.

SATURDAY, JULY 29, 1848.

THE RESOLUTIONS OF THE GLOUCESTERSHIRE ASSOCIATION.

We have permitted a factious agitation against an early arrangement of the difficulties surrounding medical legislation to proceed, unchecked by counsel or remonstrance, in the charitable hope that some new ideas upon the subject might have sprung up to vary the irritating ding-dong of a worn-out *refrain*. The Gloucestershire and the Essex men grind most perseveringly their old barrel-organ, eternally reiterating the same set of tunes, in the same whining, unmelodious key. They plant themselves under our very windows, elaborating, with the utmost *sang froid*, those unvarying, dolorous accents that drive one absolutely into a fever to listen to them. Such men are a public nuisance.

A few weeks since, some Essex practitioners published their protest against the "principles" agreed upon at the College of Physicians, in which they had the hardihood to show up their utter ignorance of the force and bearings of the principles they condemned. To charge them with ignorance is the more benevolent view of their conduct; for we are loth to believe that so large a body of respectable surgeons would deliberately state untruths, even for the sake of a temporary triumph. They have been misled, and we pity them. A recantation would best become the imprudent publication of such patent and injurious errors.

Now comes a volley of opposition from that focus of discord, Gloucestershire and Shropshire. The demon of Disunion is the genius of the place: the practitioners in that corner of the country seem to be in a perpetual state of uneasiness, discontent, and suspicion. They are determined not to be pleased; they feel a luxury in being churlish; they like to be at war with the world; and the greatest misfortune that could happen to them would be to afford them the opportunity of holding their hearts in peace and unity. There are probably two or three little gentlemen among them who are political monomaniacs, whose element is an atmosphere of hallucination, who look at every movement for their welfare through a mist of suspicion, who taste poison in their very food, and regard their best friends as their very worst enemies.

These Gloucestershire gentlemen, presided over by one *Dr.* Wright, a St. Andrew's doctor, and accouched of their literary progeny by one Mr. Wilton, a *fellow* of the College of Surgeons, who officiates as secretary, will never feel their bashfulness a burden to them. In the third resolution, passed at a meeting held by them at Cheltenham, they tell us, "That the parties who have undertaken to appear, on the part of the general practitioners, in the conferences which have led to the proposal of a new corporation, *have no title whatever* to be considered as representing the views and opinions of that great body of the profession." The modesty of this assertion is exceedingly amusing. If the delegates of the National Institute, though representing the recorded "views and opinions" of 5000 general practitioners, have no title to assume the important functions they have exercised, who have? Of course, the president and secretary of the Gloucestershire Medical and Surgical Association. Nobody can doubt it—they are the *pars altera* of medical reform; their very denial of the title of others usurps it for themselves; or else there is no existing body that has a title, or that ever can have, and the medical question must stand over to be settled with the next cycle of the equinoxes. One would think that the National Institute had no history, and that its council were about as ill informed of the interests of the profession as Messrs. Wilton and Wright.

But the same resolution states that the conferences at the College of Physicians "led to the proposal of a new corporation." We can assure these gentlemen that the proposal was made more than three years ago, and cordially accepted, within three months, by upwards of 4000 general practitioners in the United Kingdom; but perhaps not by Messrs. Wilton and Wright—hence their melancholy ignorance of everything they ought to know.

The gist, however, of these resolutions is, "that the College of Physicians and Surgeons, if rightly organized, are quite sufficient for the requirements of the profession in this country;" and this assertion is a vast effort of statesmanship: it enunciates a truth which nobody can dare to doubt. All reformers agree that the colleges, "*if rightly organized*," are quite sufficient, ay, and more than sufficient, for the acquirements of the profession; but to build up arguments on this possibility is to beg the whole question. These gentlemen do not tell us in what manner, and by what means, the colleges are to be rightly organized, nor do they glance at the innumerable difficulties which stand bristling round the undertaking; they only assert an axiom, that we can declare as well as they, and with just as much truth and wisdom.

Every man or body of men has a right to private opinions, and to a fair declaration of them; and is so much the more fortunate if he can get followers. We should not, for our part, have interferred with this expression of opinion, whether it be worth much or little, if we had not observed a hostile bearing towards parties holding different views. We have not time at this moment to enter at large into the general question of medical reform, in reference to its bearings at the present stage of affairs, but we shall take an early opportunity of rectifying public opinion upon a few points on which there seems to be strange misconception. Error or falsehood cannot be permitted to advance; and it becomes us to be watchful for the truth, since there are influences abroad that find an interest in misrepresenting facts and opinions, and exciting ungenerous and destructive hostilities.

We desire only to lay a very gentle hand upon those gentlemen who are now agitating the profession, merely to intimate to them that we are observant of their proceedings, and to inform them that while they express their opinions in a fair spirit we shall behave towards them with every becoming tolerance. Ungenerous and unjustifiable attacks upon other bodies, who have at least deserved well of the profession, will find in us a prompt censor; and, although we might not be disposed to give unexceptionable approval to every act of any public body, we can give no countenance to indiscriminate condemnation.

The evidence that has been taken by the parliamentary committee cannot fail to be useful in informing the minds of the members of the Legislature upon the complicated subject of medical law; and although we believe that certain individuals have been lately examined, who, indeed in the language of these resolutions, had "no title whatever to be considered as representing the views and opinions of that great body of the profession," the general practitioners—unless a public meeting consisting of twenty-eight persons—can be construed as a sufficient representation of the professional will, yet we are by no means indisposed to indulge the enemies of a rational improvement with an opportunity to set forth their peculiar objections, knowing well that their cause will find no worse enemy than in the advocacy of its best friends. Examination, argument, and publicity are ardently desired by all those gentlemen who are anxious for a settlement of the medical question upon the basis proposed by the conference. We may not agree to all the details of that arrangement; there are some points clearly open to objection; but if the profession really desire a termination of the present jealousies and dissensions, and an amelioration of the existing unsatisfactory state of medical law, they will direct their energies to the improvement of the principles agreed to, so that they may comprise as large an amount of equity and fair dealing towards all classes of the profession as may be reasonably expected from any legislative measure.

DELETERIOUS INGREDIENTS IN THE FOOD OF THE PEOPLE.—REMARKS ON THE CHEMICAL ANALYSIS IN THE NORTHAMPTON POISONING CASE.

Last week the trials of Edward Randall and Edmund Franklin took place at Northampton, on the charge of causing the death of Mr. Wm. Cornfield, by improperly using arsenite of copper as a colouring matter in some blancmange. The result of the trial is that the prisoners are sentenced to three months' imprisonment. As the case is now legally settled, we consider it our duty to make a few remarks upon it, and especially upon the evidence of the chemist who

was requested to analyze the contents of the stomach and intestines when the coroner held his court.

It is no new occurrence for pastrycooks to employ deleterious ingredients to give certain colours pleasing to the eye to the articles which they manufacture. Public opinion has urged them to use anything to mimic nature, regardless of consequences short of death. Tradesmen who provide for our tables articles of food are constantly trying experiments to improve the colour or taste of their various commodities. The fashionable bakers' ferment is a disgusting and deleterious compound manufactured for the express purpose of producing a white and spongy loaf, and the health of large numbers of persons is permanently injured by the tricks of the trade. At the present time efforts are being made to improve the health of towns by improving the construction of houses, drains, and sewers; but, if we could have all the purity of the mountain breeze in this metropolis, it could not effectually counteract the injuries which sophisticated food produces. Bakers, confectioners, pickle-merchants, cooks, and publicans, are as guilty of injuring the public health as the drains and sewers of our modern Babylon. It is hardly possible to estimate the amount of disease produced by improper articles taken into the stomach, and medical men are frequently baffled and disappointed in the treatment of maladies in consequence of their patients eating sophisticated diet.

The dinner at Northampton would have redounded to the praise of Mr. Franklin if Mr. Cornfield had not died. The cucumber alone in the midst of the table was sufficient to immortalize his skill, for it was a *chef d'œuvre* of the confectioner's art. But while it was beautiful to the sight it contained elements of destruction, and they told with powerful effect. We hope that this fatal occurrence will teach confectioners such a lesson as will induce them to discard poisonous ingredients from their recipes, and, though their articles may be less pleasing to the eye, there will be no danger of their producing fatal results.

The evidence of Mr. Greville at the Northampton inquest is not so satisfactory as we could wish. In cases of poisoning it is highly desirable that the article taken should be clearly ascertained. In the case of Mr. Cornfield the chemical examination of the viscera did not decide this. It is true that arsenic was detected, but of copper there was found no trace. Mr. Greville, in a letter to the editor of the *Pharmaceutical Times*, considers that repeated vomitings had ejected the copper, while the arsenic tenaciously adhered to the coats of the stomach.

Now, it is well known that the salts of copper generally produce excessive vomiting, and yet chemists are able to detect this poison, even when very small portions are left behind. Oxide of copper certainly is precipitated by some organic substances, which oxide is readily dissolved by any acids the stomach may contain; under such circumstances it may be nearly all ejected when vomiting takes place. But the oxide may intimately combine with the organic tissues of the stomach, and exist only in a soluble form. Under such circumstances, the liquids contained in the stomach, when subjected to analysis, might yield no traces, though "bright iron" be immersed for nearly six hours in it. But has the chemist no other resources by which he may discover the metal? Most assuredly he has; these, however, do not appear to have been employed by Mr. Greville. True, arsenic was detected which was sufficient for certain purposes, and it was pretty well known what had been used to colour the cucumber; but these things should not have deterred the chemist from prosecuting his researches to the utmost. Yet from his statement we cannot learn that the stomach and intestines were boiled in the usual way in water with nitric acid; that this solution was then evaporated to dryness, and, after getting rid of the organic matter, that water was employed to dissolve the nitrate of copper, if any were present.

But it is possible for this process to fail, and yet by another means to detect the metal. The dried organic matter is here burnt, with two parts of black flax, in a crucible. It is then reduced to a powder, and, being triturated with water in a mortar, granules of metallic copper may then be obtained. These can be dissolved in nitric acid, and then tested in the usual way.

We do not wish to find fault with Mr. Greville as regards what he did, but what he did not; for, judging from his own report, he stoppped short when there were yet other means to be employed by which copper might be detected.

Chemical science has done good service to the world by enabling us to detect poisonous substances in the body, and thus through its instrumentality criminals have been punished who otherwise would have escaped. This science has not yet been sufficiently cultivated by members of the medical profession, and hence they are frequently obliged to delegate to others duties which it would be far better for themselves to perform. It is true that, in certain delicate processes, manual dexterity is requisite to ensure success, which can only be acquired by practice: under such circumstances the aid of an experienced chemist should be sought. But every medical practitioner should not only have a sufficient knowledge of the science, but sufficient tact in conducting experiments, as to be able to detect, under ordinary circumstances, the poisons which are usually administered to destroy life.

POPLITEAL ANEURISM MISTAKEN FOR AN ABSCESS.—THE VALUE OF A MAN'S LEG.

The records of our courts of law afford curious instances of the value which is set upon human life and limb. In different parts of the empire the price of a man's leg or arm varies, should he be so unfortunate as to lose one of these members by the wilful infliction of an injury, or by the unskilful treatment of his medical attendant. The law has benevolently provided compensation in such cases, and it would be a valuable boon to society if sufficient data could be obtained by which an average of damages could be formed. Any unfortunate person then, who happened through the wilful conduct of his neighbour to lose one of his members, would be able to calculate with certainty the amount of compensation.

The ancient system of demanding an eye for an eye and a tooth for a tooth finds no favour with us, who are proverbially lovers of mammon; and, as money answereth all things, so, when liberally awarded, it makes a man see as well with one eye as with two, or move on a wooden leg as nimbly as when he possessed in all their integrity the organs of locomotion.

It would, perhaps, be no small advantage to a few of the members of the profession if some one, as gifted in figures as the honourable member for Montrose, could draw up a tabular statement of damages awarded to plaintiffs for injuries sustained from the hands of surgeons: it would save the former from the mistake of estimating the organs of the body at too high a price; while the latter would perfectly understand the penalty they would have to pay for certain mistakes in practice. Moreover, the labours of jurymen would be simplified and curtailed, as "the twelve" would only have to declare a defendant guilty or not guilty, without puzzling their brains about the value of a man's leg or arm.

A case which will illustrate our remarks occured within the last fortnight at the Limerick assizes. The plaintiff was a farmer, residing at Carna, thirty-six years of age, named James O'Brien, who asserted that the defendant, Thomas Ambrose, M.D., was the means of causing him (the plaintiff) to lose his leg. This important member was valued at the sum of £2000.

It appeared from the evidence that in August, 1846, a small swelling made its appearance just under the knee-joint of O'Brien's leg, which continued gradually to increase. From the inconvenience which he suffered he went to Rathkeale, where he showed it to Mr. O'Hanlon, an apothecary, who gave him some ointment to apply to the swelling, and also a lotion. The patient, according to the directions given, applied the remedies, but the swelling continued to increase. Dr. Ambrose, of Newcastle, was in consequence sent for, who, on arriving at the poor man's house, pronounced the swelling to be a "blast," the meaning of which medical term neither counsel, judge, nor jury seemed to understand. The doctor recommended leeches, and wrote a prescription, which was sent to Mr. O'Hanlon, the Rathkeale apothecary; but these remedies seemed to produce no beneficial results. In the month of December, when Dr. Ambrose visited his patient, he found him under very unfavourable circumstances, and, thinking the tumour an abscess ripe for the use of the lancet, he plunged it in, and forthwith there escaped, not matter, but blood.

It seems the "blast" was nothing less than a popliteal aneurism, and which, now punctured, threatened to destroy the patient by hemorrhage. Dr. Ambrose, in order to stop the bleeding which he had unwittingly produced, applied water and bandages, but it was found necessary the same night to convey the patient to the county infirmary. There a consultation of the surgeons took place, and it was deemed necessary, in order to save the man's life, to amputate his limb. This was accordingly done, and when the patient sufficiently recovered his health and strength he brought an action against Dr. Ambrose for malpractice.

The surgeons who were examined at the trial stated the dangerous condition of the man when brought to the hospital, and that nothing short of amputation could save his life; and it appears they stated that want of skill in the defendant must have led him to have treated the patient in the way described by his counsel. The jury, after half an hour's deliberation, decided that, though the plaintiff had estimated his leg at the value of £2000, they considered it worth only £100.

Errors of diagnosis in medical and surgical diseases are oftentimes productive of the most serious results. We are aware that there are cases in which the highest tact and talent may fail to discover the real nature of a disease. Even to diagnose an aneurism may occasionally be a difficult matter. Whether there were

any anomalies in this ease we are not informed; but the circumstance of the tumour being situated in the popliteal eavity should have led the surgeon to have used great eaution in treating it. Aceording to the statement of the plaintiff's brother, the swelling was elastic and yielded to pressure; but whether it pulsated, or was at all affected by arresting the current of blood in the artery, did not appear on the trial. The defendant did not produce any witnesses to prove that there were anomalies in the ease which might deceive an educated surgeon; or does it appear that during the progress of the ease the usual means were adopted which science suggests, to arrive at correct eonclusions. Ointment, lotions, and leeches are queer applieations to an aneurismal swelling; and it is not to be wondered at that these were followed by the use of the lancet. The stetheseope, which has become so fashionable amongst medical practitioners, and which, though in many instances is made an instrument of mere show, might in this case have proved of some service if properly employed. No evidence is adduced to prove that this was used, and we eonsider the defendant fortunate that the patient's limb was not considered of more value by the jury.

Such eases as these should foreibly impress upon eorporations which have authority to examine eandidates for medical and surgieal diplomas the necessity of an efficient praetieal education. Titles now-a-days are no guarantees of profcssional skill; and the public are becoming more and more alive to their real value. Uneducated praetitioners are sharp-sighted enough to discover this, and hence their impudence is frequently more successful in winning public favour than the doctor's cap and gown.

We again counsel our brethren to insist upon a high standard of education being required of eandidates. Heavy fees for diplomas neither make the profession seleet, nor benefit the public. We want for "young physie" practieal instruction and stringent examination; then titles will be an honour to the possessor, and will be respected by the people.

SYMPTOMS OF THE APPROACH OF ASIATIC CHOLERA.

In the registrar-general's report this week we find no less than twenty-one eases of cholera returned, while the average number for the last five years is only five. On looking over the list, we notiee three deaths distinctly reported as oceurring from Asiatic cholera. One in St. Giles's-in-the-Fields, the patient expired in thirty-eight hours after the attack; another in Bethnal-green, duration of illness sixteen hours; a third in St. George's-in-the-East, duration of illness twenty-two hours. Diarrhœa at the present moment we know is very prevalent, at which we eannot be surprised when we take into eonsideration meteorologieal phenomena.

In Russia the eholera still eontinues to increase; and physicians appear as much puzzled as ever what remedies to employ with a prospeet of sueeess.

Our own Government is watching the progress of this disease, and is prepared to act with energy, should eireumstanees require it.

NEW COURSE OF LECTURES ON MIDWIFERY AND DISEASES OF FEMALES, BY CHARLES WALLER, M.D., OBSTETRIC SURGEON OF ST. THOMAS'S HOSPITAL.

It affords us great satisfaction to announce to our readers that the next number will contain the first of a series of Lectures on Obstetries by the distinguished physician-aecoucheur of St. Thomas's Hospital, Dr. Waller. His high position, extensive experienee, and literary eelebrity guarantee to our readers that the forthcoming lectures will contain a large amount of valuable information on the various subjects of which they will treat.

DR. VENABLES ON ASIATIC CHOLERA.

[To the Editor of the Medical Times.]

Sir,—As far as I am personally concerned, I feel I have every reason to be satisfied with the review of my "Essay upon Cholera" in your Journal of the 24th ult.; but there are subjects in issue between the reviewer and myself of too much importance to both the profession and the public to be left in any degree of uncertainty. If the division of cholera into stages be faulty, the fault rests with the disease which assumes the different phases, not with the party who has observed and described them. The stages and their general course, so far from being the creation of my own fancy, are the real phenomena presented by the disease. The order described forms the rule; and the deviations are but occasional exceptions.

In the paragraph upon the transitions it is admitted, indeed stated, that it sometimes happens that one or more of the stages does not appear, or, if it should, it is so obscure and undeveloped as to escape observation. That diarrhœa almost invariably ushered in the cholera of 1831, 1832, and 1833, is a universally admitted fact; and since the review in your journal I have received several communications from medical gentlemen, confirming, from their own personal experience and observation, the history of the disease as I have given it.

I cannot understand upon what grounds the reviewer arrives at the conclusion that I look upon the fever "more as a casual occurrence than a something to be expected." If the reviewer will but refer to the observations upon the febrile stage at page 10, I think he will perceive that he has greatly misconceived my views. I could hardly look upon the fever as a mere casualty, when out of fifty-nine deaths twenty-five died in the febrile stage—a fever, too, presenting all the characteristics of typhus. A reference to my papers published by the Central Board of Health in the "Cholera Gazette" in 1831 or 1832 will show that I considered fever as an essential of the disease as it appears in this country; and although contagion, as the means by which cholera is propagated, has both its advocates and its opponents, I find great difficulty in otherwise accounting for the appearance and spread of cholera in climates like England, where the Indian causes can have no existence.

In these remarks I am actuated by only one motive, that the profession, or rather the practitioners who have had no opportunity of personally witnessing the disease, may have some notion of its character should it unfortunately, as there is every reason to apprehend, again visit our shores.

Robert Venables.

5, St. Vincent-place, City-road, July 24.

TO THE GRADUATES OF THE UNIVERSITY OF EDINBURGH.

Gentlemen,—Until within these few years the graduates of the University of Edinburgh were esteemed the most distinguished body of medical men in the United Kingdom. One thing is certain, that the names of some thousands of highly distinguished physicians and surgeons, now or lately practising in Great Britain, Ireland, and the colonies, will be found enrolled in the registry of that school as graduates in medicine of its faculty. But of late it would seem, either that its reputation had fallen, or that you, by neglecting the principle of "combination," so well understood in England, had lost, in a great measure, a position which, should it once wholly escape you, can never be regained.

Permit me, then, to suggest to you that you combine; you are numerous; some must be wealthy, others influential. Unite in London, not as the metropolis, but as the central city of Middlesex; do the same in the largest town or city of each county throughout Great Britain and Ireland. Extend your views to the colonies; and, having thus ascertained your numbers, and who you are, your ulterior measures, whatever they may be, will have these data for their support. That you, graduates of the University of Edinburgh, are in any way to be compared to the illustrious physicians and scholars who, after a course of much more systematic grinding than you can boast of, have received their degrees or licences from the examining board of Somerset House, sometimes called, by a misnomer no doubt, the London University (!), I do not at all pretend; you are merely of yesterday; London is ancient and of great extent. Your Cullens and Baillies, your Hunters and Bells, were good enough men in their day, but nothing to the graduates of the London University. Your system of grinding is imperfect; theirs is perfect. To obtain an M.A. or B.A. in the north requires some little knowledge of physics; in the south this is dispensed with as not at all necessary. You have, while students at least, the use of extensive libraries, practical laboratories, and costly museums; we, here in the south, on the contrary, have dispensed with all these. You are antiquated; we, here, are the rising star. You are a university without a college, which I confess to be an anomaly; the London boasts of twenty-six, such as they are.

Perhaps some of you may say, why should we combine? To such a question it would be vain to offer an extended reply. I mention, therefore, but one of a hundred grievances you can at once put down "by combining." At a railway station I met one of your members, a graduate of the University of Edinburgh. On inquiry I learned that he was practising with tolerable success under the protection and by the favour, *sub rosa*, of a member of the Apothecaries' Company of London! Need I say more?

Combine in time, before you cease to exist, which must soon be. Towards this tend all the efforts of the patrons of the Edinburgh University and their abettors. By a timely and combined effort you may regain your position.

I have the honour to be, Gentlemen,
A Graduate of the University of Edinburgh.

LETTER FROM DR. HINDS, OF BIRMINGHAM, IN REFERENCE TO DR. KNOX'S LECTURE ON THE JEWISH RACE.

[To the Editor of the Medical Times.]

Sir,—The talented author of the "Lectures on the Races of Men," now publishing in your valuable journal, when speaking of the Jewish race, observes, "Skakspere drew the character of the race, but he added a feature which I believe to be impossible, namely, the elopement of a Jewish lady with a Christian; such an event I do not believe ever happened." He, in another place, states that "no real Jewess will intermarry with a Saxon, or accept him as a lover." Now, Sir, as I am sure Dr. Knox will not be unwilling to receive facts, I take the liberty of saying that I am acquainted with one instance at least of the intermarriage of a Jewess with a Christian, of the correctness of which I entertain no doubt, the ancestor of the former having been, I believe, a species of "professional" many years ago. To mention names would be at least superfluous, especially as the persons are still living, to the best of my knowledge.

It thus gives me much pleasure to rescue Shakspere's consistency when he drew the character of Jessica, and to dissolve our friend's mysteriousness on the matter at the same time.

It is only just to him to say, however, that the lady in question has been known to be rather wavering in her religious career; but what of that? Stability in this and other respects is the very quality on which Dr. Knox insists.

It gives me pleasure also to do something towards rescuing the female portion of this much-abused race from that selfish and inordinate love of class and tribe—from that utter exclusiveness which I am of opinion belongs to no class, naturally or necessarily, with which we are acquainted. I would contend that, notwithstanding the natural delicacy and timidity of the female character—qualities the germs of which are implanted in the sex of every variety of the human species by the hand of Nature—no such utter repugnance has been yet proved to exist in regard to any class or race; and that intermarriages occur amongst races (or, as they may be perhaps more correctly styled, varieties) just in proportion as parties become assimilated, or as civilization and culture are enabled to banish prejudice and exclusiveness, and religious intolerance; or even as they occur amongst families, by the parties becoming really known and understood by each other. Is it, I would ask, a matter which should

excite surprise in the mind of a thoughtful man, that at present the Jewish sect, the females especially, should feel a delicacy and prejudice (or even a religious dislike) in uniting with a sect who are ever ready to throw obloquy and reproach on their class—a class which is scorned because it is not Christian, because it does not belong to a particular religious sect; a class said to have "no occupation," "no love for science, nor literature;" lastly, a race which, by the sect calling themselves Christians, and preferring large claims to advanced civilization, has been denied the common and acknowledged privileges of citizens?

If it be shown that the females will intermarry, it is abundantly manifest that the male portion of the Jewish race will so intermarry. This is admitted by the learned writer himself. Hence it is with considerable surprise that we find him terming the enumeration of distinguished persons as of Jewish origin, by Mr. Disraeli, romances, when his own admissions necessarily imply that such descendants may exist. But the exquisiteness of the following passage surpasses all remark:—"It is sufficient merely to observe here that in the long list of names of distinguished persons whom Mr. Disraeli has described as of Jewish descent, I have not met with a single Jewish trait in their countenance, in so far as I can discover; and, therefore, they are not Jews, nor of Jewish origin."

I am reminded of another glaring inconsistency in our author's doctrines which he must have entirely overlooked. It is this: in the lecture of July 15 he says, "I stated (in Manchester) that the Jewish population in Britain was comparatively small; it now appears that it amounts to about 35,000 or 40,000. This confirms me more and more in the belief I then stated, that but for accidental intermarriages the race would have been all but extinct." In this passage he clearly enough attributes the continuance or comparative stability of the race to the fact of intermarriages. The race would have become extinct did they not occur. Now mark the contrast. In speaking of the very same race in his introductory lecture he says: "No race will amalgamate with any other; they die out or seem slowly to be becoming extinct." And in another place he distinctly intimates that a mingled offspring are sure to be short lived.

The Jews certainly may "die out," that is to say, they may become obliterated as a class. If, however, they have existed in their present circumstances of character and peculiarities for 3000 or 4000 years—if at the commencement of that period they numbered only three millions and a half, and now number nearly six millions—the theory of their extirpation must needs be one of considerable elasticity.

I am of opinion that the Jews may become annihilated as a race or variety much more expeditiously by every country, and every sect, and every individual endeavouring to banish the prejudices and injustice now exercised towards them, by quashing our mutual sectarian and selfish exclusiveness, and by extending to them their just rights as men and as citizens. They would then become probably annihilated in the natural way, in the same manner that varieties in families, in localities, in countries, in communities become so, namely, by a thorough amalgamation with other varieties and classes.

I would express a hope that the author referred to, should the above remarks meet his eye, will understand them to be intended in the spirit of fairness and candour.

I remain, Sir, your very obedient servant,
Birmingham, July 22. WILLIAM HINDS, M.D.

THE NATIONAL INSTITUTE AND THE MEDICAL PROFESSION.

[To the Editor of the Medical Times.]

SIR,—It has been attempted over and over again to show that, because only fifteen hundred of the profession have given in their adhesion to the National Institute, consequently that number cannot express the feelings of so many thousands.

The parties who propagate such a sentiment are not those who have the sympathy of their brethren and the prosperity of the profession at heart; they are mere lip professors.

They forget that there are thousands who would join the Institute, but who really cannot afford the annual subscription. It is no use denying the fact, but the medical profession, as a body, is a poverty-struck one. Such being the case, it is uncharitable for those who can foresee that such an institution will ultimately elevate the profession, and gain it respect in public opinion, yet will make every effort to frustrate its success for the purpose of gratifying their own vanity and ambition.

There are others who would fight for that phantom shadow of a fellowship, and sacrifice a substantial good.

If the Council of the College of Surgeons were to proclaim to-morrow that all members of five or ten years' standing were elevated to the fellowship, would that improve the position of the genesal mass of the profession, or would the community show them more respect on that account, and value their services by requiting them better? There are a few hundreds who have enjoyed that distinguished title for a few years; let us know from them whether their positions have advanced in the social world from that circumstance; if they have, it would be an act of the greatest cruelty and inhumanity on the part of the Council of the College of Surgeons any longer to refuse the fellowship to their insulted and injured brethren.

The question of medical reform resolves itself into this: Can it be proved by the dictates of reason, sagacity, and foresight, that, if the principles of the National Institute are carried out, they are calculated ultimately to benefit both the profession and the public? Upon this there cannot be the shadow of a doubt to all unprejudiced minds.

My conviction is, that the medical profession as a body is powerless, from our own internal dissensions. What with poor-law unions, friendly societies, medical charities, advice gratis, the knavish and servile principles of unworthy members, and all the nefarious systems of quackery, it is impossible that the services of the legitimate and honourable practitioner can be duly appreciated.

I have the honour to be, Sir, your obedient servant,
GEO. GIBSON.

Ulverston, July 22.

REPORT OF THE COMMITTEE OF THE CONVENTION OF POOR-LAW MEDICAL OFFICERS.—JULY, 1848.

COMMITTEE ROOM—4, HANOVER-SQUARE.

REPORT.

The committee appointed at the Convention of Poor-law Medical Officers, held at the Hanover-square Rooms on Wednesday, Oct. 27, 1847, consider it right at this period to place a report of their proceedings before their constituents and the profession generally.

Animated by a deep sense of the soundness of their principles, and of the objects contemplated; encouraged also by the number and character of those gentlemen from whom they received their delegated trust, no time was lost in zealously entering on the duties imposed upon them.

Although the profession is sensible of the great defects in the present system of poor-law medical relief, almost every man affected by its operation has hitherto been inclined to consider his own case as special, and one of peculiar hardship; it is believed, however, that the facts obtained, and the inferences to be drawn from the labours of the committee, will have the effect of merging all sense of individual grievance into that of a deep feeling of general oppression and injustice. This is operating not only on the poor-law medical officers, as a body, but also on the sick poor, whose interests, at most critical periods, are injuriously affected by its influence: hence the necessity for renewed and increased exertion on the part of the profession, and for an appeal to the public generally for its future co-operation and support.

The resolutions passed at the Convention have been considered by the committee as "instructions" or "suggestions," by which to shape their proceedings. They may be summarily stated as follows:—

1. That the highest qualification of a cultivated mind and professional capability, with great expenditure of time and physical strength, is perpetually called into operation through the poor-law surgeon for the benefit of the sick poor; that the present system is so essentially faulty, that the surgeon is invariably unfairly dealt by, and the sick poor are more or less injured.
2. That the payment given by boards of guardians is utterly out of proportion to the duties, exertions, and expenses which devolve on the medical officer, as well as to the advantages conferred on the suffering paupers.
3. That to remedy these grievances the Convention pledges itself, by its standing committee, to use the most persevering and temperate means to collect and digest information on the subject; to memorialize the Secretary of State for the Home Department, and the Poor-law Board, and to communicate with the Colleges of Surgeons and Physicians, and other influential and corporate medical bodies.

The third of these resolutions is obviously the only one which has a practical bearing on a working committee: hence one of their earliest determinations was to transmit a series of inquiries, in a tabular form, to every union surgeon; facts and figures being the basis on which every effort at improvement must be founded.

More difficulty and difference of opinion arose than might have been expected in fixing on the form for the inquiries appertaining to the duties and remuneration of the poor-law medical officers. That at last agreed upon, though well adapted to elicit the gross detail, and to obtain a succinct statement of the opinions of each surgeon making the return, was, after all, defective, inasmuch as it made no provision for calculations or remarks on indoor or workhouse cases. This omission, however, was in many instances met by the voluntecred information of the officers attached to the union-houses.

So soon as the answers were received, it became necessary to collate the figures and opinions they contained; with this view it was suggested that a sub-committee should be formed, yet the gentlemen nominated for this service, though anxious to perform it, found themselves quite unable to do justice to the subject; the aid of a practised statist was required.

The professional assistance of Mr. Brooks was therefore engaged. To this gentleman, and to Mr. Farre, of the registrar-general's office, who handsomely gave his advice and assistance, the committee are particularly indebted for the report on collating the returns made by poor-law medical officers, from which the following extracts are of most significant importance:—

"Returns have been received from 434 unions, comprising no less than 805 medical districts, which, considering the laborious and time-engrossing occupation of the poor-law medical officer, may be considered a very large proportion.

"The whole of the returns have been arranged in eleven divisions, corresponding with the eleven divisions adopted by the registrar of births, deaths, and marriages, and the poor-law commissioners.

"The salaries received are generally stated with sufficient clearness, and the averages set forth in the tables may be relied on. With regard to the amounts received for extras, however, there is great difference, many including therein the amounts received for midwifery, vaccination, surgical operations, trusses, and other appliances, and others stating the amount exclusively of some one or other of these. The difference those exclusions make in the deductions is, however, very trivial, seldom amounting to more than one penny or a few pence per case.

"By several of the returns it appears that on the issuing of the order of the commissioners for the allowance of extras, several of the boards of guardians, for the purpose of evading it, reduced the salaries of the medical officers; (a) others (a few only) gently constrained the medical officers to compound for all extras, by a small fixed addition to the annual salary; whilst others have systematically and rigorously evaded it, by peremptory instructions to the relieving officer to send all cases of accident, or cases requiring

(a) In some unions—the Croydon Union, for example—the sum paid to medical officers, including extras, was even less in amount than the salaries originally paid to them.

surgical operations, to the hospitals to which the board subscribes. This is much complained of, not on account of the mere loss to the medical officer of the fees only, but for the injury and risk suffered by the patient during the removal—sometimes in carts, over bad roads, for many miles."

The committee beg to direct a marked attention to this fact, as illustrative of injustice to the surgeon and inhumanity to the crippled poor, practised by boards of guardians to avoid an expenditure of a trifling fee, intended by the poor-law commissioners as merciful to the pauper and just to the surgeon.

"The payments for midwifery, it will be seen, range from 10s. (never less) to £2, according to the cases, distance, &c., but are sometimes at a fixed medium rate for all cases. The medium rate, however, generally appears to be to the disadvantage of the medical man.

"The opinions given on the several modes proposed for remunerating medical officers are, of course, very varied, as are also the facts and arguments urged in their support, of which the following afford a very brief summary:—

"1. As to payment per case.

Of the returns made		805
There are approving	103	
Disapproving	362	
		465
Who give no opinion upon it		340

"2. As to payment by a fixed salary based upon the number of cases attended and the mileage.

Of the returns made		805
There are approving	428	
Disapproving	38	
		466
Who give no opinion		339

"3. As to payment for extras, exclusive of midwifery.

Of the returns made		805
There are approving	501	
Disapproving	95	
		596
Who give no opinion		209

"4. As to payment by fixed salary founded upon the number of population and area to be fixed by the commissioners.

Of the returns made		805
There are approving	351	
Disapproving	73	
		324
Who give no opinion		481

"In regard to the first mode (payment per case), the opinions given *pro.* and *con.* are almost invariably expressed in the most explicit and decisive language; and there is a remarkable—a very remarkable—uniformity in the answers of all those who disapprove of it, as to the principal reason to be urged against it, namely, that, if payment per case were adopted, the guardians, overseers, and relieving officers, in their anxiety to keep down the expenses, would refuse orders for medical relief in all but the most serious and dangerous cases; and thus that the great majority of the paupers would be utterly unable to procure medical relief until their sickness had become desperate, and entirely disabled them.

"That the few cases for which orders would be given would be of the most serious, and none of them of a trivial, character, which would be most unjust upon the medical officer; and that the humanity of the medical officer would be unduly and incessantly taxed by attending upon pauper cases, which he would with reluctance see perishing for want of medical aid, but which he must administer at his own expense.

"On the other hand, those who approve of this mode urge, that under it there would always be some proportion between the work done and the remuneration to be received; that it is the least complicated plan; and, therefore, likely to be most satisfactory to the guardians, ratepayers, and medical officers; and a few (though but a few only) congratulate themselves that it would save their attendance upon a great number of trivial cases—and cases not strictly pauper cases, with which under the present system they complain they are inundated.

"2nd. In regard to the second proposition, there are many who approve of a fixed salary, but who express a doubt whether it should be based upon the number of cases attended and the mileage, or upon those data in connection with others—for instance, the relative numbers of the permanent and casual paupers. Several suggest a fixed salary based upon the number of permanent paupers at the beginning of each year, with so much per case for all additional or casual cases occurring during the year; others approve of the application of this mode to town districts, but deem it inapplicable to rural districts of great extent, and with a scattered population; others, again, approve of the system, but doubt the practicability of fixing a rate of mileage,—some suggesting so much (3d. to 1s.) per mile for each case, or for each visit; whilst others (and they appear to be by far the most intelligent, and those who have most reflected upon the subject) suggest that the salary should be fixed at so much per case, upon the average number of cases attended during the preceding two to five years, and be annually revised; and that, instead of specific sums for mileage, the rate per case on which the salary is to be fixed should be lowest in town districts, where the population is dense and within certain limits—higher in medium districts of greater extent and less density—and higher still in those large districts where the population is widely scattered and the cases few, and the expense of horses is indispensable.

"3rd. In regard to the payments for extras, almost all are satisfied with the amounts allowed; but many require that many other cases should be included, and many complain that the extras are not allowed for cases in the union-house as well as out of it. Many disapprove of them, as the frequent cause of bickerings between the medical officer and the board; others approve of them, as affording an inducement to the medical officer to keep up his anatomical and surgical knowledge, instead of sending his cases to hospitals.

"All, I believe, without any exception, stipulate that midwifery should be considered an extra.

"In reference to a fixed salary, based upon the population and area, to be settled by the commissioners, many of those who disapprove urge that the character of the population, whether greatly pauperized or otherwise, is a most essential element, and that the mere number and area would afford no adequate data on which the salary ought to be based. Many object to the commissioners having to fix the salary, as not possessing the requisite knowledge, or a due appreciation of the duties, &c.; others think they are decidedly the fittest parties, and, from their liberality in regard to the extras, have confidence in their judgment; and all who express any opinion on the subject greatly prefer the commissioners to the boards of guardians.

"A considerable number, however, volunteer a suggestion, that the salary should be fixed by and under the advice of a medical officer or board connected with the poor-law commissioners; others, that there should be district inspectors under this officer or board,—that they should be appointed and paid by Government, and that their duties may be advantageously combined with certain others pertaining to the sanitary condition of their localities."

This document, from which the foregoing extracts have been made, taken as a whole, furnishes much material for legislative interference.

Many of the committee's sittings have been occupied in preparing and discussing various plans for the better administration of poor-law medical relief, based upon the returns just alluded to. However easy it may be to find fault with an established system, few who have not made an effort to remodel, unless armed with something like absolute power, can be aware of the difficulty of framing a comprehensive plan, embracing honestly, within the pale of its operation, the interests of all concerned.

The fifteen resolutions or suggestions agreed to by the committee, for presentation with a memorial to Sir George Grey, were arrived at, after various amendments and much laborious examination of different opinions, and their bearings on each antagonistic interest. It is believed that they are adapted to secure to the sick poor, prompt, humane, and skilful professional aid, and that through them the medical officers will be better recognised as labourers worthy of their hire, yet at the same time be recompensed with a fit regard to economy toward the taxes from which they are to be paid, and to the position in the social scale of those for whose advantage and relief they are exclusively called into action as a poor-law medical staff.

When these resolutions were matured, it became necessary to prepare an introductory memorial, explanatory of the evils existing under the present system.

The following is a copy of the memorial and resolutions:—

"To the Right Honourable Sir George Grey, Bart., her Majesty's Principal Secretary of State for the Home Department;

"The Memorial of the Chairman and the Committee of the Medical Officers of Unions in England and Wales,

"Showeth,

"That your memorialists were duly appointed and authorized at a convention of delegates, representing nearly 3000 medical officers of unions, assembled at the Hanover-square Rooms on the 27th of October, 1847, to act in their behalf, with a view to obtain an amelioration of the present system for administering medical relief to the poor.

"That your memorialists have since that time corresponded with every union surgeon in England and Wales, and have been favoured with replies to several important inquiries relating to the subject of medical relief, and are thus enabled to state with confidence the evils of the present system, and the grievances which press most heavily upon this useful and important class of public officers.

"Your memorialists do not exceed the truth when they state that the medical officers of unions perform the most important service that science can render to humanity; and they would remind you that three millions of her Majesty's subjects are intrusted in the hour of sickness and of suffering to their professional care and skill, and that the poor and the nation at large derive great advantages from their arduous and indispensable labours.

"That, owing to the defects in the present arrangements, the duties of the union medical officer, under any circumstances a source of great anxiety, are become vexatious, harassing, and oppressive; and consequently cannot be exercised with that full measure of benefit to the poor which a better system would not fail to secure. That the body of medical officers, acting under the present arrangements, condemn the existing system as inefficient and unjust towards all concerned in its operation, and that the same opinion is shared by the majority of the medical practitioners of all denominations in the United Kingdom.

"That amongst the grievances most generally complained of are the very low rate of payment afforded by boards of guardians for medical service, and the anomalous and unequal manner in which the payments are distributed. That, in consequence of the present loose and arbitrary system, it appears, after a careful examination, that a rule obtains, whereby the remuneration decreases in the ratio that the duty increases,—a rule so obviously unjust that it requires only to be stated to be condemned.

"In illustration of this statement, your memorialists may site the case of the Axbridge Union, where the medical officer of one district, attending only 200 cases of sickness annually, and working an area of only 7100 acres, receives,

on an average, 3s. 6d. per case; whilst his colleague in the adjoining district, attending 1410 cases annually, and working an area of 17,420 acres, receives only 11d. per case. In the Northwich Union, in the Middlewich district No. 1, with an acreage of 9446, and a population of 3258, the payment amounts to 6s. 2d. per case; whilst in Weaver-lane district of the same union, the acreage being 15,610, and the population 5641, the payment is only 10d. per case. Again, in the Grantham Union, the Grantham district, with an acreage of 11,818, and a population of 8734, the payment is only 7d. per case; whilst in the Burton Coggles district of that union, the acreage is 11,864, and the population 1288, and the amount per case is as high as 7s. 1d.

"From the returns which have been made, it appears that throughout the country the rate per case varies from as low as 3d. to 14s. 4d. The average rate of payment for each case of sickness, as ascertained by returns received from 805 medical officers, is 1s. 6¾d. for the metropolitan districts within three miles of the General Post-office, and 2s. 7d. for country districts; whereas the average cost of drugs alone for a single case occurring in the practice of the surgeons to dispensaries, who relieve the same class of persons as the medical officers of unions, amounts to 2s. 1½d., and for hospital cases to 4s. 4½d.

"Your memorialists conceive that the low rate and the wide disparity of payments which these instances present sufficiently expose a system that can admit of such flagrant inconsistency and great individual hardship, whereby grave injury is done to the interest not less of the poor than to that of the medical officer.

"Your memorialists also respectfully request your consideration of the fact that the present divided and conflicting authority exercised by boards of guardians and the poor-law commissioners over union surgeons operates in a most unsatisfactory and injurious manner on the interests of this body; for although, on the one hand, the poor-law commissioners act as a court of appeal from the decisions of the boards of guardians, who are unfitted by their habits and avocations, and frequently disqualified by their want of information on medical subjects, to pronounce a just opinion upon the questions relating to medical relief often brought under their jurisdiction, yet, on the other hand, the instructions of the commissioners are often neglected, and their orders pertinaciously resisted, by the boards of guardians, thereby creating a feeling of uncertainty and distrust in the administration of the law which is very annoying and vexatious to the medical officer.

"Your memorialists, therefore, earnestly pray that a system so invidious and oppressive in all its relations be amended, and that some measure for securing a just and uniform scale of payment for union medical service be speedily adopted; and your memorialists believe that, by redressing these established grievances, and awarding to medical talent and toil a more equitable requital in accordance with the broad principles of public justice, humanity, and sound policy, the Legislature will conciliate general favour among all classes of the people, that it will also increase the efficiency and usefulness of medical officers, largely contribute to the well-being and comfort of the poor, and eventually reduce the large amount of rates now expended in aiding the necessities incurred by the prolonged sickness and consequent destitution of the labouring classes of this empire.

"Your memorialists believe that the justice sought for the medical officers of unions would be promptly rendered to them if the payment of the salaries were removed from the unions and placed upon the Consolidated Fund, and if a proper staff of medical inspectors were appointed to regulate the duties of medical officers, and to exercise over them the necessary supervision; and your memorialists, in accordance with these views, respectfully beg to submit to you the following heads of a scheme for carrying out these objects:—

"1st. That, in the opinion of your memorialists, it is essential that the payment of medical officers should be by a fixed salary, exclusive of fees for midwifery and important surgical cases.

"2nd. That the amount of salary might justly be fixed—either by an estimate of the average of cases attended during a series of past years, considered in connection with the area of the medical district; or by the payment of a certain sum per head on the population, corrected by the consideration of the relative density and poverty of the district.

"3rd. That, making every allowance for the difference which must exist in the remuneration of private and public practice, it would not be just that the salary should be based on a less amount than 6s. 6d. per case, with the charge varying with the area.

"4th. That medical officers of workhouses should be paid a separate salary, based on the average number of inmates, at not less than 7s. to 10s. per head.

"5th. That it is just and proper, and conducive to the interests of the poor, that an extra payment should be made, as at present, for midwifery and for important surgical cases; and that it appears to your memorialists advisable that the fees should be paid for cases occurring in workhouses, as well as in outdoor cases.

"6th. That to the cases of surgery requiring payment, enumerated in the general order of the poor-law commissioners, should be added:—

Fractures of the clavicle;
Fractures of the skull;
Retention of urine, when requiring repeated introduction of the catheter;
Severe burns and scalds;
And that £3 be paid for compound fracture of the arm.

"7th. That the payments allowed for midwifery and surgical cases under the general order of the poor-law commissioners are satisfactory in amount.

"8th. That in order to remove difficulties in the way of a more equitable payment of medical officers, and considering that half the union medical expenses are already paid from the Consolidated Fund, it is highly desirable that the whole expenses of the medical attendance on the poor should be removed from unions to the Consolidated Fund.

"9th. That it is expedient that there be a director-general of the poor-law medical department appointed by Government, and exercising supervision over poor-law medical practice, in the manner of the other public services.

"10th. That it is expedient that there should be inspectors-general of poor-law medical practice appointed by Government, and acting under the orders of the director-general.

"11th. That the inspectors-general, acting each in a district assigned to them, should examine the infirmaries of workhouses, inspect the reports of the medical officers, inquire into cases of alleged negligence, &c. &c., and that matters of disputed payment should be referred to them.

"12th. That the medical officers of unions should be appointed by boards of guardians as at present, subject to the approval of the director-general; that their qualification should be as at present ordered, but that all future modifications of the qualifications should be made by the director-general.

"13th. That the appointments of all medical officers should be permanent, that is, to endure until they die, resign, or are dismissed for some valid cause.

"14th. That the forms of books or reports should be approved by the director-general, and should be as short and simple as is consistent with the requirements of the public service.

"15th. That the access of the paupers to the medical officers should be made as ready as a due distinction between those who require parochial attendance, and those who do not, will admit. That in doubtful cases where illness exists, and there appears to be temporary destitution only, the board may grant medical relief by way of loan; that in such cases a fee of be paid by the board of guardians to the medical officer.

"Signed in behalf of the Committee,
THOMAS HODGKIN, M.D., Chairman.
4, "Hanover-square, March 26."

At this period, however, the attention of the committee was turned to the consideration of a series of resolutions, proposed by Lord Ashley in the House of Commons, for the better administration of poor-law medical relief. These resolutions occasioned considerable embarrassment to the proceedings of the committee. It was clear that the plan proposed by Lord Ashley did not embrace all that was considered needful for an efficient reform, but it was felt that his remedial measures might be sought for with zeal, if only as an earnest of future good—an instalment of relief; further, the general cause might have suffered, had a want of unanimity been apparent among the movers of the measure in the profession. After much deliberation and anxiety, it was resolved to seek an early interview with his lordship, in order to discuss the subject. The interview solicited having taken place, and certain alterations having been agreed to by Lord Ashley, at the suggestion of the deputation, coupled with other explanations, the following resolution was adopted:—

"That the committee, though convinced that more is needed to effect all the improvements required in the system of poor-law medical relief, does hereby pledge itself to give its aid to Lord Ashley in carrying such resolutions, and recommends them to the active support of the poor-law medical officers and of the profession."

The committee consequently suspended the publication of their resolutions, and the final consideration of the memorial to Sir George Grey, until Lord Ashley's motion had been discussed in the House of Commons; in the interim, communications were made to the Colleges of Physicians and Surgeons, and to the Society of Apothecaries, soliciting them to petition, respectively, the House of Commons in favour of Lord Ashley's motion. Mr. Wakley was also asked to oblige the committee by giving his support to the measure in his place in Parliament. Nearly a month, however, elapsed before Lord Ashley had an opportunity of bringing forward his resolutions in the House, which being lost, though ably pressed by Lord Ashley, and warmly advocated by Mr. Wakley and other members, the committee again pursued their original course. It was forthwith agreed that the memorial and resolutions, as finally revised, should be immediately sent to the Secretary of State for the Home Department, and that he should be solicited to grant an interview to a deputation from the committee, assisted by members or representatives of the medical corporations and associations. In acknowledging the receipt of the memorial and letter from the committee, Sir George Grey pleaded the great pressure of public business which prevented him from immediately fixing a time for receiving the deputation, but stated that he would be happy to do so, so soon as circumstances would allow him.

The committee, still feeling the importance of actively pressing their cause in all available quarters, judged it well to employ the interval in obtaining an interview with the President of the Poor-law Commission. The time was favourable for this step, as the subject had so recently been before him through Lord Ashley's resolutions, which he had somewhat sweepingly opposed, and as it was again to receive attention through the promised audience with the Home Secretary. The resolutions of the committee were prepared, and it was no longer barred from agitation by delicacy to Lord Ashley. The result of this interview has already been published.

Much importance has all along been very properly attached to the deputations of the committee to the medical corporations. The poor-law medical staff has, by the avowed sympathy and extended or promised co-operation of those influential bodies, acquired an advantageous position, which, as a section of the profession, it could not otherwise have attained.

Accurate details of all the chief points of interest which passed at those interviews having appeared in the medical journals, it is unnecessary again to publish the particulars. The committee embraces the opportunity of expressing, in a marked manner, the high sense of obligation felt at the assistance that the corporate bodies respectively, and all collectively, have given the cause of the union surgeons.

Where such gracious aid has been so cheerfully extended by several, it may be invidious to signalize one as being particularly praiseworthy; yet the union medical officers will long remember with peculiar pleasure the hearty fellow-feeling which was evinced by the College of Surgeons in petitioning the House of Commons in favour of Lord Ashley's resolutions, and subsequently in accompanying the deputation to Sir George Grey, when their cause was warmly pleaded by the president of the College of Surgeons, Mr. Travers, and by its vice-president, Mr. Stanley.

The committee are aware that they may be expected to dwell upon two such important proceedings as the interviews with the President of the Poor-law Commission and the Secretary of State for the Home Department, but, as circumstantial accounts have already been in print, it would be swelling their report to a needless length to republish the same.

Relative, however, to the interview with Mr. Buller, the committee draw attention to the statement which he made, after promising to try to improve the medical entry-books, that it was his intention, immediately after the rising of Parliament, to take up the whole question of poor-law medical relief, with the hope of adjusting what he already felt was the most difficult part of all his responsibilities. This statement and admission may be taken as evidence of the excitement the matter has made in the right quarter, which must not be lost sight of by the poor-law medical officers, whose unprotected and precarious interests demand unremitted and vigilant attention, till a satisfactory amendment of the present system be adopted. Another motive is here furnished for collecting important facts, and duly placing them before the notice of the committee, that they may be brought to bear on the Poor-law Board in the most effective manner, not merely directly, but also indirectly, through the strength of public feeling.

Sir George Grey assured the deputation of the interest he felt in the matter, although the subject more immediately belonged to Mr. Buller, with whom he would confer upon it. He also said that the question of expense was subordinate to what was necessary to secure efficient medical relief. There can be little doubt of the money question being, after all, the grand difficulty to be overcome. Even Mr. Buller smilingly remarked to the deputation which waited upon him to urge the appointment of a medical board and inspectors, that he feared the deputation took the same view of the Consolidated Fund that was fashionable in the House of Commons; it was, unfortunately, not so inexhaustible, and in the present day less so than usual; but he inclined to consider medical relief a question distinct from ordinary poor-law administration, and one which should be put on a separate and more comprehensive footing. It is obvious that important changes in this department will, ere long, be brought into operation. How far these will work well for the remuneration and position of the medical officers will mainly depend upon the animus of Mr. Buller; hence the necessity for the utmost vigilance and exertion on the part of the committee and Convention, that the president may take no false step in well-intentioned efforts to ameliorate the present system of poor-law medical relief.

It will be borne in mind that towards the close of last year circular letters requiring much information on the prevalence of disease and other sanitary matters were issued to the union surgeons by the metropolitan sanitary commissioners. As no remuneration was attached to answering these letters, which were addressed, as was the case on a former occasion, to poor-law medical officers, it was deemed right by the committee to seek an interview at Gwyder-house on the matter. Inasmuch as the poor-law medical officers had been considered by the commission as the best parties to furnish the information required, it was advisable to secure to them for the future, in case of any measure being past on the subject, a just compensation for their services. This consideration, coupled with the important bearing the duties of poor-law surgeons always have upon public health, might authorize the Sanitary Commission to concur in the memorial sent to the Home Secretary in their behalf, or to make some other public effort in their favour.

Lord Robert Grosvenor (president), with the other commissioners, gave a lengthened audience to the deputation, and admitted in general terms the grievances endured by poor-law surgeons, but felt that no power was furnished by their commission to interfere in the matter, or grant any payment for past services which the sanitary question had received at the hands of the medical gentlemen acting under the poor-law. The Health of Towns Bill would, no doubt, make arrangements for the future; in the absence of which, however, the metropolitan sanitary commissioners had availed themselves of the information in the hands of the parish surgeons, for which they were very much obliged. It was felt needful to seek this interview, as tending to mark the sense of the committee that these and similar unrequited demands on the time and knowledge of medical men for public objects, however laudable in themselves, are quite foreign to the official duties of union surgeons.

Various cases of general importance to the administration of medical relief, and to the poor-law medical staff more especially, have been watched by the committee, in some instances even investigated, and in all treasured up with a view to their ulterior bearing on the subject. The committee have often noticed an improved feeling in regard to their claims as evinced by boards of guardians, and more especially by the authorities of Somerset-house. Illustrative of this may be cited the augmentation of the salaries of the medical officers of the Holborn and other unions.

Nevertheless it has been most painful to witness such instances of injustice to medical officers as have been furnished by the Croydon and Huddersfield cases, and the marked hostility of the Chesterfield Union.

Soon after the meeting of the Convention, it was suspected that intimidation was used to prevent the free action of medical officers, which was confirmed by the circular letter of the Chesterfield Union. The committee lost no time in calling gentlemen so assailed to a steady, yet temperate, perseverance in their objects—urging the high character of their enterprise, and the unworthiness of all who used any unfair measures to impede its progress, as well as of those who succumbed to such influence.

The judgment given in a higher court than a coroner's has shown, in the notorious Croydon case, at how low an estimate the dictum of a jury inflamed against a union surgeon should be held by dispassionate men; yet the verdicts recorded at some inquests have shown a favourable disposition on the part of juries.

Mr. Tatham's case at Huddersfield is another happy illustration of a temper in high quarters eminently friendly to the interests of the poor-law medical staff.

The committee strongly advise publicity to be given in every instance of injustice or suffering traceable to any maladministration, or defective provision of the present system of poor-law medical relief. At the same time they think it right here pointedly to remark, that the objects for which the Convention took place, and for which the committee were appointed—having avowedly a connection only with the medical poor-law staff, and those officially controlling it—all matters of personal grievance between medical gentlemen must surely be beyond the bounds of the committee's deliberations and interference; yet, within the past few months, several cases have been pointedly pressed upon their notice, in which their adjudication was sought in reference to professional etiquette and the sins of competitive antagonism. Deeply deploring the occurrence of such cases, the committee would earnestly impress on the poor-law medical officers the vital importance of disinterested co-operation, and the cultivation of the Christian spirit of doing to others as we would that they should do to us. Under the present pressure of a redundant population and competitive struggle, one man's interest must often cross his neighbour's; but every wise man will feel that he damages himself when he accepts an appointment which he can only hold at the sacrifice of a rival's due, and the compromise of his own character as a gentleman. No greater obstacle to a systematic improvement of the present plan of poor-law medical relief exists than the readiness with which medical men are found to accept situations which others have resigned under an indignant sense of ill usuage and a stingy payment. A strong but erroneous impression possesses the public mind, that this willingness to take office under a system denounced as so bad arises, after all, from some unexplained sinister advantage accruing to the medical attendants on paupers. If professional gentlemen do not become true to one another, it is to be feared no Convention can suggest, nor Government legislate, for the best interests of even the poor-law medical staff.

Although the committee, on a retrospect of their exertions, cannot point to much advantage secured, the review is by no means discouraging. Attention is more than ever alive to the subject. For the first time the poor-law medical staff has spoken out *unâ voce* their deep sense of their grievances, their firm, temperate resolve to seek, and by perseverance to obtain, redress. Not their appeal alone, but the encourging voice of the whole profession—as raised by the Colleges of Physicians and Surgeons, by the Apothecaries' Society, and by other medical associations—has been addressed in support of the objects of the Convention, both to the Home-office, and to the House of Commons. Domestic and foreign politics have so remarkably occupied the Government during the past part of the session, and must also during the remainder of it, that few in or out of Parliament have been, or will be, able to give the subject of poor-law medical relief the grave attention or helping hand which is admitted on all sides to be its due. The coming recess must not be passed in inactivity; each man should put his shoulder to the wheel, remembering "Dimidium facti, qui cœpit, habet."

Let it be prominently borne in mind, that the great body of the ratepayers who elect the local guardians, and influence powerfully the Legislature of the country, are indifferent on the subject chiefly through ignorance of the wide-spread evil. Every medical officer, and every disinterested, philanthropic member of the profession, should use time and argument to inform and influence his friends and patients; particularly should this be done toward such gentlemen as have seats in the House of Commons, that they may be able to agitate and advocate the question as one of national policy and honour, as well as of justice and benevolence.

A reference to the treasurer's report exhibits the necessity for fresh subscriptions. Scarcely were the operations of the Convention commenced when the demands for printing, advertising, postages, &c., made on his feeble resources, caused him to report to the committee that "the receipt of subscriptions was tardy and inadequate."

It is believed that some medical officers have hesitated to avow an attachment to the Convention through their peculiar position with local boards; such at least, while they remember which is said to be "the better part of valour," should not forget what "are the sinews of war," and remit accordingly subscriptions for the past as well as for the current year, that the exertions

of the committee may be continued unimpaired.

The committee cannot close their report without expressing their thanks, on behalf of the medical staff, to the council of the National Institute for the liberal use of their rooms, without which a considerable item of expense would have been incurred for the rent of an office necessary for conducting the business of the Convention. They are similarly bound to record their obligation and thanks to T. P. Healey, Esq., who, from the formation of the Convention, has volunteered and rendered his valuable services as its honorary secretary, but whose other engagements have rendered it necessary for him to resign.

THOMAS HODGKIN, M.D., Chairman.
CHARLES F. J. LORD, Hon. Secretary.

TREASURER'S REPORT.

Committee of Poor-law Medical Officers in account with the Treasurer.

Dr. 1847-8	£ s. d.	*Cr.* 1847-8	£ s. d.
October to July. Amount of subscriptions received from 246 subscribers	153 14 6	October to July. Payments of various kinds to the present for printing, postages, advertising, and stationery, including the salary of assistant secretary ..	143 4 7½
Disbursements....	143 4 7½		
Balance....	£10 9 10½		£143 4 7½

July 20. THOMAS MARTIN, Treasurer.

GOSSIP OF THE WEEK.

WAR-OFFICE, July 21.—24th Regiment of Foot:—Assistant-Surgeon James Grant, M.D., from the 28th Foot, to be Assist.-Surg., vice Donald, promoted on the Staff.—Hospital-Staff: Assist-Surg. John Donald, from the 24th Foot, to be Staff-Surg. of the Second Class, vice James Millar, M.D., who retires upon half-pay; Assist.-Surg. Thomas Kehoe, M.D., from the 2nd West India Regiment, to be Assist.-Surg. to the Forces, vice Parr, who exchanges.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, July 13, viz.:—Henry Llewellyn Williams, Beverley; Robert Edwards Jones, Long Melford; Henry Merrill Williamson, Chapel-en-le-Frith; John James Robert Robertson, Chelmsford; James Nuttall, Liverpool; Charles Wethered, Little Marlow.—July 20:—Charles Walter Poulton, Cricklade, Wilts; Henry Tizard, Weymouth; Charles Crowdy, St. John's, Newfoundland.

APPOINTMENT OF MR. BOWMAN AS PROFESSOR OF PHYSIOLOGY.—We are informed that, on the proposition of Dr. Todd, the medical professors of King's College have recommended to the council that Mr. Bowman should be appointed Professor of Physiology conjointly with Dr. Todd; and this appointment has been accordingly made, and Mr. Bowman will, in future, deliver half of the course of lectures on physiology.

HOSPITAL APPOINTMENT.—On Friday week Dr. Cameron was elected physician to the Southern Hospital, Liverpool, to supply the vacancy occasioned by the resignation of Dr. Grindrod.

ELASTIC SURGICAL STOCKINGS.—Our attention has been lately directed to a new elastic material made by Messrs. Pope and Plante, 4, Waterloo-place, Pall-mall. They manufacture an article, the texture of which is quite their own contrivance, into toeless stockings, leggings, kneecaps, socks, or wristbands. These are woven to the required size and form, are sufficiently elastic to be drawn on like an ordinary stocking or glove, and, being of uniform material, they diffuse an equal and necessary pressure over the part, without obstructing the perspiration, interfering with the circulation of the blood along the arteries, or requiring, as does the calico bandage, a varying daily and uncertain adjustment. This contrivance is useful in the case of a varicose state of the veins, with or without ulceration, in weakness from sprains or contusions after active inflammation of the part is past, and in supporting the distended lower limbs during pregnancy.

MEETING OF THE SOUTH-WESTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.—The meeting of this branch of the Provincial Association was held last Tuesday week at the Athenæum, Devonport. Dr. Butler was elected chairman, and in a speech of some length adverted to the progress of science, and the different medical institutions of Plymouth and its neighbourhood. A discussion then arose in reference to the treatment of cholera, which was terminated by the chairman stating that if the subject were canvassed till the morrow they would not be nearer any absolute information as to the treatment. After the professional business of the day was terminated, the gentlemen retired to Elliott's Royal Hotel, where an excellent dinner was provided for them. The next meeting of this branch of the association is to be held at Exeter. Not more than three of the medical men of Devonport, and a smaller number of those of Plymouth, belong to the society.

THE CHOLERA.—Among the persons attacked by the cholera at Jassy are the Prince Stourdza and all his family—Letters from Moscow of the 3rd announce that the cholera has begun to decline in that city.—A letter from Konigsberg of the 13th states that several inhabitants of the city had been attacked with a violent diarrhœa, bearing symptoms analogous to the cholera, and that some had died.

In St. Petersburg, on the 7th of July, there were 3571 persons ill of the cholera; to these 1017 were added during the day—of these 222 recovered, 576 died; on the 8th there were 3790 sick, 853 were attacked during the day—574 died, 172 recovered. On the 9th there were 3817 patients in the hospitals.

CHOLERA.—On Tuesday evening Mr. Wyld called the attention of the Government to a statement which appeared in the papers. It was said that the English brig Marion, Captain John Beal, anchored off Malmö on the 8th of July, having taken a cargo of wheat at Cronstadt fourteen days before. It was ascertained that the captain had arrived sick on board at Cronstadt, and died with symptoms of cholera; one of the crew had also been taken ill, but recovered again. It was now supposed that that vessel had arrived, or would soon arrive in this country.

REDUCTION OF QUARANTINE AT MALTA.—By the last mail from Malta we learn that the quarantine regulations have undergone revision, and the period of detention has been considerably reduced. Passengers in ships of war and steamers with clean bills of health, and with a surgeon on board, are now subject to five days' quarantine; merchant vessels to seven days; merchandise only must remain for ten days in the lazaretto.

MORTALITY IN EDINBURGH AND LEITH.—The mortality in Edinburgh during the month of June last amounted to 370—171 being males, 180 females, and 19 stillborn, The mortality of the month of June during the years 1845, 1846, and 1847 was respectively 306, 360, and 354. The mortality of Leith during the past month amounted to 80—36 being males, 38 females, and 6 stillborn. The mortality of June during the years 1845, 1846, and 1847 was respectively 47, 54, 51. In so far as Edinburgh is concerned the mortality still continues on the decline; in fact, is now down to the mean of former years. Typhus fever, lately so prevalent, also steadily declines in frequency and fatality. In Leith the mortality has been unusually high during the past month, caused by the excessive prevalence and fatality of epidemic scarlet fever. Its prevalence and fatality, then, may be judged by the fact that during the past month the deaths from scarlet fever were in the proportion of 6·8 out of the 100 deaths from all causes.

DISEASE AND DRUNKENNESS.—It is said that in Glasgow a million sterling is annually spent in intoxicating drinks, and that the cost of attending fever cases resulting from drunkenness is £47,000.

BATHS AND WASHHOUSES FETE.—Last Wednesday week a fête was held at the residence of Mr. Arthur Webster, at Fulham, in aid of the completion of the baths and washhouses for the poor in Goulston-square, Whitechapel. £2000 were realized on behalf of the objects of this entertainment. *Douglas Jerrold* recommends that the theatre for the next affair of the kind should be Buckingham Palace. A fête held there under the patronage of royalty would be the making of baths and washhouses for the entire metropolis.

LIBERAL BEQUESTS.—The executors of the late Mr. John Wellstood, of Liverpool, have paid over the following legacies to various charitable institutions:—The Liverpool Infirmary, £100; the Blue Coat Hospital, £100; the School for the Blind, £100; Northern and Southern Dispensaries, £100; Eastern Dispensary, £100; Northern Hospital, £50; Southern Hospital, £50; Liverpool District Provident Society, £50.

THE PEERAGE AND THE PROFESSION.—A baronetcy is the highest reward that has ever been known to have been bestowed upon any member of the medical profession in England. It is said that George IV., when asked to create a medical man a peer, objected by observing, the patients would exclaim, "Good Lord, deliver us."

EXTRAORDINARY GUNSHOT WOUND.—The French papers state that a combatant in the recent conflict in the streets of Paris had a musket-ball enter at one cheek and pass out at the other, but, his mouth being open at the time, neither his jaws nor his teeth were injured.

THE NUMBER OF MEDICAL STUDENTS IN FRANCE AND SPAIN.—The last returns of the registers of the faculties, and of the secondary schools of medicine, in France show that the number of students in the faculties and schools are 1875, who are distributed as follows:—Faculty of Medicine, Paris, 800; Montpellier, 175; Strasbourgh, 77; Preparatory School of Aimens, 48; School of Angiers, 37; Arras, 32; Besançon, 39; Bordeaux, 51; Caen, 22; Clermont, 28; Dijon, 30; Grenoble, 31; Limoges, 32; Lyons, 73; Marseilles, 38; Nancy, 32; Nantes, 45; Orleans, 36; Poitiers, 24; Rennes, 70; Rouen, 42; Toulouse, 72; Tours, 41.—In Spain the number is very considerable: thus, at Madrid only, the number is computed at 1100; and in the united schools of Barcelona, Valence, Cadiz, and Santiago, there were 400 students; so that in point of numbers there are two or three times as many as in France. When we consider that the population of Spain is rather more than a third that of France, how deplorable must be the condition of the medical profession in the former country.

THE FRENCH SURGEONS AND THE WOUNDED.—Hardly had the fighting began than temporary hospitals were established in the residences of the medical men of the neighbourhood, and the surgeons of the large hospitals, with their internes and pupils, hastened to these establishments, where their attention to the wounded was unremitted. We could name a surgeon of high reputation who did not leave his hospital for five days. All the beds were cleared of the convalescent, and of those who could be removed without danger, to make room for the crowds of wounded hourly brought to the different hospitals. The sight which the latter presented was at once horrible and sublime. The staircases and floors were in some cases literally inundated with blood, and the cries and groans of the unfortunate men were heartrending; whilst the eagerness to relieve them displayed by the surgeons, the pupils, the sisters, and the attendants was admirable. In these asylums of death and suffering no distinction was made between the victors and the conquered: they are all living in the same wards next to one another, and surrounded by the same attentions. In one hospital, for instance, we noticed a row of beds thus occupied—two gardes mobiles, two insurgents, a lieutenant of the line,

three soldiers of the line, an insurgent, a dragoon, two insurgents, three soldiers of different regiments, two national guards, a member of the National Assembly. Nothing but the name of the wounded man is plaeed on his eard.

Pellagra.—The Provisional Government of Lombardy have issued a eireular, addressed to the different provincial eommissioners, requesting information as to the number of patients suffering from pellagra within their district. This disease has spread so extensively that the siek are to be sent to the Hospital of Milan to be put under the bath treatment, and the medical practitioners residing in the parts where pellagra prevails are requested to fill up certain forms, stating the number of patients, nature of the disease, its peeuliar charaeters, &c.

A Shortsighted Clairvoyant. — James Goennern, *alias* Dr. Von Goennern, professor of mesmerism, who has suceeeded in duping a great number of noblemen and others, was a short time since held to bail to answer any eharge that may be made against him by the Mendieity Society.

New Prussian Pharmaeopœia.—This new Pharmaeopœia, the compilation of which has been aeeomplished under the superintendence of the most eminent physieians, ehemists, and apothecaries, is written in Latin. The matter is arranged in alphabetical order. But what is most remarkable is that there are tables whieh show at a glanee to pharmaciens the duties they are appointed to perform. The first table contains a list of medicines which the pharmaeien is permitted to purchase in trade, sueh as rectified sulphurie acid, ether, rouge, &e. The second contains medicines which he must keep under loek and key. The list is very short, contrary to that which has been decreed by a recent ordonnanee of the Freneh Government. The third ineludes a great number of substances whieh the pharmacien must keep by themselves, but without being neeessitated to loek them up. The fourth shows the maximum doses of active medicines that may be given. If the physician has neglected to place at the eorner of the preseription the sign of admiration (!)—if that sign is wanting, the pharmaeien must not deliver the prescription under pain of fine. Lastly, the fifth table gives the specific gravities of most liquids for the guidance of medieal eommissioners eharged with the inspeetion of apothecaries' shops.

Greatest ascertained Depth of the Ocean. —On the 2nd of June, when in latitude 15° 3′ south, and longitude 26° 14′ west, being nearly calm, and the water quite smooth (says Sir James Ross), we tried for, but did not obtain, soundings with 4600 fathoms of line, or 27,600 feet. [Very nearly five miles and a quarter.] This is the greatest depth of the ocean that has yet been satisfaetorily obtained. Its determination is a desideratum in terrestrial physics of great interest and importance.

The Prinee de Joinville.—It having been stated that the Prince de Joinville is suffering from bad health, we beg to contradiet the report, as we know for a fact that his Royal Highness is perfeetly well, and that no uneasiness on the subject is felt by his family.

Obituary.—On the 24th of June, aged 46, John M. Jameson, M.D., late of Enfield.—On the 2nd of July, at Tewkesbury, aged 57, Joseph Higginson, Esq., surgeon.—On the 3rd of July, at Headford, of fever, Mr. J. T. Oben, medieal assistant to the Headford Dispensary.—On the 4th of July, at Southampton, aged 28, James Claudius Paxton, M.B., only son of Dr. Paxton, of Rugby, and reeently eleeted to one of the Travelling Fellowships on the Radcliffe Foundation at the University of Oxford.—On the 9th of July, at Oxford, aged 53, Charles Webb, Esq., surgeon.—On the 8th inst., at 12, Dean-terrace, Liverpool, William Gray, Esq., late superintending surgeon, H.E.I.C.S., Bombay.—On the 8th inst., aged 40, Dr. William Taylor, of Bedford-plaee, Bootle, Liverpool, late of St. Paul's-square, highly respeeted and deeply regretted by all who had the pleasure of his acquaintance.

MORTALITY TABLE.

For the Week ending Saturday, July 22, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	1096	972
Specified Causes...	1092	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	390	257
Sporadic Diseases.		
Dropsy, Caneer, and other Diseases of uneertain or variable Seat	54	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	112	120
Diseases of the Lungs, and of the other Organs of Respiration	65	80
Diseases of the Heart and Blood-vessels.....	34	28
Diseases of the Stomaeh, Liver, and other organs of Digestion	65	79
Diseases of the Kidneys, &c.	14	8
Childbirth, Diseases of the Uterus, &e.	10	10
Rheumatism, Diseases of the Bones, Joints, &e. ...	6	7
Diseases of the Skin, Cellular Tissue, &e.	2	1
Old Age	34	50
Violence, Privation, Cold, and Intemperance.....	36	31

TO CORRESPONDENTS.

"Fiat Justitia, Kensington," writes as follows:—"A few weeks ago I inserted an advertisement in the *Lancet* and *Medical Times*, for the purchase of a practice. I received from the former one answer only, from the latter thirteen. I paid one shilling more to the *Lancet* for the advertisement than to the *Medical Times*. I merely write this from a principle of justice, as your coutemporary denies the extent of your circulation. I do not subscribe to either periodical." We should feel obliged if our correspondent would favour us with his name in confidence.

"Alethia."—The fact cannot be controverted.

"Quæsitor."—We are not aware of such a regulation.

"'An Old Friend" has our best thanks, though we must decline his offer.

"Undaunted."—The letter is too personal for publication.

"T. C. D.—Certainly not.

"Ruricola."—We are sorry the communication did not reach us before, as it cannot now be published. We are unable to account for the delay.

"J. G. T."—Mr. Stone, College of Surgeons.

"M. D., Liverpool."—The communication will in all probability be inserted.

"Lector."—"Chelius," edited by South.

"Omicron."—The letter was not preserved.

"F. R. S."—The work is certainly in the British Museum. We do not think it can be purchased of a bookseller.

"Pharmacien."—The acid. hydrocyanic dilut. sent us has been analyzed, and coutains two per cent. of the real acid. It may be trusted.

"F. C. S."—The phenomenon referred to appears to us impossible under ordinary physical laws.

"Agricola."—We have no room at present for our correspondent's remarks on the potato disease.

"Chirurgus."—The operation was performed by Sir Astley Cooper at Guy's Hospital.

"Antiquack" is thanked for his compliment, but we cannot prescribe through our columns. Any respectable medical practitioner could treat the disease with success.

"Egrotus."—The fee offered will not induee us to alter our determinatiou.

"Phis."—According to Liebig, the increased heat depends on an unnaturally rapid transformation and oxidation of the animal tissues.

"Ecce."—The best plan of arriving at a correct diagnosis is to take some of the matter and inoculate. Our correspondent must bear in mind, however, that some of the matter taken from a bubo when it is first opened may not cause chancre by inoculation.

"M. B. Cantab."—Case of Otalgia received.

"A Young Surgeon."—Lithic acid, when pure, is white, as in serpents and birds; but when deposited from human urine it has a red or yellow tinge, from colouring matter always present in that fluid.

"Studens, Kennington."—Dexterity is only acquired by practice. Surely in so large a hospital as that which our correspondent says he attends he will find ample opportunities of becoming an expert bandager.

"A Lover of Medieal Science."—1. We cannot state precisely the expenses of a medical education. 2. Apprenticeship is necessary, in order to obtain the Apothecaries' licence.

"A Constant Reader, Liverpool," says that he cannot agree with Dr. Knox, when he states that Jewish females rarely intermarry with Christians. Our correspondent knows five instances of this kind.

"Wag, Halstead."—"Remarks on Essex Surgical Reformers," received.

"F. G."—Marsh's test is one of great delicacy. M. Signoret states that he has procured metallic deposits with only the 200,000,000th part of arsenic in the liquid.

"Dissector."—The two glands are situated on each side of the mouth, between the masseter and buccinator muscles, the excretory ducts of which open near the last molar tooth.

"Mr. Henderson."—Albumen, fibrine, or casein may be used, which must be dissolved in strong caustic potash, and the solution heated for some time to 120°; the addition of acetic acid causes the formation of a gelatinous precipitate.

"Psychologist."—Two pupils, educated at St. Thomas's and St. Bartholomew's hospitals, are annually admitted to the practice of Bethlem Hospital. Other students are allowed, also, to study mental diseases in this institution; but the fees are so considerable that very few medical pupils avail themselves of the opportunity offered.

"Mr. Edgar."—Two legally qualified practitioners must sign the certificate.

"Amicus."—The statement had better not be published at present.

"Sam Slick."—The College only possesses a charter, not an act of Parliament, in its favour.

"Adolescens." — The Students' Number of the *Medical Times* contains a list of the provincial hospitals and schools recognised by the College and Hall.

"Beta" does not appear to understand his subject.

"M.D."—Yes.

"Dr. Thomas."—It is uncertain.

"M.D., Dublin."—Communication received.

"A General Practitioner, Cork." — The Government will, probably, introduce a medical bill early next session.

"Indiscretion."—There is no remedy.

"N. B., City."—The patient certainly belongs to the medical gentleman first in attendance.

"Socius."—Dr. Bellingham's book on the Treatment of Aneurism by Compression will suit our correspondent.

"Novus Homo" should consult the university lists.

"Medicus, Cheltenham."—We think not.

"Edinburghensis."—The offer is accepted with thanks.

"Mr. Neal."—The letter is an advertisement.

"A Student" may graduate without such preliminaries.

"A Regular Reader, Hereford."—There is no difficulty in obtaining admission. The master will furnish a ticket on application.

"Mr. Farrent."—The copies will be sent.

"Omicron."—Communication received.

"A Medical Student" would do well to consult the gentleman whose surgical lectures he attends. He will be able to give our correspondent the needful information on the subject.

"Mr. Edmund S. Symes, Grosvenor-street."—Communication will appear.

"Dr. Curl."—Our correspondent must allow us to exercise our own judgment in reference to the papers sent us for insertion.

"A. B."—1. Mr. Tome's work, recently published, will suit. 2. Consult some eminent dentist.

"Anatomy, Repton, Derbyshire."—The school referred to is a very good one, and our correspondent might attend it with great advantage to himself.

"Mr. Rae, Banff."—Ward, Bishopsgate-street.

"Dr. Storer, Esq., Park-street, Bristol."—Communication received.

"A Subscriber, West Haddon, Northamptonshire."—If the poisons mentioned could not be detected by chemical investigation, though the mucous membrane of the stomach and bowels presented certain appearances, it could not be said with certainty what produced them.

"Edmund."—An apprenticeship is necessary if the student intends going up to the Hall. The expenses depend on circumstances.

"Studens Juvenilis."—1. Certainly not. 2. Yes: £6. 6s. for the country, and £10. 10s. for Loudon.

"Kâf."—Communication received.

"Messrs. Braddon and White, Upton-on-Severn." — Communication received.

"Dr. Roger Green, Youghal (County Cork)."—Communicatiou received, with a Post-office order. Immediate inquiry shall be made concerning the unfortunate person to whom our correspondent so humanely refers; and should the case be as stated the money shall be immediately applied to the purpose for which it was intended.

"Medicus, Liverpool" is thanked for his information concerning the quacks. We may, probably, give them an early notice.

Letters and communications have also been received from Fiat Justitia, Kensington; Alethia; Quæsitor; An Old Friend; Undaunted; T. C. D.; Ruricola; J. G. T.; M. D., Liverpool; Lector; Omicron; F. R. S.; Pharmacien; F. C. S.; Agricola; Chirurgus; Antiquack; Egrotus; Phis; Ecce; M. B. Cantab; A Young Surgeon; Studens; A Lover of Medical Science; A Constant Reader, Liverpool; Wag, Halstead; J. G.; Dissector; Mr. Henderson; Psychologist; Mr. Edgar; Amicus; Sam Slick; Adolescens; Beta; M. D.; Dr. Thomas; M. D., Dublin; A General Practitioner, Cork; N. B., City; Socius; Novus Homo; Medicus, Cheltenham; Edinburghensis; Mr. Neal; A Student; A Regular Reader, Hereford; Mr. Farrent; Omicron; A Medical Student; Mr. Edmund S. Symes, Grosvenor-street; Dr. Curl; A. B; Anatomy, Repton, Derbyshire; Mr. Rae, Banff; Dr. Storer, Park street, Bristol; A Subscriber, West Haddon, Northamptonshire; B. C. D.; Edmund; Studens Juvenilis; Kâf; Messrs. Braddon and White, Upton-on-Severn; Dr. Roger Green, Youghal (County Cork); Medicus, Liverpool; Indiscretion, &c. &c.

No. 462. **SUMMARY.** Aug. 5.

ORIGINAL LECTURES—
Clinical Lecture delivered at St. Thomas's Hospital, by CHARLES WALLER, M.D. 215
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 217
Clinical Lectures on the Gravity and Treatment of Fractures and Wounds by Fircarms, by M. VELPEAU 218
ORIGINAL CONTRIBUTIONS—
The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 219
The Poisoning by Arsenic at Bristol—Post-mortem Examinatiou of the Bodies, communicated by EDMOND S. SYMES, Esq. 221
Disease of the Antrum produced by a Fracture of the Alveolus, communicated by J. L. LEVISON, Esq. 222
PROGRESS OF MEDICAL SCIENCE—
Academy of Sciences; Meeting of July 223
Action of the Heart upon the Circulation 223
Treatment of Partial Ankylosis by Cold Affusion, combined with gradually-forced Movements 223
Academy of Medicine; Meeting of July 223
Ergot of Rye in the Treatment of Retention of Urine 223
Deaths from the Inhalation of Chloroform 223
Aspects of the Parisian Hospitals after the Events of 1848 223
MISCELLANEA 223
REVIEWS—
On the Nature and Treatment of Stomach and Renal Diseases, by W. Prout, M.D 224
LEADERS—
The Sanitary Condition of Metropolitan Workhouses 225
Trial of a Midwifery Practitioner at Stafford on a Charge of Manslaughter—Necessity of Medical Reform 226
Indications of the Approach of Asiatic Cholera 227
Upton-upon-Severn Union 227
Ether and Chloroform v. Mesmerism in Surgical Operations 227
Degraded Condition of Medical Assistants 228
GOSSIP OF THE WEEK 228
Drains and Sewers of London 228
Public Health Bill 229
Cholera in Russia 229
Death from Sea-sickness 229
MORTALITY TABLE 230
TO CORRESPONDENTS 230

ORIGINAL LECTURES.

CLINICAL LECTURE DELIVERED AT ST. THOMAS'S HOSPITAL.

By CHARLES WALLER, M.D., Obstetric Physician to the Hospital.

ON LEUCORRHŒAL DISCHARGES.

Frequency of occurrence; Heberden's definition of leucorrhœa; sources from whence it may proceed; is present in many diseases of generative organs; examples of some of them; necessity of discrimination; methods of obtaining information; the speculum—varieties of, and mode of using; inflammatory leucorrhœa of two kinds, active and congestive; symptoms of active leucorrhœa; may be confounded with prolapsus uteri, without careful examination; discharge varies in quantity and quality; when virulent may affect the male organ; appearance presented on using the speculum; treatment; congestive inflammation; symptoms and appearances; treatment.

GENTLEMEN,—The time allotted for the delivery of a summer course of lectures on midwifery is limited, and is principally occupied in considering the more practical part of obstetric science; I purpose, therefore, as time and opportunity offer, to direct your attention to the more important diseases of women, by making a few clinical remarks on some of the cases admitted within the wards of this hospital; and this I am the more encouraged to do in consequence of the greatly increased attention you have bestowed upon this branch of your education during the past and present session.

You must have noticed the fact that a very large majority of females who apply for medical assistance—no matter how various their diseases as to degree, extent, or character—complain of one symptom, viz., vaginal discharge, technically termed "leucorrhœa," "fluor albus," or, more popularly, "the whites." Indeed it is often described by patients as a "weakness," from a most mistaken notion that its existence invariably indicates a debilitated condition either of the parts locally, the constitution generally, or of both combined; whereas, as we shall presently show, this flow is frequently the attendant of acute inflammation of the membrane which secretes it, and still more frequently is it a sign of organic disease of the uterus. Our subject, therefore, is a large one, and may be said to comprehend nearly all the diseases to which the female generative organs are subject, inasmuch as very few exist without there being at one time or another leucorrhœal discharge. The word leucorrhœa, as you are aware, is derived from the two Greek words λευκος, white, and ρεω, to flow; and is, therefore, only strictly applicable to that discharge which is of a white colour, which may be more or less transparent, and of varying consistency. I do not, however, intend to confine the term to this, its legitimate characteristic, but would rather describe it in the accurate and practical language of Heberden, whose words I quote: "Humor iste quanquam plerumque albus ut vulgo appellatur, et aquæ similis, interdum tamen glutinosus est, et coloris subflavi, item subviridis et mali odoris, atque tam acris ut nisi partes in quas descendit, sæpe eluantur levis inflammatio fiat cum prurigine et dolore: cuticula quoque deteratur, et urina reddi nequeat sine sensu pungentis caloris." We must not, however, include watery discharge (*humor aquæ similis*), as this is the symptom of certain diseases in which the leucorrhœa is altogether absent, or present in a very trifling degree.

The discharge which exudes through the os externum may proceed from the vaginal or uterine mucous membrane, or from both these surfaces, as the membrane is continuous, being reflected from the uppar part or cul de sac of the vagina over the projecting cervix uteri, passing then through the os into the cavity of the uterus, and extending up the Fallopian tubes. The cervix uteri is also furnished with a glandular apparatus, the secretion from which, in a state of health, is in very sparing quantity, and is scarcely distinguishable except the female be pregnant. During an inflammatory condition of this part, however, a considerable quantity of secretion is poured out. The mucous membrane of the vagina is plicated or folded, and this for the obvious purpose of allowing it to be stretched without risk of laceration during the passage of the child in labour: now, the whole of this surface is thickly studded with follicles, and, therefore, when in a state of general irritation and excitement, the leucorrhœal flow is often excessive. Although the discharge is not the disease, but only a symptom indicative of some morbid condition either of the membrane itself, or of some neighbouring part, yet the long continuance of the drain is sufficient to produce a serious amount of debility, which must not be overlooked in our treatment, notwithstanding, as has been just noticed, it is not the original disease. You have had, gentlemen, ample opportunities of observing the fact previously alluded to, that the existence of leucorrhœal discharge indicates no specific morbid condition of the female generative organs, but is common to most, if not to all: let me recal to your memory a few illustrative examples. In the various forms of vaginal inflammation, whether acute or congestive, the flow appears, and under such circumstances is, to be regarded as a favourable sign, and ought to be encouraged, as it tends greatly to relieve the distended vaginal vessels. Again, it is uniformly present when inflammation attacks the lining membrane of the uterus; and, although this affection is characterized by symptoms pointing to the womb as its special locality, yet there is the same external sign—there is leucorrhœal discharge; it is also present when the uterus is displaced from its natural position, as in prolapsus of that organ; and also where there is partial congestion in its posterior wall, which, by its enlargement and increased weight, produces a certain amount of retroversion. In the diversified forms of uterine tumour, in the early stages of polypus, either uterine or vaginal, this appearance is never absent: in these latter cases, however, it soon becomes mixed with blood, and, sooner or later, hemorrhage occurs to a dangerous extent. These diseases, therefore, belong to the category of those attended rather with bloody than with white discharge. You have had opportunities of seeing a very large number of simple ulcerations of the uterus, and in every case of this nature this "weakness" has been complained of, and indeed is often the first symptom which attracts the notice of the patient; the same may be said of the malignant degenerations, of which it is a never-failing concomitant. In ovarian disease, also, the discharge is often present.

I have selected leucorrhœa as the subject of a few clinical remarks, just to show you the folly of trusting to symptoms only, without tracing them to their source, and to impress upon your minds the necessity of a correct diagnosis before commencing the remedial treatment; and, in order to effect this, great care and discrimination are frequently required. There are two methods of obtaining information of the existence and true character of diseases of the female organs of generation, namely, 1st, by digital examination; 2nd, by the use of the speculum, an admirable instrument of comparatively modern invention, by the use of which the parts are brought under visual inspection, and seen as distinctly as though they formed a part of the external surface of the body. In many cases the former examination (by the finger) is sufficient for all practical purposes: by it we can readily distinguish any alteration in the size, shape, and position of the uterus; the presence of any abnormal growths, such as fibrous tumour, polypus, enlargement from scirrhous interstitial deposit, extensive carcinomatous ulcerations, ovarian enlargement, &c. In other cases, however, this examination is not sufficient, and, unless we can see the parts, we shall be ignorant of their precise pathological condition. Let me here remind you of the many cases which have occurred during the session in which the general symptoms afforded very incomplete and unsatisfactory evidence of the true nature of the disease. Your memory will, doubtless, furnish you with, I had almost said, innumerable instances where patients have applied for relief, complaining of great constitutional weakness, leucorrhœal discharge, a sensation of weight, uneasiness, and bearing down, all indicating the case (if we trusted to these symptoms alone) to be one of simple prolapsus uteri. A digital examination has not confirmed this diagnosis, and, on using the speculum, the case has been clearly made out to be vaginal inflammation of the atonic character. Again, how clearly has the speculum exposed to the eye, ulcerations of the membrane covering the cervix uteri, when they could not be detected by the finger. The existence of disease in the glandular apparatus of the cervix is easily ascertained by this instrument; indeed it may unhesitatingly be affirmed that the speculum has afforded as much valuable aid in the elucidation of uterine disease as has the stethoscope in thoracic complaints; probably

even more, as the ear may deceive us, but the eye cannot.

There are many varieties in the construction of the speculum. Alterations (I cannot say improvements) have been made by many eminent obstetricians. All these, however, may be referred to two general forms—the one consisting of a solid and simple tube; the other composed of different portions or blades, so arranged that although at their first application they are in close contact and partially overlapping each other, so as to afford all the advantages of a simple tube, as regards facility of introduction, yet, by a very simple contrivance, these blades may be separated the one from the other to a very considerable extent, and when so separated the dilatation is greatest at their uterine extremity; and thus the parts required to be seen are at once brought into view, not merely the mouth of the womb, but the whole of that portion of the cervix which projects into the vagina, so that its condition, whether increased in size, its state of vascularity, whether inflamed or simply congested, may be distinctly seen; and in this manner much valuable information is derived which could not be obtained by the tubular instrument. I now show you the two varieties which I have just described. In this box are contained three tubular specula of different sizes, the invention of Mr. Fenner, late of Pentonville. I exhibit them as the type of all the others of this class. You will observe that each is furnished with a conical plug of wood, made to fit a common handle; this projects beyond the extremity of the instrument, and enters the vagina in the form of a wedge; this piece of wood is, of course, removed after its complete introduction, and, if properly applied, the os uteri, with some portion of its surrounding labia, is exposed at its further extremity; a lighted taper being held near its anterior extremity, the parts are seen readily enough. An alteration has been made in the tubular speculum, which, in my judgment, is liable to serious objection; I here show you a specimen. The instrument is made of glass, coated with metallic foil, the whole covered over with a preparation composed, for the most part, of a solution of indiarubber. The interior is thus made a highly reflecting surface, and the consequence is just this, that so much white light is thrown upon the parts exposed to view that their real colour cannot be discovered, and although the utero-vaginal membrane may be vividly inflamed, presenting under ordinary circumstances a bright-red appearance, yet, in consequence of the concentration of the rays of light reflected upon it by this mirror (for so, in fact, it is), the naturally red colour is destroyed, and the membrane is made to appear comparatively pale, and hence an error is likely to be made in our diagnosis. This, gentlemen, is not a fanciful or a mere theoretical objection; I have tested the value of the two instruments, where I wish you to test every opinion and recommendation given you in the course of practical instruction delivered within the walls of this hospital, viz., at the bedside of the patient. I have used both specula in the same case, introducing one immediately after the other; the result has been that the appearances presented to the eye were totally distinct, the one exhibiting the vagina in a state of active inflammation, marked by its blood-red colour, whilst in the other this indication of inflammatory action was not visible.

There is another objection to the use of the tubular speculum: where the cervix uteri is much enlarged, it cannot be easily exposed, unless the instrument is altogether of large size, as there are no means of gradually expanding it after its introduction, and hence a certain amount of difficulty is experienced in its application, and sometimes actual pain is inflicted on the patient.

You have had many opportunities of seeing cases of ulcerated cervix uteri whose boundaries could not be ascertained until great dilatation had been effected; and in some this could not have been accomplished with the instrument now under consideration, as from the required size it would have been impossible to have passed it through the os externum. You will, probably, recollect a case in Elizabeth's Ward, in which the ulceration extended nearly throughout the whole extent of an enlarged and thickened cervix, involving also the upper portion of the vagina; a small part only of this could have been seen through a tubular speculum.

The other form of instrument is free from all these objections; I now show you what is always used by myself; its size is moderate, comparatively small, composed of four blades and a handle, which is removable at pleasure, and thereby rendering it very portable. It is of French manufacture, imported by Mr. Millikin, surgeons' instrument-maker, who resides in the Strand, near to King's College. I mention his name, because I am not aware that it can be procured anywhere else: true, an instrument of similar mechanism is sold by others, but not to be compared as regards its utility with the one now exhibited; one is an elegant (if I may so speak), the other a clumsy, instrument; one introduced and expanded without pain, the other difficult of introduction and painful in expansion; these difficulties arise from the increased size of the instrument, which is altogether unnecessary.

The four blades of which the speculum is composed are so constructed as to allow a certain degree of overlapping, and are kept firmly together by a slender portion of wood, having at one extremity a very smooth wedge-like process, and at the other a handle furnished with two thin portions of steel, which together act as a spring; the rounded portion of wood you observe projects beyond the blades, rendering its introduction easy to the operator and painless to the patient; the spring presses the different blades closely together, so that the instrument is altogether of small size; by pressing the handles together the spring acts, the wooden portion is released, and when altogether removed the necessary degree of dilatation is effected without difficulty. It has been supposed by those who have but little experience in the use of the speculum, that for its effective employment a considerable degree of indelicate exposure is required: nothing can be more erroneous than such a notion; not the slightest exposure is necessary, and as for indelicacy, there certainly is no more in a specular than in a digital examination, if conducted in a proper manner, and probably not so much.

Most of you have many times seen the method of making these examinations, but, as there may be some present who have not availed themselves of the numerous opportunities afforded in this hospital, I shall now shortly describe it.

Mode of Applying the Speculum.—The female should be placed in bed, in the usual obstetric position, that is to say, on her left side, with the knees a little elevated towards the chest; a digital examination is then to be made, in order to ascertain the position of the os uteri, which will be found differently placed in the pelvis: it is sometimes found in the fore part, at others in the centre, but more frequently at the posterior part of the pelvis. By this procedure any alteration in the size, &c., of the uterus will be discovered, and you will then be able to determine whether an examination with the speculum is required. If you decide in the affirmative, the instrument, having been previously oiled, is to be passed up the vagina, and the blades separated to the necessary extent, without the bedclothes being raised from the body of the patient; the wooden plug is also to be removed; you then wrap the sheet completely around the instrument, bringing it under the thighs of the patient in such a manner that when the coverlid is turned aside, nothing whatever is visible except the open extremity of the speculum, near to which a lighted taper is so placed as to throw the light upon the parts required to be seen. An examination may be made with the same freedom from exposure if the patient recline on a couch without bing undressed, the under-clothing being wrapped around her, and every part of the body covered before the external covering be held aside. You will find it highly important to attend to what some may consider these *little* matters of delicacy; if a patient have the necessity of making these investigations fairly explained, and assured that there will not be the slightest exposure, she will rarely if ever refuse to submit. I have had no difficulty in some hundreds of cases in which I have found it advisable to use the speculum. Having described to you the different methods by which your information is obtained, let me now direct your attention to the consideration of the diseases in which leucorrhœa is a prominent symptom; and, in the first place, I shall describe what has been termed "inflammatory leucorrhœa." By this term you will understand an increased discharge as the result of an inflammatory condition of the mucous membrane of the vagina: this will present itself under two forms—first, active, or, secondly, passive or congestive, inflammation—the former attended with great pain, and it may be with much general constitutional disturbance; the latter unattended by such symptoms, and generally accompanied with a feeling of debility, and hence, without care, liable to be considered the mere result of "weakness." Many cases we have seen together, in which the previous treatment had consisted in the exhibition of astringent injections and stimulating tonics; the use of the speculum discovered to us the true condition of the parts, and the disease has yielded to suitable remedies, not, however, suddenly, for where this stimulant treatment has been commenced too early the leucorrhœa is invariably of the most obstinate kind.

Active inflammation of the vaginal membrane, especially when extending over the greater portion of its surface, is very readily recognised: there is pain along the course of the canal, sometimes described as darting or throbbing, most frequently, however, of a hot, burning, or smarting character, greatly resembling that kind of pain so often felt at the extremity of the rectum during and after the operation of a drastic purgative. Should the urethral membrane participate in the inflammation, there will be smarting and cutting pain during micturition; if the lining of the bladder be also involved, there will be frequent and urgent calls to urinate. It is, however, by no means uncommon to have severe inflammation of the vagina without a similar affection of the urinary passages. A distressing sensation of bearing down is often complained of, although an examination detects no prolapsus of the uterus; this is caused by a heightened state of sensibility of the upper part of the canal, which then feels the natural degree of pressure of that portion of the cervix uteri which projects into it, and to which, under a healthy condition of the parts, the vagina is insensible. Without careful examination this symptom might induce a belief that prolapsus existed; should there be a partial descent of the womb, the uneasy sensation will be increased. The vaginal discharge varies both in quality and in quantity—sometimes it is sparing, at others copious; it may be thick and glutinous, or thin and highly irritating to the parts over which it flows, or it may assume a muco-purulent character. Leucorrhœa, the result of acute inflammation, sometimes produces discharge of a similar character from the male organ; and, under such circumstances, it is difficult, without an accurate knowledge of the character of the individuals, to distinguish it from gonorrhœa. I have met with one case where superficial ulceration of the glans penis was produced from the same cause, which, however, speedily healed under the application of a lotion composed of a weak solution of sulphate of zinc. In inflammation of the vagina, a digital examination is always attended with pain, and the extent of surface rendered painful to the touch will determine the extent of the inflammation. If the speculum be used, the membrane presents either a vividly bright red colour, or a more dusky crimson hue, according to the degree of activity of the disease. In unmarried females the speculum cannot be so easily introduced as in those who are married and have borne chil-

dren; fortunately it is but seldom required in the former, as the probability is strong that simple inflammation exists, whereas in the latter, structural changes of the cervix uteri are very frequently met with, where there has been protracted leucorrhœal discharge. The membrane sometimes presents a granular appearance, which varies in extent, and very closely resembles in its aspect that condition of the lining of the eyelid which is termed "granular conjunctiva," and which you know to be caused by acute conjunctivitis.

I have lately directed your attention to one of my patients in Ann's Ward, where this state of the vaginal membrane existed; this female suffered severely for a long time with heat and burning pain along the whole course of the passage; there has been but little discharge, and this has probably increased her distress. Her general health has somewhat suffered from the long continuance of her disease, which is not yet completely subdued, although she has now been under care for many weeks.

Vaginal inflammation terminates either in what is called resolution, which simply means a return to the healthy action of the part, the turgidity of the vessels gradually subsiding; or in superficial ulceration, this being in many cases a mere erosion of a greater or less extent, and appears as if the membrane had been cleanly dissected off by the knife of the anatomist. My intention in the present lecture is not, however, to consider the consequences of inflammation, but rather to direct your attention to the more simple form, where inflammation and nothing else exists; and, having described to you its characteristic symptoms, let us now proceed to the treatment, which is simple enough, and consists in the employment of moderately antiphlogistic remedies to an extent corresponding with the severity of the disease on the one hand, and the state of the general constitution on the other. Should the inflammation be active, and the female's constitution full and plethoric, blood may be removed from the arm with advantage, and some medicines of a depressing character exhibited, such as antim. potassio tart., digitalis, nitrate of potash, and the like. I am rather fond of the latter remedy, and usually combine it with some saline purgative of moderate strength. In the use of laxatives care should be taken not to select those of a drastic kind, as they are apt to increase the irritation. The diet is to be sparing, and the recumbent position strictly adhered to. In most cases general bloodletting is not required; the application of eight or ten leeches will answer every purpose.

In the early stage an injection of warm water, or warm decoction of poppies, should be assiduously employed; these applications act beneficially in a twofold manner—1, by washing away the irritating discharge; and 2, by acting as a fomentation, they assist in diminishing inflammatory action. Sometimes you will find that decidedly cold applications produce a feeling of greater comfort, and then the liquid should be introduced cold. When, however, the discharge is in sparing quantity, as in some cases of intense inflammation, cold is inadmissible.

When the active symptoms have been subdued—and this will be indicated by subsidence of pain and the absence of febrile symptoms—should the discharge continue, mild tonics may be administered and slightly astringent injections employed, consisting of a solution of alum, sulphate of zinc, or nitrate of silver: the latter was highly extolled by the late Dr. Jewell; this application is most serviceable in very chronic cases.

Sub-acute or Congestive Inflammatory Leucorrhœa.—This form of the disease is marked by the presence of most of the symptoms already described, but in a less severe degree; there is neither so much pain nor heat, the discharge less irritating, and little or no constitutional disturbance. When the part is examined, there will be found to be a highly-injected condition of the vaginal membrane, its colour being dark red or crimson. When I say there may be no constitutional symptoms, I mean none of an actively inflammatory character. There is very commonly a state of general debility combined with this condition of the parts locally; without careful examination, therefore, you might treat the case as one of leucorrhœa from "weakness," and by so doing aggravate the original disease. The treatment consists in the removal of the local congestion by occasionally applying four or six leeches within the vulva, and the frequent use of a cold-water injection, to be succeeded by a moderately astringent one after the inflammatory symptoms have been subdued.

In this form of leucorrhœa a solution of argent. nit., in the proportion of from three to five grains dissolved in an ounce of distilled water, is a very effective application.

Whenever this remedy is employed, the patient should be informed of its property of blackening her clothes, if allowed to drop upon them, in order that she may be more than ordinarily cautious in its use.

Where the membrane is partially elevated, and presents the granular appearance already described, it should be gently rubbed with a stick of solid caustic. As there is frequently in these cases a tendency to prolapsus, the recumbent position ought to be observed. With regard to internal remedies, no specific rules can be laid down, as they must be varied to suit the state of the patient's general health; in general, however, mild laxatives, followed by the administration of decoct. sarzæ compos., will be found serviceable. These cases are often extremely tedious; be cautious, therefore, and do not promise a speedy cure.

We must, gentlemen, now conclude, reserving until a future occasion the consideration of various other forms of disease indicated by a leucorrhœal flow.

A COURSE
OF
LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXIX.

(Continued from page 184.)

Gentlemen,—In my last lecture I described the symptoms and treatment of disorders occasioned by the bites of rabid animals. I now invite your attention to those following the bites of poisonous snakes. The effects of the bites of snakes of the most poisonous kind we have in England, or indeed in Europe, little opportunity of observing. The adder or viper is, however, common in many parts of this country, and many accidents occur through its bites; though in adults the bite of one of these reptiles is seldom attended with fatal consequences, yet they are sufficiently venomous occasionally to cause the death of children. You know that the poison of a viper is contained in capsules at the root of two moveable fangs in the upper jaw, which, when the animal bites, are directed downwards, and the poison, which is a transparent yellow fluid, is there compressed out of the poison cysts and passes along the grooves in the fangs into the wound. When the animal is quiet, the fangs are turned backwards; but if it be excited they are instantly projected, and poison exudes from them into the bite. I have said it is not usually fatal to adults; yet I have read of three cases in which grown persons have died of bites from vipers; they were most likely in a bad state of general health at the period when they received the injury. It is generally admitted that the injury from bites of these snakes is in proportion to the size of the animal bitten. Their poison is most active in those seasons when the weather is hot, and when circumstances occur to promote its rapid transmission through the blood, as when the bite, &c., is received through a vein or in a part near the circulation. The poison is especially energetic in the procreative season. Of course something depends on the strength with which the teeth make the incision into which the poison is effused; the size of the reptile, also the number of its bites, and the quantity of poison at the time lying in the capsules, all go to affect the degree of its influence. The bites of the most dangerous snakes do not always cause death, the indisposition being in some cases very slight. In the thinly peopled districts of South America, people are often bitten by very poisonous snakes, and some die directly, others are only slightly indisposed; and this variety must only be accounted for by supposing that in the latter case there was not much poison in the vesicle at the time of the bite.

The difference in the activity of the poison of mere venomous snakes and that of rabid animals is very astonishing; indeed, such is the rapidity with which disease is extended and death takes place, that many distinguished physiologists and pathologists can hardly believe that the effects of the former are owing to absorption. The effects of the bite of venomous snakes follow with great rapidity.

In the part which has been bitten by an adder there is acute burning pain, which in a very short time is felt over the entire limb, so that, if the bite takes place in the hand, the arm up to the shoulder is affected, and very often affects the internal organs; a livid discoloration of the skin follows. This swelling is owing to the effusion of serum in the cellular tissue, and in many cases the appearance of the skin is mottled; in other cases it has an ecchymosed appearance, and vesicles also form. If the patient lives long, and the case is destined to end fatally, abscesses come on, and in addition gangrene takes place in the cellular tissue. The constitutional symptoms are also quick in their appearance; very often the patient is seized with vertigo, with sickness, great weakness, depression, faintness, syncope; small, quick, irregular pulse; cold sweats, vomiting of bilious matter, dimness of sight, a yellow tinge of the skin, and low spirits.

In many instances the patient is brought into a state resembling intoxication, and staggers about. This was shown in a remarkable case, where a man was bitten by a rattlesnake in this country, the particulars of which I shall presently narrate.

What is the treatment to be adopted in case of the bite of a venomous snake? The bite of an adder is not sufficiently dangerous to justify the same expedients which should be resorted to in cases where the wound has been inflicted by a more venomous reptile. The first indication presented is to prevent the entrance of the poison into the system. But how do this? Would you cut out the bitten part? Not, I think, in the bite of an adder. Then shall we destroy the part by caustic or with a red-hot poker? I knew a rich gentleman who was going round his park one day, and, happening to be bitten by an adder, came home, and, having made the poker red-hot, he burnt out the part and it recovered; but this would by many be considered a rather severe way of dealing with the bite of a viper. Would you apply a ligature round the part, to retard the entrance of the poison into the system? That, I think, would be a very rational proceeding. The cupping-glass should also be applied, to draw the poison out of the wound, and, where practicable, suction should be used. Suction is the most ancient mode of dealing with poisoned wounds, and one which is most likely to do good. After you have used the cupping-glass, there is no objection to your placing a ligature or tourniquet round the limb. It was found by Sir David Barry, in some experiments which he made on animals which had been bitten by vipers, that those to which the cupping-glasses were applied suffered no constitutional derangement; the poison produced no convulsions; though it is true the rabbits and dogs to which no cupping-glass was applied did not die, yet they suffered very severely. If it were one of the more dangerous snakes, and tho surgeon is called immediately, you should apply the cupping-glass, and afterwards cut out the

bitten parts; apply the cupping-glass again, and then try to seal up the mouths of the vessels hermetically by applying a strong caustic, or the cautery. Such is a general outline of the treatment you should employ where you have to deal with the bites of snakes. Some of these remedies you could not adopt in the bite of an adder, as they would be unnecessarily severe. Some local applications were supposed to have a specific efficacy in rendering the poison inert, as the liq. ammoniæ, olive oil, eau de luce, sulphuric and nitric acids, &c.; they are now disregarded. Of the medicines which have been given to counteract the constitutional effects of poison absorbed into the system there are several varieties,—the eau de luce is a well-known remedy, also the liquor ammonia, and also opium; but arsenic has been found of the most general utility, and deserves more praise, perhaps, than any which has been tried, and has been successful in counteracting the operation of the poison of snakes, when every other means had failed. Ammonia and eau de luce (which is a combination of ammonia with a small proportion of amber, and therefore resembles the spir. ammon. succinatus) may be useful in combating some of the symptoms, as syncope and depression of the vital powers; and probably it was this circumstance which maintained it for some time in estimation as a specific, but it has no title to this character. There is a kind of serpent in South America, called the coluber carinatus, one of which had bitten some soldiers of the 68th Regiment, stationed at St. Lucia, in the West Indies. Mr. Ireland, who was the surgeon to the 60th, having informed himself of the circumstances and treatment of these cases, and finding that the men had all died in a very short time, resolved to make an experiment with arsenic, which he had heard recommended by M. Chevalier. To soldiers who had been bitten he gave every half hour one grain of oxide of arsenic, and administered a purgative clyster, and when griping and purging commenced, discontinued arsenic; in every case his patient recovered. I mentioned a case which happened in London, where a man was bitten by a rattlesnake. This snake was exhibited in public in Piccadilly, and a carpenter went in the crowd to see it. Perceiving that it lay very quietly, he put his rule in to excite it, and in doing so the rule dropped. The reptile, too sagacious to attack the rule, remained perfectly quiet; but when the man, gathering confidence, put his hand to take the rule, it darted its fangs into the thumb and forefinger. There were two wounds on the back of the first phalanx of the thumb, and one on the forefinger. The man left the exhibition to go home, but was attacked with vertigo, and became like a person intoxicated. Some persons who saw him took him into what is called a doctor's shop, and in the evidence given before the coroner he was described as resembling, in his appearance and behaviour, a man in a state of intoxication. In the course of ten hours the whole limb was swelled to an immense size, up to the axilla, and the limb was very much discoloured and exceedingly cold. The case was immediately brought under the notice of the surgeons at the west end of the town, and at St. George's Hospital he received great attention. Reaction took place, and the pulse was quicker, and the man recovered his intellectual functions, and he lived till the eighteenth day, when he sunk. In the course of this case there was sloughing of the cellular tissue about the thumb and in the vein at different points, and not in the whole limb. There was also an abscess formed on the outside of the elbow. The swelling extended from the axilla down the side, with extravasation of blood in the loins, giving them a mottled appearance. The temperature of the body rose as reaction came on, and the patient became subject to fainting; vesication appeared, and the abscesses and sloughing which I have described went on till he died. The original bites had before that time healed, and upon dissection no morbid danger could be recognised, excepting the mischief in the arm. At some periods hopes were entertained of recovery, and it is to be regretted that in this case arsenic was not tried.

The pricks and cuts received in dissection are generally considered as poisoned wounds; this character is, however, denied to them by some. The consequences by which they are followed are ascribed to the introduction of a poisonous or deleterious principle into the part. It is noticed, that they are remarkably frequent when the fingers or hands are wounded, though but in the slightest manner, in the examination of persons who die of certain diseases, as peritonitis, and especially in the examination of women who have died of puerperal fever, uterine phlebitis, &c. It is also observed that pricks received after opening recent bodies are much more dangerous than when putrefaction of the body has farther advanced; a fact you would not, probably, expect to find. At the same time we must remember, on the other hand, that we do see, in certain constitutions, serious consequences following cuts and pricks, when the suspicion of the introduction of any infectious matter cannot be entertained. I have seen dangerous consequences follow, when the instrument has been very clean and the wound very slight. The general indisposition also generally bears a relation to the local mischief: another ground on which the non-poisonous character of these wounds might be maintained. But, notwithstanding the great number of pricks and cuts which are received every season in dissection in London, the instances in which any severe effects are produced on the constitution are in reality very few. In this school I remember only one case during fifteen years, although we have had frequent instances of pricks and cuts.

It may be said that it is an argument against their being considered poisonous, that the effects are diversified in different cases. In one instance a small pustule forms, which in a few days goes away; in another case a tumour forms, which lasts a long while; in other cases an erysipelatous inflammation appears, which wanders about the hand, sometimes remaining after the healing of the wound. Sometimes the inflammation runs up the superficial absorbents, and the glands of the axilla swell, accompanied by great constitutional disturbance. You see from these statements that the ill effects of pricks and cuts show themselves in a variety of ways. I should say that cuts are less dangerous than punctures, and a cut which bleeds freely is seldom followed by constitutional symptoms, which favours that view which regards them as poisoned wounds, for it is concluded that the opening gives the outlet. With respect to the constitutional disturbance, the patient, in severe cases, is attacked with shivering and vomiting, with headache, and the face has an anxious look. At first the tongue is covered with white fur, and the pulse is full; but presently the patient gets into the typhoid state, the pulse become weak, the bowels discharge a black matter, delirium comes on, and the patient sinks.

With respect to the treatment of dissection cuts and punctures, I think the best plan is to wash the parts well with warm water, and afterwards take a piece of nitrate of silver scraped to a point, with which the part is to be touched, and cover it up with a strong evaporating lotion. Since this plan has been followed we have not had any bad results from dissection wounds, though many cases have occurred.

As different views are entertained of the nature and character of these derangements, so a variety of treatments have been recommended. Thus the party which believes them to be due to the presence of a virulent matter, propose the application of nitrate of silver, caustic potash, nitric acid, &c., to the puncture or cut, and recommend a generous diet, with tonics, wine, and cordials, keeping the bowels gently open with aperients. Others, doubting the existence of any such poison, trust to antiphlogistic treatment, applying cold lotions locally, discharging the matter early, employing copious venesection, purgatives, &c. The advice I have given above is such as I have always given to students, and hitherto with great success.

With respect to general treatment, I think that antiphlogistic treatment should be preferred; but that when phlegmonous erysipelas, or diffuse inflammation of the cellular tissue, or abscesses, come on, the case should be treated according to the rules already laid down for such disorders. The greater number of instances occur in the spring of the year, when gentlemen, *from long fatigue and close application to study*, are in a state of constitution peculiarly susceptible of injury.

CLINICAL LECTURES ON THE GRAVITY AND TREATMENT OF FRACTURES AND WOUNDS BY FIREARMS.

By M. VELPEAU.

HOSPITAL GANGRENE.

Gentlemen,—During the last eight days the state of our wounded has been in general unfavourable: three or four of them have been attacked with purulent infection; in others, without any other important symptom, you might, nevertheless, see that the wounds had become pale, and that they did not furnish more than serous and ill-conditioned pus; two patients, moreover, are affected with hospital gangrene.

This disease, gentlemen, is such a singular complication, that we are not yet able to give it a suitable name; it is a sort of humid gangrene. Gunshot wounds which become affected with this disease alter their appearance and assume an ash-coloured hue, as if a layer of foreign matter had been deposited upon their surface; at the same time the pus loses its usual characteristics, becoming sanious and diminished in quantity. The disease advances so rapidly that from the commencement little can be done.

Hospital gangrene is sometimes epidemic, at other times sporadic. The French surgeons who have studied it most carefully are Pontot and Dussossois. M. Bluckarder, a French surgeon, noticed it as an epidemic in Spain. He thought that it showed itself as a vesicle of a greyish colour, semi-transparent, which broke and communicated with the adjacent parts, and formed thus a crust which attacked the whole wound. Whatever may be the focus from which it proceeds, where hospital gangrene shows itself in a wound, this wound immediately puts on a greyish appearance; it exudes a greyish pultaceous matter of nauseous smell; the stump or the edges of the wound become puffy, presenting a flabby appearance, and are painful and throbbing. The reaction is sometimes rapid; pulse frequent, irregular, and almost always weak. The patients become prostrated and adynamic. All these symptoms are declared in the space of twenty-four hours. The disease advances rapidly, and goes through all its stages in eight or ten days. It involves both the superficial and deep-seated tissues, and extends quickly to the bone, which it denudes and affects with necrosis; very frequently death rapidly supervenes. In more favourable cases, it appears and attacks successively the surface of the tissues, without extending to the more deep-seated structures; it transforms the integuments into a *putrilage*, which is speedily defined by a red circle, and which diseased tissues are eventually removed by the process of elimination. Hospital gangrane is generally epidemic, yet it is sometimes sporadic. The causes are little understood; it has been attributed to crowding, to want of cleanliness, to poor living, or to the neglect of hygienic medical rules. But none of these causes will account for its existence in two of our patients. Our first case occurred in a female, yet young, of cleanly habits, who had suffered amputation of the breast. The wound had gone on favourably, and was nearly healed, when it was attacked with gangrene. Only two wounded persons had been admitted into the female ward, which was well ventilated, spacious, and in which were many beds not occupied. We cannot, therefore, attribute the

occurrence of this disease to an overcrowded state of the place. The second case showed itself in a man, lying in bed No. 49, in the *Salle Sainte-Vierge*. He had undergone, eight days previously, amputation near the malleolus of the leg, in consequence of a comminuted fracture of the tarsal bones, from a ball which had traversed the foot. He was about the same height as the female, and was in every respect in excellent condition. From clinical observations in these two cases we are led to infer that the causes of hospital gangrene are as yet but little understood. Most surgeons think it contagious. This was the opinion of Pontot, of Dussossois, and of Bluckarder, and with them I agree. But, supposing that hospital gangrene is contagious, like syphilis and variola, what produced it in the first instance? This, gentlemen, is a difficulty of general etiology which exists in all contagious affections, and which we are unable to solve. I think, therefore, that hospital gangrene is contagious, and that it communicates itself by contact. It has been noticed in a wound the next day after it has been touched by a sponge or a portion of the surgical appliances which had been used with a patient affected with gangrene. Surgeons who think that it is not contagious say, in support of their opinion, that it is epidemic, seeing that it shows itself in the hospital in many wounded persons at the same time. But, gentlemen, it is experience that proves incontestably the contagious nature of this disease. Place in contact with a wound in a perfect state of cicatrization a little matter taken from another wound affected with gangrene, and you will see in a few hours the wound change its appearance and assume all the characteristics of hospital gangrene.

Once the principle of contagion is admitted, an interesting question presents itself for consideration. What is the contagious principle—what is its nature? Here, gentlemen, we shall find a variety of opinions. Some pretend that it is the acid principle in fermentation. Others maintain that it is a contagious principle belonging to the organic kingdom. It was in 1814 that this opinion was first promulgated. But what is this organic principle? Does it appear, as certain authors would have us suppose, in the vegetable kingdom? And in this case is it a fungus or some other cryptogamous vegetable? Does it appear, on the contrary, in the animal kingdom; and, if so, is it a microscopical insect? This question has been lately studied, but without yielding satisfactory results. For my part, I am led to think that they are certain microscopical animalcules that produce hospital gangrene. We are surrounded by innumerable beings so small that the microscope alone can take cognizance of them. Myriads of these exist in creation. Is it, then, a matter of surprise that these should deposit on certain parts of our bodies germs which are productive of unhealthy action? The physical world as well as the moral presents an incessant struggle for existence between the evil and the good, between the small and the great. You see the cancerous molecule which deposits itself on our organs: this is at first an atom, inappreciable to the senses; but very soon it increases, and, destroying all that it touches, eventually substitutes itself for the very tissues which it seems to have devoured. You see, again, maggots produced without our knowing how on the surface of a dead body, and they multiply themselves almost *ad infinitum*, so that they annihilate the substance. Why may not this also produce hospital gangrene? Why this pultaceous putrilaginous matter that deposits itself in a thick stratum without preliminary or concomitant inflammation of the surface of wounds—why should it be replaced by the microscopical animalcules? This has been a thing impossible to discover; but, whatever be its nature, whether vegetable or animal, it is not the less a manifestation of the grand law which wills that everywhere the elements struggle with each other, and that everywhere death is opposed to life.

The prognosis of hospital gangrene is very unfavourable, because it disorganizes rapidly all with which it comes in contact; it is sure to prove fatal if the treatment is not successful in arresting its progress.

It is by topical applications that it must be attacked, because, in the first instance, the disease is entirely local. A great number of things have been extolled as remedies against this disease. Charcoal and bark, in powder, have been employed with success, and also the vegetable and mineral acids; yet in certain cases, in spite of the most energetic treatment, the disease will continue to advance, and in a short time produce death. I will here mention my own mode of treatment. I prefer the vegetable acids to the charcoal and bark, and even to alum. A favourite remedy with me is the citric acid, more or less concentrated according to the serious nature of the case. Thus, in the case of the patient No. 49, I caused the dressings to be soaked in the following solution:—Acid citric, 10 grammes; aquæ, 30 grammes. Under this treatment the patient has been remarkably benefited; already the whole of the mortified parts have become detached, and the wound looks florid and active. This is also the case with the female I have referred to in the former part of this lecture. If this remedy does not suffice, I cauterize the whole wound, as Dupuytren recommends, with the acid nitrate of mercury; if the grey pultaceous layer has a considerable thickness, I do not hesitate employing the actual cautery. These different local applications must be accompanied with a general use of tonics. Amputation should be reserved for cases where the preceding means have not been able to check the progress of the disease.

PHLEGMONOUS INFLAMMATION AND PURULENT INFILTRATION.

Gunshot wounds are generally deeper than other wounds; they are, in consequence, followed more frequently by deep-seated inflammation and purulent infiltration.

Consequitive inflammation of gunshot wounds is of two kinds—1. It is limited to the track of the ball, and in this case it is not formidable; this is also a necessary inflammation. 2. It extends to the neighbouring parts. If the wound does not penetrate into the deep-seated aponeurotic tissues it remains superficial, and this is discovered according as the tissues are more or less loose. But if a ball traverses different parts of the limb the inflammation penetrates the sheaths between the muscles; it insinuates itself amongst the muscles, and advances even to their insertions, denuding the bone, and causing either necrosis or caries. If it occupies the whole extent and depth of the limb it generally produces the death of the patient.

These deep-seated and diffused phlegmons are one of the most frequent and, at the same time, most serious complications of gunshot wounds. They are dangerous—1. Because of the general reaction which they excite—reaction that sometimes is sufficient to produce death. 2. Because of the suppuration that is produced, the abundance of which oftentimes exhausts the organism. 3. They are dangerous, besides, by the propagation of the inflammation, which may extend to the lymphatics and veins, and become thus a source of purulent infection. 4. They may induce necrosis of the bone, and expose in consequence the patients to the dangers of resection or of amputation. 5. In cases where the cure has been delayed, the muscular sheaths and the synovial membranes lose their elasticity; all these parts adhere together, so that the least movements are difficult and painful.

These are, gentlemen, the principal secondary complications of gunshot wounds to which I desire to direct your attention; and these are the general considerations that I have to propound to you on the gravity and treatment of these wounds, that the great events which have taken place under your eyes you may be permitted to study and to follow in all the varieties and in all the phases which they may present.

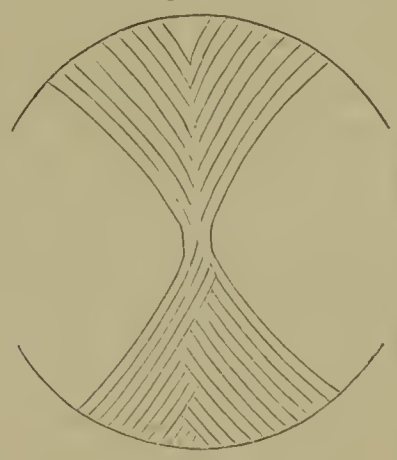
ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 168.)

To carry on the similitude one step further we will suppose, that innumerable offshoots are seen from the threads that surround the peas, and that these plunge into the bodies of the peas, and there anastomose and mingle together. The scarlet and the blue are noticed to verge towards the centre of the pea, or the black pin, whilst the numerous meshes that the yellow and the blue threads form seem to compose the bulk of the pea. This representation, then, sets forth the anatomical fact, that the hepatic artery, after nourishing the lobule, enters into the lobular plexus of portal veins; whilst the portal vein, after anastomosing with the capillaries of the biliary ducts, is lost in the central, lobular, or hepatic vein. This is the hepatic termination of the portal vein; but where is its trunk? and where is its origin? There is no other vessel in the human body made up like this. It represents a double fan. Its trunk is in its centre, and its two arms or extremities are spread over two series of viscera. There is an hepatic arm which secretes bile, and there is an intestinal arm which absorbs the elements of bile. The hepatic lobules and the intestinal follicles are the ultimate terminations of this singular vessel. The radii of a circle and a central stem represent this anatomical structure exactly; thus:—



It can be very readily understood, that since the large hepatic veins are so immediately adjoining the right side of the heart, and the current of venous blood from the liver is so direct in its course to the heart, that any deviation of structure in the latter organ—such as dilatation of its cavities, thickening of its walls, or stiffening and irregularity of its valves—will throw the venous hepatic system more or less into disorder. The first effect of such irregularity is, doubtless, congestion, in other words, a delay of the blood in its course from the liver to the heart. How does this affect the former viscus? Why, surely, the delay will, if not speedily removed, give rise to a further sluggishness in the circulation of the lobular venous plexus; these tortuous little meshes remain permanently swelled, that is, they are never fairly emptied of their contents, because of the delay higher up. Well, then, as soon as this lobular congestion is established, I cannot see how we are to expect that the liver should perform all its important functions in due order. The biliary ducts intimately anastomose with this lobular plexus, and therefore we do not wonder that bile flows torpidly, the bowels are costive, the appetite capricious, the rest disturbed, the heart intermitting, the mental and bodily powers depressed, and the urine highly loaded, so as to be known as "hepatic urine." This state of things is allowed to go on, in the large mass of those patients who are the applicants for admission here, without any advice being sought

for; employment and wages are to them most important, and, if they can only work off their unpleasant sensations, they hope that all may be well yet. They have recourse to ardent spirits for their cardialgia, and such-like imprudent measures are resorted to for other symptons as they arise. Whereas, in private life and amongst the better classes of society, this uneasiness, perhaps, would soon call forth the attendance of the practitioner, when, if he judiciously administered a sharp dose of calomel and a purgative, the untoward symptoms might all leave the patient for months or years.

If any physiologist will study the intimate relation that exists between the right side of the heart and the hepatic portal system, he cannot be surprised at the ready manner in which these two organs, when deranged, will influence one another. The communication between the hepatic veins and the venæ portæ is so free that it was considered more immediate than that which exists between arteries and veins in other parts of the body, until the valuable paper on the true physiology and anatomy of the liver, by Mr. Kiernan, appeared.

But the chief point that I am desirous of keeping before the mind now is this, that whenever there is a delay in the circulation of the blood in the hepatic veins, in consequence of an irritable, nervous, irregular, or disordered heart, such delay, so long as the cause exists, must influence the free circulation of the portal blood in the lobules, and also the usual separation of a proper quantity of bile from the venous plexus in these lobules. What is the usual result of such congestion in other organs of the body? Thickening or adventitious depositions of the surrounding parts. Hence, we soon find that the delicate and reticulated circumjacent Glisson's capsule becomes hypertrophied. Pressure is thus made from without the lobules upon these highly vascular bodies. The whole organ becomes gorged with blood, which now cannot circulate with freedom, although the heart may be relieved and calmed in its unnatural actions. What, then, is the next stage towards this progressing disease of the liver? The trunk of the portal vein being permanently distended beyond its natural capacity, the weaker vessels will soon yield, and fail to retain their fluid contents; the origins, therefore, of the intestinal arm of the portal system give way under the pressure, and hence you soon find the patient becoming ascitic. Dropsy of the peritoneum succeeds these several stages of disorders, and morbid deposition in the hepatic portion of the portal circulation.

The following case illustrates this change in the liver, and its fatal results:—

Mrs. Banks, aged fifty-five, married, was admitted into the medical wards, under Dr. Hawkins, with the following symptoms:—Countenance thin, but healthy; some emaciation; abdomen enormously distended with fluid; abdominal parietes tense and shining; fluctuation very distinct, especially at the linea transversalis; percussion clear in front, dull at the flanks; legs slightly œdematous; urine scanty, and very high coloured, clear, sp. gr. 1020, no albumen, and acid.

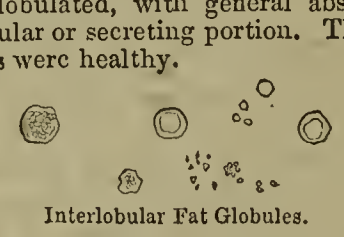
She stated that she noticed the swelling of the abdomen gradually approaching twelve months before her admission, having been previously of a "bilious" disposition, and that her distress was so great that on Good Friday her medical attendant tapped her, and drew off about two gallons of clear fluid, but that on Easter Tuesday her "belly" was as large as the day she was tapped, and she therefore came here the following week, entreating us to tap her again, as her "own doctor" had declined doing so at such an early period after the first paracentesis.

Of course we attempted to promote absorption, or removal of the effusion by hydragogues. Elaterium, leeching over the liver, diuretics, and iodide of potassium were severally resorted to, but they only tended to weaken her, without relieving the distressed tension of the abdomen. The liver could be occasionally felt under the ribs, hard and enlarged. There was no suspicion of any other organic disease, and at length her physician was reluctantly compelled to order her to be tapped, especially as some dyspnœa had crept on from day to day.

Six quarts of fluid were drawn off, and in the course of the night, on getting out to the chair, an enormous gush came away, literally soaking through mattress, bed, &c., and running along the floor of the ward for several yards. The patient was not faint or otherwise overcome by this second loss, but, on the contrary, appeared more cheerful and more comfortable for three or four days. However, the abdomen rapidly filled, delirium set in, vomiting of green bile, flagging of the vital powers, and she sunk in thirty-six hours after these symptoms manifested themselves.

On a *post-mortem* examination the viscera of the chest were free from disease, the lungs congested with serum (œdema pulmonum), and the cavities of the heart slightly dilated.

In the abdomen the liver was found to occupy more than half its usual space; it was of a rhubarb tint, studded with yellow points of granular matter. On incising the organ the true cirrhosis of this viscus was manifest, and on more minute inspection of slices of this disease under a powerful microscope, it was evident that the increased bulk of the organ depended upon an enormous and very general deposition of fat globules around the hepatic lobules, that is to say, lying in the interlobular spaces, whilst smaller granules, more closely packed together, were visibly dispersed through the meshes of the lobular plexus of veins and ducts, and there were distinct traces of inflammatory action, doubtless the result of the presence of this interstitial deposit, within and around the lobules themselves. The peritoneum was pale, and full of fluid; the kidneys lobulated, with general absorption of their vascular or secreting portion. The remaining organs were healthy.



Interlobular Fat Globules.

Intralobular Fat Globules.

Physiology and chemistry combined have pointed out to us that the liver has something more to do in the animal economy than the mere separation of bile, at least of a fluid destined only to stimulate the intestines, mingle with the chyle and food, and form the varied processes of digestion, nutrition, and fæcification. The liver is an auxiliary to the lungs. Carbon is largely separated by the former, and nitrogen by the latter. We see that upwards of 70 parts out of 100 of human liver consist of osmazome, stearine, elaine, resin, oleic and margaric acids, gelatine, and salivine. Many of these products, therefore, are separated by the liver as excrementitious matters, and are destined to be thrown off into the alimentary canal. It cannot be wondered at, therefore, that when some or all of these elementary products are pent up in the circulation, in consequence of the congested state of the lobules of the liver alluded to above, that symptoms more or less alarming should arise from this circumstance, just in the same way, *mutatis mutandis*, that we find the springing up of cerebral symptoms in organic changes in the kidneys, attended with a disordered and diminished secretion of urine. One of the earliest indications of a congested hepatic portal system is the occurrence of hemorrhoids—in other words, gorged intestinal portal veins; and the free use of saline purgatives on the one hand, with an occasional dose of calomel on the other, tends more to relieve the two extremities of the portal system in this painful malady than any external application than I am acquainted with.

But these observations will be seen practically true in the wards of a hospital, and perhaps they cannot be so well traced anywhere else. Here is a patient now with us, who was a robust active woman, as cook. She has been "bilious" for some years past, and requires an occasional smart dose of purgative medicine. But a few weeks ago she was seized in the street with severe pain in the region of the liver, became sick, vomited a large quantity of bilious matter, and was sent into the hospital on the following day. We found the above symptoms had become alleviated by some aperient pills of calomel and colocynth; if there had been gall-stones passing during this paroxym, as doubtless there were some, yet she was now comparatively easy. But on feeling the hypochondrium there was noticed a large, painful, and circumscribed tumour; no doubt could exist that this was the liver. Leeches, anodyne fomentations, and poultices were applied, and active purgation again resorted to. The biliary secretions were the colour of the darkest chocolate; but in the course of a fortnight, after persevering in the same plan of treatment, the large tumour had nearly disappeared, and all tenderness was gone; the secretions were healthy, and the patient became convalescent. I should add there was no jaundice.

What could this hypochondriac swelling proceed from? It seems almost certain to one's mind that it was hepatic, springing from a sudden delay and consequent congestion in the whole biliary and portal circulation, from some obstruction at the mouth of one or more of the biliary ducts. That there was no jaundice is readily understood, since this change does not take place so long as there is a plentiful separation of bile from the portal blood; but, whenever this separation becomes diminished and deficient, the blood, no longer deprived of its biliary principles, is tainted and tinged with the secretion, and the pale capillaries of the vascular system throw out this yellow shade to our eye. Whether the bile is actually secreted and reabsorbed, or whether it is never secreted at all, is an inquiry which pathologists are not yet fully settled about. I cannot but think that the latter supposition is the true one.

The liver is one of those organs of the human frame that is strangely and in a peculiar manner under some specific influence of the mind. Instances are on record where jaundice has come on during the perusal of a letter containing some distressing news; and I have seen several patients whose history bore a similar character. Such attacks of jaundice must be classed amongst those diseases that spring from moral causes, and they certainly do not require the constant dosing of blue pill and black draught which the jaundice from a disordered liver calls for. The lobules cease to eliminate bile. They do so from some powerful impression made upon them through the medium of the nervous system, but what that impression is, we are as ignorant of as we are of that secret power which induces us to perform an act of volition.

A near relative of mine, who was living in comfortable circumstances, with a moderate income, but who was naturally of a nervous temperament, embarked in an undertaking which might have rendered him comparatively penniless, or from which he might have realized some hundreds of pounds. Although he had enjoyed excellent health, he became intensely jaundiced, and remained so during ten or twelve weeks, in spite of the large quantity of medicine which he took. He was so vividly yellow, that he was known in the town as "the Prince of Orange." The business in which he had embarked was still pending, and, as he had to appear in public towards its conclusion, he was the more anxious to obtain a

natural hue to his features; but it was in vain, for he appeared to get more and more yellow as the affairs approached their termination. However the week arrived, and on the Thursday evening all was most satisfactorily arranged, and his anxious expectations fully realized. He went to bed with a light and cheerful spirit, and on the Saturday morning his family could scarcely trace a vestige of his yellow tinge, and he himself was astonished at the rapid and unexpected change in his countenance and skin. He has not ventured to plunge into such speculations since, neither has he known a day's illness from that period after the lapse of seventeen years.

A similar instance occurred in this hospital, where a father lost his wife and two children by scarlet fever in a day or so. He became intensely jaundiced, but with active purgative salines he recovered in a week or ten days.

A young physician, whom I have the pleasure of knowing, was severely jaundiced during the whole time that he settled himself to study for his examination; Aretæus disturbed him very much, and, although he was well prepared in every department of his professional acquirements, yet his great fears arose from the idea that this author would be his point of defeat; however, he did pass a very excellent examination, and in a few days afterwards he lost his jaundice, and has had no return of it since.

But, on the other hand, it must not be supposed, from the preceding observations, that all forms of jaundice are equally mild in their progress, and rapid in their favourable termination. I well remember a severe case of this disease in a strong-built, vigorous mechanic, accompanied with severe delirium; there was no swelling of the hepatic region, neither were the constitutional symptoms alarming, except the constant delirium, and this symptom was in itself quite sufficient to justify us in forming an unfavourable prognosis of the case. It terminated fatally in ten days, notwithstanding the activity of treatment, by depletion, calomel and purgatives, &c. The liver, when cut through, was one mass of yellow matter; in fact, it was intensely jaundiced, so that the gorged biliary ducts supplanted every other set of vessels, and the eye could trace none of these latter. There was a loaded gall-bladder, but the ductus communis would not admit an eye probe. It was obliterated by adhesive inflammation and thickening of its coats.

It has long since been observed that whenever delirium sets in during the early stages of jaundice, and that this disease has been ushered in with two or three sharp rigors and subsequent febrile excitement, that the patient soon passes into a very dangerous condition, that calomel does not arrest the disease, and that the prognosis is unfavourable.

The following striking case illustrates this remark:—Mary Mahoney, aged twenty-eight, a servant, was admitted into the medical wards, labouring under the following symptoms. The countenance was jaundiced; she complained of pain in the right hypochondrium and epigastrium, increased on pressure; there was some pain extending round the lumbar region also; pulse 120, small; urine high coloured, scanty; bowels moderately open; evacuations resembled a mixture of chalk and water. She stated that she had suffered from slight pain at the epigastrium for two months past, but that it became much aggravated three days before her admission, for which she was bled, and took some aperient pills and medicine, without the slightest relief.

The hypochondrium was covered with leeches (forty), and ten grains of colomel were put upon her tongue; but in a few hours the vital powers sank so rapidly that it was found necessary to administer the sesqui-carbonate of ammonia, gr. v., in camphor mixture, every three or four hours, and to allow her take beef-tea, with an occasional tablespoonful of brandy, whilst the calomel was repeated on two separate occasions. Three days after her admission the following severe symptoms were noted down:—"Countenance has become more anxious, and is still jaundiced; the skin bathed in a clammy perspiration; cheeks of a livid red; lies half conscious, but answers rationally when spoken to; gums sore; tongue loaded with a heavy white mucus; evacuations three or four daily, watery, and tinged with green bile; respirations fifty-two in a minute; refers all her pain to the right side. Abdomen is more supple, and does not resent pressure now. There is small or pneumonic crepitation over the lower lobe of the right lung, mingled with rhonchus and sibilus, which latter sounds are heard throughout the whole of this lung. Pulse 128, very feeble."

From the period of this report she was sustained by strong animal broths, eggs, brandy, &c., and laudanum was given at night, partly to procure rest, and to check the tendency there was to diarrhœa; but she gradually sunk, and died ten days after her admission, and thirteen from the period at which the acute symptoms presented themselves.

On examining the chest, there was found a pint and a half of serum effused in either pleura. Over the lower lobe of the right lung there was coagulable lymph; the mucous membrane of the bronchi leading to this lobe was highly injected, and the tubes dilated; the substance of the lung solidified, and some dirty-coloured pus escaped when it was incised ("hepatization grise"). Heart unusually soft, but otherwise healthy.

In the abdomen the whole anterior surface of the diaphragm was in close apposition to the liver; the adhesions could easily be separated, but the surface presented a very vascular appearance, and no doubt that the first stage of adhesive organization between this muscle and the liver had commenced. The posterior surface of the liver was feebly adherent to the stomach, and on separating these two organs, a dark sloughy surface of liver was seen at the base of the lobulus Spigelii, which had produced a corresponding breach of surface on the peritoneal coat of the stomach. On opening the gall-bladder it was found that the two inner coats were destroyed by ulceration, and also the substance of the liver immediately beneath it. The ducts were thickened, but pervious. The substance of the liver was studded with abscesses, varying in size from a pea to a walnut; their contents were full of purulent matter deeply stained with green bile, but their cavities were no where lined by a membrane. The sublobular hepatic veins contained matter of the same description as these cavities, and the whole structure of the organ was soft; some parts were intensely red, whilst others were mottled. The left kidney was studded with red puncta, and some pus exuded from its tubular structure when cut open.

(To be continued.)

THE POISONINGS BY ARSENIC AT BRISTOL.—POST-MORTEM EXAMINATION OF THE BODIES, AND CHEMICAL ANALYSES OF THE ABDOMINAL VISCERA.

Communicated by EDMOND S. SYMES, Esq., M.R.C.S.E., Grosvenor-street.

In the month of June, 1847, Thomas Wellington Hill, of Bristol, effected an assurance for £3000 in the National Loan Fund Life Assurance Society, on the joint lives of himself and his wife, payable to the survivor on the death of the first: the wife being at the time about six months advanced in pregnancy. She was confined the latter end of September, and died on the 25th of October following. Hill accordingly claimed payment of the amount of the assurance from the society, sending up a certificate from the wife's medical attendant of "puerperal fever and laryngitis" as the cause of her death. This struck me at the time as an unusual combination of diseases; and, moreover, in reply to inquiries from a friend of deceased, her death was attributed to "the prevailing epidemic." However, no further notice was taken till the latter end of the March following, when, the court of directors having obtained information that Hill was not in a position to warrant him in effecting an assurance to so so large an amount,—in truth, that he himself estimated his income at no more than £100 a year, while the annual premium on the policy was £117,—I was requested, as the surgeon to the society, to proceed to Bristol and obtain what information I could relative to the cause of Mrs. Hill's death. Accordingly I called upon the monthly nurse who had been in attendance, and upon Mrs. Hill's mother, who had seen her daughter most days during her illness. I had considerable difficulty in obtaining any explicit information from them, owing partly, no doubt, to the length of time which had elapsed since Mrs. Hill's decease, who was about thirty-three years of age, but I elicited from them that the deceased had always enjoyed robust health; that she was the mother of six children, and had got well through all her previous confinements; that she was confined on the 26th of September, and went on as well as usual for above a week afterwards, when she was attacked suddenly one night with violent vomiting and diarrhœa, and severe griping pains in the abdomen, which so exhausted her that she fell back almost fainting in her bed. She complained, also, of a very odd sensation of numbness and tingling in the skin. She had been taking a mutton-chop and ale for dinner, which the medical attendant ordered to be discontinued, and beef-tea, arrowroot, &c., to be substituted. A deal of medicine was administered, and she seemed better for a day or two, when she had a recurrence of the former symptoms, the cause of which could not be discovered. Again she improved for a few days, although the debility was excessive; but diarrhœa and vomiting again returned, and after this she "could never get up her strength." The diarrhœa seems to have continued more or less, with occasional vomiting, up to the time of her death; but it did not appear that there had been any violent relapse during the last ten or fourteen days. Latterly she complained also of severe pain and sense of constriction in her throat, which "felt as if there was a stick across it," with hoarseness and such a noise in breathing that she could be heard in the next room. I could not ascertain that the evacuations contained any blood, but the stools latterly became very green; and she gradually sunk and died in about three weeks after the first attack. The medical attendant could not recollect minute particulars of her ease. He attended her in her confinement on the 26th of September; the labour was tedious but natural; she went on favourably, and did not require any medical treatment till the 5th of October following. She had thus diarrhœa and vomiting, followed by extreme prostration of strength, great perspiration after sleep, a pulse varying from 100 to 120, occasional returns of the diarrhœa and vomiting, and a few days before her death (which occurred on the 25th of October), irritation of the windpipe, producing pain of the part and hoarseness. But I was unable to discover that there had been any distinctive symptoms of "puerperal fever," and so long a time (nine days) had elapsed after her delivery, before the occurrence of any unfavourable symptoms, that I could not impute her death to that disease.

Dr. Symonds had been called in, in consultation, two days before Mrs. Hill's death, and he had found her in a state of great exhaustion, with low fever and irritation of the mucous membrane of the intestines, indicated by diarrhœa, irritation of the lining membrane of the pharynx, producing pain in swallowing, irritation in the windpipe, indicated by hoarseness and accelerated breathing, whilst on a minute examination of the chest he could discover no pulmonary disease to account for it. As Dr. Symonds "was not then aware of any circumstances calculated to excite suspicion of poison from without, he considered it at the time an irregular form of gastro-enteric fever, such as is sometimes met with after parturition, attributable to a morbid poison gene-

rated in the system, disorganizing the blood and affecting the various organs."

In the course of my inquiries I had learnt that the infant died a few weeks after the mother, with symptoms of a similar kind, the medical attendant having given a certificate of death from diarrhœa; and that another child, nearly three years old, had since died somewhat suddenly, no medical man having seen it before its death, and no *post-mortem* examination having been instituted in either of the three cases. With regard to the elder child, the medical attendant of the family informed me that it had been ill under his care with scrofula some eighteen months, it got so much better that he had not seen it for some months, but Hill had written to him one evening, requesting him to send some medicine, as the child was unwell; he did send some chalk mixture, and called the next day in the course of his rounds, when he found that the child was dead, and Hill stated that it had died from shortness of breath, and he gave a certificate of death from bronchitis and anemia.

Upon reviewing all these circumstances,—the sudden and violent attack of vomiting, diarrhœa, &c., and the repeated and unaccountable recurrence of these symptoms in the case of Mrs. Hill, combined with her extreme prostration of strength, the peculiar sense of tingling in the skin, the hoarseness, pain, and sense of constriction in the throat, and the excessive irritation of the lining membrane of the whole of the alimentary canal; the circumstances attendant upon the death of the two children, combined with the fact of the large assurance so recently effected upon the life of Mrs. Hill, and the apparent want of means on the part of Hill to continue to pay the premiums on the policy,—I felt satisfied that the mother at least, and in all probability both the children, had been poisoned by arsenic; and, on communicating the grounds of my suspicion to Dr. Symonds and the medical attendant, they both acknowledged the reasonableness of them. I therefore, after consulting with my colleague Dr. Elliotson, felt warranted in recommending the court of directors to resist payment of the policy.

We could not, however, but admit that, supposing my suspicions to be correct, it seemed probable that no arsenic had been given to the woman within about a fortnight of her death; and, in that case, that it might be impossible to detect it by the best chemical analysis; on the other hand, we assured the directors that if the children, and especially the elder, had been poisoned by the same mineral, there was every probability that it would be readily detected in them, as the death was so much more sudden, and that length of time after death would be a matter of no consideration. Our advice, therefore, was to have all three bodies exhumed. But, as such a course would involve the horrible suspicion against Hill of the murder of his own wife and children, the directors recoiled at first against taking upon themselves so awful a responsibility; especially as they might after all fail to establish the fact to the satisfaction of a jury, in which case such a course must necessarily throw great obloquy upon the office; feeling, however, that they had a great public duty to perform, they at length determined upon adopting this course. Accordingly, the coroner's warrant was obtained, and all three bodies exhumed:(a) the woman having been dead above seven months, the infant six, and the elder boy about five months.

On the abdomen being opened, (b) I was immediately struck with the remarkable state of preservation of the viscera in the mother and elder boy: in the infant the contents of the abdomen were entirely disorganized and reduced to a pulp. The following were the morbid appearances observed in Mrs. Hill:—The stomach externally presented a pinkish hue, and within there was a dark chocolate-coloured patch in the mucous lining at the posterior part of the large curvature; the mucous membrane of the œsophagus presented a similar appearance. About a foot of the mucous lining of the small intestines also presented slight marks of inflammation; there were too patches in the colon, each about six inches in length, of a deeper red, and some redness in the rectum, but to a less degree. The larynx presented a dark-red appearance, and the bronchial tubes were also reddish. The lungs were collasped and healthy, with slight old adhesions of the pleuræ. The uterus had not quite resumed its natural state. The viscera, which presented no appearance of decay, except the commencement of granulations of adipocere, were handed over with their contents to Mr. Herapath, who tried a variety of experiments without being able to detect the slightest trace of poison for some time. At length he dissolved about a pound of the intestines in boiling hydrochloric acid, perfectly pure, and concentrated the whole down to two or three ounces; he then introduced a slip of bright metallic copper, and thought he obtained a coating of metallic arsenic. Mr. Herapath next dissolved and concentrated the whole of the remaining intestines, treated it by the same test, and obtained undoubted traces of metallic arsenic; this piece of copper he kept in a little distilled water, to preserve it from oxidation by the air, in order to exhibit the coating of metallic arsenic to the coroner's jury. Having treated another piece of copper in the same way, scraped the surface, and heated it in a small crooked retort, he found white crystals of arsenious acid sublimed; and having dissolved this in a small quantity of pure water, boiling, he tested it first with ammoniacal sulphate of copper, which gave Scheele's green, and next with sulphuretted hydrogen, which produced the yellow sulphuret of arsenic, orpiment; thus clearly demonstrating the presence of arsenic, although the quantity found did not probably exceed the hundredth part of a grain. This, taken in conjunction with the previous symptoms and the *post-mortem* appearances, left not the slightest doubt that arsenic was the cause of the death; and, as probably none had been administered during the last week or two of her existence, it is not surprising that all contained within the alimentary canal had passed off with the evacuations. In the elder boy the viscera were in an equally good state of preservation, and intense marks of inflammation were visible throughout the intestinal canal; and large quantities of arsenic were readily detected, as well as in the infant, although in the latter, from the difference in the state of the tissues, decomposition was so far advanced.

In the course of the inquiry some circumstances transpired which induced the coroner to order the exhumation of an elderly woman, from whom Hill had inherited a little property four years ago. Mr. Herapath could detect nothing but mercury in this case, and it was proved that Hill had been dabbling with corrosive sublimate; but it appeared that calomel had been administered shortly before her death, so that no inference could be drawn from the chemical analysis.

(a) While the jury was sitting, Hill destroyed himself with oil of bitter almonds.

(b) By Mr. Hitling, of Bristol.

DISEASE OF THE ANTRUM PRODUCED BY A FRACTURE OF THE ALVEOLUS.

Communicated by J. L. LEVISON, Esq., Brighton.

Mrs. ———, a young married woman, of this town, aged twenty years, the mother of three children, applied for my advice. She had a large swelling on the right cheek, the size of a turkey's egg, the lower or broadest part of this tumour being in a line with the upper lip, the swelling extending so high as to affect the eye and the eyelid. The former was protruded, and the latter was almost paralyzed, so that, besides the deformity, the sight of the right eye was seriously affected, and the secretion of tears quite a source of constant irritation to the cheek itself.

The tumour was very hard, the surface of the skin being red, inflamed, and shining, and very painful to the touch. Considering that the disease was connected with the pituitary membrane which lines the antrum, I carefully examined the mouth, and observed that the second molar on the affected side was very carious, and the gum over and beyond it dark and livid, and so very soft that it looked as if it had lost all vitality; at the same time there was a very offensive fetid exhalation—in fact, the gum had a similar condition as in cases of necrosis of a portion of jaw, when nature is making an effort to separate the dead portion from the living bone. There was a well-defined line of demarcation in this case between the affected bone and the remaining healthy jaw. The shape of the diseased gum corresponded in form to the injured bone beneath it; it was pyramidal, the base commencing at the anterior portion of the glenoid cavity, and extended to the first bicuspid. As there had not been any teeth extracted on the diseased side, it occurred to me that the affection of the antrum must have resulted from a blow on the face, or else from a fall, and that in either case the alveolar process had been fractured, and the molar tooth injured at the same time.(a) Having questioned my patient on the subject, her answer proved the correctness of my diagnosis. She told me "that ten years since she had fallen down a flight of stairs on her face, but that she was not aware of having injured anything, because she was stunned;" but she distinctly recollected that the tumour commenced soon after the accident; that at its first appearance it was very small, but when about the size of a pigeon's egg she had applied for advice, and was given something to rub upon it externally, but without any advantage, and that it had gradually gone on increasing; that she did not heed it so much, although it was always more or less painful, until she feared she should lose the sight of her eye.(b)

I removed the carious second molar tooth and the piece of dead bone, when a considerable quantity of thick curdy matter came away, some pieces being actually in lumps. The first discharge of pus could not be less than two tablespoonfuls. The carious tooth and bone opened a direct communication between the antrum and the mouth, which I kept up by means of a tube somewhat tapering, and about an inch and an eighth long. She was ordered a gentle saline aperient, and to steam her face a few times a day. The discharge continued to be very copious. The antrum was injected with the following:—One ounce of distilled water, with twenty drops of the chloride of zinc. This treatment was continued every alternate day for three weeks, that is, so long as there was any formation of matter. About the end of the month all the external deformity had disappeared; the affected cheek had acquired its normal proportion; the eye recovered its natural position and brightness; the face, instead of looking anxiously, had a smiling, grateful expression; and the mouth itself had also become perfectly healthy.

The tube was then removed, and the injured socket is gradually closing, as the absorption is active; and, although the portion of alveolus and gum forming the floor of the antrum appears like a valley bounded by two promontories, yet the comfort and ease of mind of my patient are more than commensurate for the slight defect, and most satisfactory to myself for all the attention I had given to the case.

The change produced since the removal of the diseased bone and tooth has not only been locally experienced, but she has improved since in her general health, which had been implicated.

(a) It is probable that the periosteum had been injured and ultimately destroyed.

(b) I mention these particulars, because few patients give the history of any casualty that may befal them, and hence the difficulty of forming any correct diagnosis. Practitioners have to find out the cause by a system of cross-examination. Such I have always found to be the case in my branch of practice, as the symptoms are often anomalous in dental pathology.

Cases of this kind confirm the opinion I have already expressed in former papers—that it is impossible for a surgeon-dentist to do his duty, unless he has a general knowledge of anatomy, physiology, and pathology; and also a special knowledge of the mouth, its diseases and treatment.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeeting of July; M. Pouillet in the Chair.

ACTION OF THE HEART UPON THE CIRCULATION.

M. Wanner read upon this subject a paper, and concluded with the following propositions:—

1. The heart exercises only a secondary action upon the circulation. 2. It is during hematosis that the motion of the blood begins in the lungs: that motion would not take place if the globules were not oxidated. 3. The action of the heart may be compared to that of a lever, by which the arterial blood is forced into the capillaries; that organ plays the part of a hammer, which, by repeated blows, introduces into the various textures the elements of the serum and of the fibrine, after their transudation through the walls of the capillary vessels. 4. The influence of the heart is limited to the arteries and the pulmonary veins. 5. The impulse of the blood, originating in the heart, is abolished by the resistance to further progress, in the smaller capillaries, and during that momentary stagnation the globules lose their oxygen, and the serum exudes into the neighbouring textures. 6. It is only after the accomplishment of the synthesis and analysis of the arterial blood in the capillaries, that the venous blood resulting from these operations acquires its new movement of return towards the heart; and if these actions of composition and recomposition did not take place in the capillaries, the venous blood would neither be constituted, nor would it accomplish its return to the lungs—the central organs of circulation.

Treatment of Partial Ankylosis by Cold Affusion, combined with gradually-forced Movements. By Dr. L. Fleury.—M. Fleury, having employed this method in the treatment of partial ankylosis, concludes that the cold affusion stimulates the capillary circulation of the part, and re-establishes the synovial secretion at the same time that it acts as a sedative of local and general irritation. In several cases Dr. Fleury found that the douche permitted the partially-fixed joint to be gradually exercised, when every motion was productive of the most intense pain if the two methods were not combined.

ACADEMY OF MEDICINE.

Meeting of July; M. Royer Collard in the Chair.

Ergot of Rye in the Treatment of Retention of Urine. By Dr. Allier.—Dr. Allier stated that when, by immoderate distention of the vesical parietes, the bladder had lost the power of contracting, that power might be restored by the exhibition of ergot of rye. This medicine had succeeded when every other plan had failed, and particularly when the paralysis of the bladder had been occasioned by cerebral hemorrhage or by disease of the nervous centres of a doubtful nature. But when the retention of urine had been the result of enlargement of the prostate, the secale cornutum was utterly inert. The dose should be increased as far as ℈iv. daily, and afterwards gradually diminished.

DEATHS FROM THE INHALATION OF CHLOROFORM.

Dr. Gorrée, of Boulogne-sur-Mer, forwarded the following case:—

Case I.—Miss S., aged about thirty, habitually enjoyed good health. Some time before the occurrence of the unfortunate accident which terminated so fatally, this young lady had consulted Dr. Gorrée for the treatment of palpitations, which yielded readily to the exhibition of tonics and preparations of iron. In the course of the month of May she was thrown from a carriage and injured in the thigh by a fragment of wood, which penetrated through the skin and remained undetected in the wound. Around the foreign body an abscess soon formed, and the patient having refused to allow an incision to be performed, the tumour burst spontaneously; the necessity for an incision into the wall of the abscess was not, however, thereby done away with, and the young lady consented to the operation, on condition that she should, in the first place, inhale chloroform. Accordingly, Dr. Gorrée brought with him a phial containing about ℥ iij. of chloroform, and, having poured fifteen or twenty drops of the fluid upon a handkerchief, allowed her to inhale the anæsthetic agent. The handkerchief was withdrawn in less than one minute afterwards, in consequence of the paleness of the countenance and alteration of the features; the lips were covered with froth, and at that moment an incision of two inches and a half was performed upon a conductor previously introduced into the abscess, from which was immediately removed a small and pointed piece of wood; but the patient did not recover. During two hours every means were employed which were thought likely to restore animation,—such as frictions upon the temples and precordial region, titillation of the throat with a feather, insufflation of air into the trachea, &c. Death had been instantaneous.

The body was examined twenty-four hours afterwards. Air was found in large quantities diffused in the cerebral veins and sinuses, in the left saphena, in the crural vein of the same side, and in the pulmonary veins; the heart was empty; in the vessels of the liver the presence of air was also detected. The blood was as black as ink, and the inferior lobes of the lungs were considerably congested. The principal veins of the right thigh, upon which the operation was performed, were dissected with care; they were perfectly sound, and none had been concerned in the incision.

Case II.—M. Robert read the following case:—A vigorous young man, aged twenty-four, of a lymphatic constitution, was admitted at Beaujon on the 24th of June, for a gunshot wound of the left thigh; the ball had passed through the limb, fracturing into large splinters the femur at about its middle. It was deemed indispensable to remove the bone at the hip-joint. The patient was accordingly brought to the operating theatre, and chloroform was administered during the space of three or four minutes, when unconsciousness was established. The anterior flap was immediately cut out, and the surgeon was proceeding with the operation, when, the patient appearing to recover consciousness, inhalation was resumed, but it had not continued a quarter of a minute when the respiration became stertorous, the face pale, the pulse insensible, and the limbs cold. The operation was interrupted, and every effort was employed during three quarters of an hour to revive the patient. On several occasions the pulse was again appreciable, and the respiration returned; but all was vain,—the patient expired.

M. Robert (who said nothing of a *post-mortem* examination having taken place) attributed death to a sudden syncope, which he referred to the inhalation of chloroform. None of the symptoms described as having occurred in cases of introduction of air into the vessels were observed in this instance, and the quantity of blood lost by the patient (about ℥iv.) was too insignificant to have brought on the fatal event. M. Robert concluded by remarking that the moral condition of the patient was extremely unfavourable, as he seemed very deeply affected by the political events as well as by his wound.—See *Medical Times*, July 22.

ASPECT OF PARISIAN HOSPITALS, AFTER THE EVENTS OF JUNE, 1848.

(*Annales de Therapeutique*).

LA CHARITE. — PROFESSOR VELPEAU.

Wounds of the Face. — Two cases of injury of the superior maxillary were admitted: in one, a woman, the ball, after breaking the maxillary bone, perforated the palate, and was extracted from the mouth; in the other, the shot struck the nose at its origin, and, after breaking through the intervening bones, also made its appearance at the palate. It was remarked by the professor, that these wounds of the upper jaw—when not attended with considerable cerebral concussion, or fatal hemorrhage—frequently had a favourable termination. Two mutilations of the most serious character were observed in the lower jaw. In one, produced by a large-sized projectile, the whole body of the inferior maxilla was shot away, together with a considerable portion of the soft parts of the neck. The fatal character attributed to this injury by the professor prevented him from performing amputation of the forearm in the same subject, for a gunshot wound of its dorsal region. In another case the lower jaw was injured by a shot fired at a very short distance, and the patient was on the point of being suffocated by the retraction of the tongue, which, falling back over the aperture of the larynx, prevented the penetration of air into the lungs. The cause of the suffocation having been ascertained, the tongue was fixed with a thread in its proper position.

Vertebral Column.—Two cases of injury of the spine were admitted. In the first the ball had struck the superior dorsal vertebræ, the chord was wounded, and the patient soon died with paralysis of the extremities. The second case resembled that of the illustrious Archbishop of Paris. The first lumbar vertebræ had been fractured by a bullet, and the inferior extremities were paralyzed. This case was considered to be of a fatal nature.

Thorax.—The greater number of gunshot wounds of the chest admitted at the beginning of the fray died very rapidly. Amongst the wounded insurgents we noticed one man, aged forty, suffering from the effects of a penetrating gunshot wound in the inferior part of the left side. Bloody sputa and pneumothorax, soon followed by pleuritic dulness, showed that effusion of blood had taken place into the pleura.

HOPITAL SAINT LOUIS.

Into this hospital upwards of 400 wounded had been admitted previously to the 1st of July; few cases, however, presented any details deserving of notice. In many of the wounds of the chest the ball had not been found; but, under the influence of abundant and repeated venesection, the greater number of the patients did well. One abdominal wound attracted our attention: a ball had penetrated into the right side of the abdomen, at a short distance from the crista ilii, perforated the ileum, and was extracted from the glutæal region; from the wounds no stercoral matter was observed to escape, nor did the peritoneum show any tendency to inflame. In many injuries of the extremities which required amputation the patients died, and on dissection the bones were found to have been split longitudinally.

The peculiarities of the treatment adopted by M. Jobert consist—1. In the frequent use of deep scarifications, two or three inches in length, for the purpose of preventing strangulation of the soft parts of a limb by aponeurotic textures, when the soft parts become swollen by inflammation. 2. The free use of the lancet; and 3. The application of cold dressings to the wounds. Opium, in grain doses, is almost exclusively the only medicine internally prescribed by this surgeon.

D. M'Carthy, D.M.P.

On the Comparative Efficacy of the Hydrated Sesquioxide of Iron and Magnesia as Antidotes to Arsenic. By Caventou and Bussy.—Caventou supports, in opposition to Bussy, the superiority of the hydrated sesquioxide of iron over magnesia as an antidote to arsenic. He regards the compound formed by arsenic with the iron antidote as much less apt to be decomposed by the salts of the stomach and bowels than that formed

by it with the magnesia antidote. These two chemists are in particular at variance as regards the effect of the hydrochlorate of ammonia within the alimentary canal on the magnesia compound with arsenic. Caventou objects that the arsenite of magnesia is much more readily acted on by the hydrochlorate of ammonia than the arsenite of iron; so that, when the former is produced by the antidote, more arsenic is apt to be again reduced to the soluble form than when the latter is the product of the antidote used. Bussy, however, affirms that, an excess of magnesia being employed, the hydrochlorate of ammonia is destroyed, so that no such resolution of the arsenic follows. Caventou replies, that the decomposition of the hydrochlorate of ammonia by the excess of magnesia cannot take place without the extrication of free ammonia, which, by its irritating qualities, must complicate the case, and concur with the arsenic in injuring the mucous membrane. Caventou, however, in the end acknowledges that magnesia should be used if the iron antidote be not at hand, care being taken that it is not too much calcined.

On the Effects of Introduction of Common Salt directly into the Stomach.—M. Bardeleben, of Giessen, found that on introducing, by a fistulous opening through the abdominal parietes, a small quantity (forty-five grains) of domestic salt into the empty stomach of a dog, a series of phenomena was constantly observed, which does not take place when the same quantity is taken by the mouth. Every part of the membrane in contact with the dry salt secretes very rapidly a nearly colourless mucus, varying in quantity. The stomach is then thrown into brisk contraction; the animal is agitated and uneasy, and is seen to swallow large quantities of saliva. The respiration is accelerated, and in four or five minutes vomiting is produced. After the vomiting has ceased, the gastric juice is frequently, though not invariably, alkaline. This alkalinity of the gastric secretion is frequently met with in the empty state of the stomach, or even after the introduction of indigestible substances, such as sponge or pebbles; but during digestion secretions of the stomach are always acid. The above-described action of salt is peculiar to it; for pepper, which is regarded as a much more irritating substance, is very well borne, and increases the gastric secretions without provoking any one of those contractions and vomitings described.

Viability.—A female infant, born, according to the mother's calculation, in the sixth month, lived a day. It was nearly fourteen inches long; its weight about two pounds; the umbilicus was more than half an inch below the middle point of the body; the circumference of the head was 8·746 inches; the fontanelles were very small; the lungs weighed little more than six drachms; the respiration had been complete; there was meconium in the ileum and great intestine. There was no morbid appearance to explain the cause of death. Everything showed that the defect of maturity was the sole cause of the failure of life. This, then, was a case of the birth of a living but not viable infant in the sixth month.

Death from Wound of the Internal Mammary Artery.—A man in a quarrel received a wound by a pointed and cutting instrument, the precise character of which was not discovered, in the internal mammary artery. He lost much blood at the time, and, being brought to the Strasbourg Civil Hospital, he received the attentions due to such a case, no serious apprehensions of the result being entertained. He made no complaint next day, but in the evening, about twenty-four hours after receiving the wound, he was seized with a sudden agitation, sat down on his bed, and expired. Inspection after death showed six wounds and two insignificant contusions; of the wounds three were superficial and three penetrating—two of the abdomen, one of the chest. This last was obviously the cause of death. The instrument had pierced the skin, the muscles, the cartilage of the fifth rib on the right side; it had cut across the internal mammary artery and a collateral vein, divided the pleura, and reached the anterior border of the right lung. The right cavity of the chest was filled with brown clots, weighing within two or three ounces of two pounds. The internal mammary artery was the only important vessel wounded; there was no other source of the hemorrhage. The two lungs, particularly the left, were gorged with blood; the bronchi were strongly inflated, and contained a red mucus; the heart was almost empty, and contained a small number of clots entangled in the cords of the auriculo-ventricular valves; the venæ cavæ contained but little blood; the brain was pale. The immediate cause of death seems to have been secondary hemorrhage, brought on by the movements of the patient at a time when he was weakened by previous hemorrhage, the effect of the wounds, and the treatment to which he had been subjected. The dark colour of the blood in the cavity of the pleura probably arose from the mixture of fresh blood with that before poured forth. The wounds appear to have been inflicted with a poniard-knife—that is, with an instrument both pointed and cutting on the edge.

On the Auscultatory Signs of Aneurism. — Dr. Bellingham says, in the *Dublin Medical Press*, an aneurismal sac in any part of the body contains constantly a certain amount of blood, proved by the collapse of the tumour in external aneurism when pressure is made upon the artery at the cardiac side. The first impulse, therefore, must be partly due to the shock communicated to the blood contained in the sac by the column propelled by the left ventricle; and, as an aneurismal sac has but one orifice for the entrance and exit of blood, we must have a current of blood into and out of the sac at the same instant; that which enters expelling that which it previously contained. The sudden distention of the sac, which immediately succeeds the ventricular systole, of course gives rise to the impulse, and the friction of the blood against the parietes of the orifice of the sac during this act, generates sound; and this constitutes the normal first sound of aneurism. If the friction between the blood and the orifice of the sac is increased from any cause, a murmur will be generated, which will of course replace the normal first sound, because it is nothing more than this sound exaggerated. The murmur commonly heard in these cases is the *bruit de soufflet*, and whether it is present or absent will depend upon several circumstances, such as the size of the orifice by which the sac of the artery communicates, the size of the sac itself, and the direction which it takes; and particularly the force with which the blood is transmitted by the left ventricle; the latter has a greater influence upon the production of a murmur than either of the former; for instance, if the walls of the left ventricle are thinned or much encumbered with fat, the systole will be be too feeble to generate a murmur in the aneurism; hence we see the reason why the first sound of aneurism of the arch of the aorta is sometimes replaced by a *bruit de soufflet*, and why in other cases a murmur is almost necessarily absent.

Injury of the Spine—Obstinate Constipation.—Mr. C. A. Green, of Milbury, Massachusets, U.S., relates, in "The Boston Medical and Surgical Journal," a remarkable case of a young lady who had but three fæcal discharges in nine years. When about twelve years of age she attended a singing school, and, being ensnared in a trap made of a rope by some boys, was thrown down, and her spine injured. She became quite sick, went to her bed, and there has remained up to the present time, perfectly bedridden. She is now aged twenty-one. She lies in her bed, her body being at an angle of forty-five degrees with her extremities, nor can she be removed from that position without producing intense pain and much dyspnœa. From her waist down there has been no increase in size since her first injury, but above the umbilical region she has grown like other girls. She is wonderfully intellectual for one thus circumstanced, and has shown a remarkable skill in the formation of different curiosities. She has but little physical strength. Her heart beats like an infant's; her respiration is peculiar, and so slight is the effort that it is hardly distinguished by a careful observer. Two days previous, and about three days after, the movements of her bowels referred to, she was perfectly insensible, and in a comatose state. About a teacupful of thin viscid discharge came from her at each time. There has been an attempt on the part of the physicians in the region of Batavia to remove this difficulty (whether it be a partial stricture of some portion of the intestines or a want of action in them is unknown), but in vain. Her diet is very light, consisting mostly of white sugar and tea, and occasionally a thin broth. She has had but three stools in nine years. Oliver, in his Physiology, makes mention of some persons having no discharge in one year; but no instance like the above has been recorded.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 191.)

The proportion, then, of this principle in healthy urine is such, that on the addition of nitric acid no crystallization will take place, at least at ordinary temperatures, or until the urine has been concentrated by evaporation. Hence, then, an excess of urea, without any reference to its amount, may be determined by the addition of merely an equal bulk of concentrated (a) nitric acid to a quantity of urine in a watch-glass or platinum capsule. The acid should be allowed to trickle down the side of the capsule, so as to get under and float the urine upon its surface. If crystallization occur, excess of urea is indicated; and the amount of excess may be adjudged with sufficient accuracy for practical purposes—first, by the time which may elapse between mixing and crystallization; secondly, by the proportion which the solidified portion bears to that which still retains its fluidity; for it should be observed that sometimes, on the addition of the acid, the whole becomes a completely solidified mass.

In some cases this excess of urea is not only relative but absolute; and according as the excess be absolute or relative, that is, in relation to the watery portion, it gives rise to two forms or modifications of disease, distinguished, according to our author, chiefly by differences in the quantity of urine passed, viz.:—

Excess of urea without diuresis.

Excess of urea with diuresis.

"These two forms of disease," says our author, "precisely as in diabetes, without or with diuresis, sometimes gradually pass into each other in the same individual, and, in fact, they seem to differ from each other little more than in degree. In the first form of disease, the quantity of urine passed seldom much exceeds the healthy standard; and in this case the quantity of urea is both absolutely and relatively greater than in health. In the second form of the disease, the quantity of urine is sometimes excessive, and in this instance the quantity of urea, in a given specimen of urine, may be less than in health, though the quantity of urea relatively to the other ingredients may be greater than natural; and the absolute quantity of urea passed in a given time may thus, as in the other modifications of the disease, exceed the natural standard. Before the period above mentioned, (b) as just

(a) As highly concentrated acid decomposes urea, it should be diluted with from two to three parts of water.

(b) The year 1821, when the first edition of this work appeared.

stated, neither of these forms of disease seems to have been distinctly recognised; and the second form in particular, when it attracted attention at all, was usually confounded with diabetes."—P. 95.

Urine containing an excess of urea, and where there is no considerable diuresis, is usually of very high specific gravity, and when the quantity voided is moderate, but high in specific gravity, we may mostly suspect excess of urea. Thus, says our author:—

"It will be proper to notice, before we proceed, that when the specific gravity of the urine is high—for example, above 1·030—the absolute proportion of urea, in common with the other principles, is necessarily larger than natural, and in this case spontaneous crystallization will frequently take place in such urine on the addition of nitric acid.(a) This concentrated state of the urine is not of unfrequent occurrence in dyspeptic and febrile affections, and depends on a diminished secretion of water only. Hence, though this abundance of urea, as in all other cases, may be considered as indicative of disease, yet in such instances it is obviously no more indicative of disease than the abundance of the other principles, and, consequently, leads to no particular plan of treatment, which must be regulated by the general nature of the affection."

We have introduced this paragraph because we well know, and indeed have witnessed the fact, that persons, either from enthusiasm, want of experience, and from many causes, are often disposed to give to phenomena undue weight and importance, or to assign to them relations with which they have no real connection. The errors which such introduce into practice, and the false notions to which they give rise in therapeutics, occasionally produce most inconvenient results, and we trust that these remarks will induce the junior experimentalists to weigh well the various phenomena, so as to avoid conclusions which may afterwards prove to be in no wise warranted.

There may, however, be an absolute as well as a relative excess of urea in the urine. This occurs in children as well as in adults; as, for instance, when the urine abounds in certain natural as well as unnatural principles: such are lithate of ammonia, the double phosphate of magnesia and ammonia, oxalate of lime, &c. With these, however, more urgent symptoms commonly present, and become so prominent as to constitute the characteristic feature of the derangement. An excess of urea, therefore, though important, must still be considered as subordinate, and our practice regulated accordingly.

The first form is distinguished, according to Dr. Prout, "by the presence both of an absolute and relative excess of urea; the average specific gravity of the urine seems to be a little above 1·020, and occasionally to vary from 1·015 to 1·030, or even higher. Most generally the secretion is transparent and pale-coloured; but occasionally it assumes the appearance of porter diluted with water; and this variety in colour not unfrequently takes place in the urine of the same person. When first voided, the urine reddens litmus-paper, and, consequently, has the usual acid reaction of healthy urine. For the most part also, as just stated, it is entirely free from sediment, except the mucous cloud(b) invariably present in the secretion; and the only remarkable property which it appears to possess, is that of containing so much urea as to speedily form a crystallized compound on the addition of nitric acid. Urine containing a large proportion of urea is prone to decomposition, and in warm weather, therefore, generally soon becomes alkaline."(a)—P. 96.

It seems a matter of no small moment to attend to the conditions and general properties of the urine, to avoid errors in diagnosis, and, as a consequence, false views in therapeutics. When we consider the urgent desire to pass the urine frequently, and both by day and by night—an urgency sometimes so imperative that it cannot be resisted—we can easily conceive the possibility of such a disease being confounded with incontinence. It depends, however, more upon an irritation at the neck of the bladder, and not unfrequently actual *diuresis*, or an increased secretion and flow of urine. The diuresis, however, is more apparent than real, as the entire quantity of urine voided in any given time seldom greatly exceeds the natural quantity. Patients and others judge from the number and frequency of the micturitions, instead of the measured quantity, which, however, is almost always above the standard average. The quantity, too, is liable to be increased by numerous slight causes, as trifling disturbing incidents, mental excitement, and similar emotions, coolish state of atmosphere. But there are also a variety of constitutional symptoms which may serve to direct the practitioner's inquiry to the proper object. These are detailed by the author as follows:—

"Besides the symptoms immediately referred to the urinary organs, there is sometimes a sense of weight or dull pain in the back, accompanied by a disinclination to bodily exertion. The patient also complains of more or less uneasiness in the assimilating organs, though the tongue usually presents nothing peculiar, and there is no remarkable thirst, nor craving for food, nor emaciation. Moreover, the functions of the skin appear to be little deranged: hence perspiration, from the fatigue it is apt to produce, often readily takes place under exercise. In short, though there is great susceptibility to derangement, as well as to actual disease of the assimilating and other functions, I am not aware that any one derangement of any one organ can with certainty be pronounced to be characteristic of an excess of urea in the urine." But "In the second modification of the disease, in which the quantity of urine passed is excessive; besides most of the symptoms above enumerated in an aggravated form, there exist more or less of thirst and morbid cravings after food. The patient likewise complains of general coldness and great bodily weakness. In some instances also there is considerable emaciation, though not to the same remarkable extent as in diabetes."—P. 97.

The assimilating functions are unquestionably, in most instances, more or less deranged, and our own observations enable us to state that one and a very distressing effect, the generation of air in the stomach or bowels; is by no means a very unusual consequence. This evolution of gas frequently arises from the incapability of rearranging the gaseous principles evolved during the reduction of the alimentary matters; but gaseous principles of various descriptions would seem often to be secreted by the stomach and other portions of the intestinal tube. We have upon one or two occasions seen this evolution of air proceed to so great an extent as to bring on a real tympanitic condition of the abdomen.

The causes of this affection bear a close resemblance to those which dispose to diabetes, and, like them, are often inherited. Among the causes we may note abuse of the sexual powers in early life as one, perhaps, of the most frequent. Next to this, severe dyspepsia from inattention to diet; excess in the use of fermented liquors; anxiety, and also the abuse of mercury—"while in several instances," says Dr. Prout, "I have not been able to elicit from the patient any circumstance to which the disease could be reasonably referred."

The author further observes that most of the subjects of this disease have been middle-aged men, of their spare habit, with a sort of hollow-eyed anxiety of expression in their countenance; unusually nervous and susceptible, but by no means hypochondriacs; free from gout and, so far as could be ascertained, structural disease of the urinary or any other of the organs.

With respect to the intimate or, as our author names it, the proximate cause of the disease, he looks upon it as referable to derangements of the secondary assimilation. "I have been long of opinion," he says, "that it depends on derangements of the secondary assimilating processes, more frequently than of the primary, and that the chief source of urea in the system is that peculiar modification of the albuminous principle distinguished as gelatine, which, as is well known, is not found in the blood, nor in any previous stage of the assimilating processes, but is developed only during the secondary assimilating processes."—P. 98.

The author then enters into certain theoretical views, in reference to urea, sugar, the lactic and other acids allied in composition to sugar, &c. There is one difficulty in the explanation of urea and its origin, that many deny the existence, naturally, of such a principle as gelatine, and maintain that it is of purely artificial formation—a product, not an educt, evolved by the action of heat, as of boiling water, upon certain of the animal principles. That urea, however, results from secondary assimilation there can be little doubt.

(To be continued.)

(a) Our author, in a footnote, says, when large quantities of citrate of ammonia are taken by dyspeptic patients, it is attended with the evolution of ammonia; and that, possibly, some of the other salts of ammonia suffer similar conversion. We, ourselves, have observed urea abounding in the urine of persons partaking freely of certain ammoniacal salts.

(b) We are inclined to believe that the cloud, which is often very considerable, consists almost wholly of *epithelium*; at least, such is the result of our own observation.

(a) For an explanation of the decomposition of urea, its conversion into carbonate of ammonia, and the resulting alkalinity of the urine, the reader may refer to No. 427 of vol. xvii., pp. 132, 133.

THE MEDICAL TIMES.

SATURDAY, AUUGST 5, 1848.

THE SANITARY CONDITION OF METROPOLITAN WORKHOUSES.

At a period when universal attention is directed to the approach of Asiatic cholera, it becomes us, as medical journalists, to use every means to check that which may be calculated to hasten its advent amongst us, or to increase its severity should it visit our shores. Medical appliances hitherto have failed to make a salutary impression on this disease, and the great experiment has yet to be tried how far a close attention to hygienic rules may do that which to the present moment the skilful application of drugs and chemicals have failed to accomplish.

The Legislature, urged either by fear or by a sense of duty, has passed a law by which the great fact is recognised that cleanliness, ventilation, &c., have a most important bearing on the public health. For a long number of years sewers and cesspools were permitted to send forth their pestiferous exhalations without exciting public attention, and without producing any well-directed efforts to abate the evil.

Those who suffered most from a contaminated atmosphere were those whom straitened circumstances compelled to occupy badly-lighted, badly-ventilated, and badly-drained houses. The energies of these poor creatures were weakened, their health undermined, and their very morals depraved by the ignorance or cupidity of men more favoured by fortune. Science, however, gathering strength by every new discovery, was enabled at length to speak on behalf of the victims pent up like sheep reserved for the slaughter in the lanes and alleys

of our great cities. The voice of science, still and small in the beginning, has gathered strength sufficient to be heard in the halls of our Legislature, and to procure an enactment which must do some good, though it may not accomplish all that its friends desire.

Yet in this year of grace, while the sanitary question is being discussed throughout the length and breadth of the land—while cholera is threatening us with a speedy invasion—there are places in this metropolis under the control of parochial authorities which are dens of uncleanness and strongholds of disease. We allude to the condition of some of the workhouses, which, if we are to believe a statement made by a writer in "The Health of Towns Magazine," are disgraceful to a civilized community. In the Strand Union we are informed that there is no accommodation for washing persons—soap and towels not being permitted; as a natural consequence, vermin are to be found in no small quantities.

In the Lambeth casual ward there is the same disregard of cleanliness: the people are compelled to sleep four in a bed upon a filthy mattress, and covered with a dirty rug. In the women's ward at Kensington the inmates lie upon loose straw, which abounds with vermin, and the room is infested with rats and mice. In the men's ward, from defective ventilation and a full privy, the smell is truly offensive. Here the paupers are not indulged with the luxuries of soap and towels, while they are compelled to receive the visits of numerous rats and mice. In the West London Union the floor is said to very dirty; no soap or towels for cleansing the person allowed; and on the 12th of June three rugs covered with vermin were allowed to twenty men. At the Whitechaple Union they have straw mattresses and filthy rugs. In the Holborn Union the vagrants are accommodated with bare boards and dirty rugs, six or seven of these coverings being allowed for forty men.

It is hardly to be credited that so many of the union houses of this metropolis should be in so filthy a condition. Our hospitals and infirmaries are in general models of cleanliness—in fact, in some places the soap and scrubbing brush are used almost to a fault. In the casual wards for the houseless poor, however, there is much that is calculated to induce disease and demoralization; and it becomes sanitary reformers to rouse the slumbering "authorities," and to teach them, if they have not yet learnt, their duty to the poor and the public.

We are unable to divine what are the motives of "guardians" in keeping these casual wards in such a disgusting condition. Is it to scare away the houseless wanderer who seeks a *resting-place* for the night? Surely something less obnoxious to health could be had recourse to. If our laws are sufficiently benevolent to provide a temporary lodging for the poor, surely it was never contemplated that the rooms set apart for them should be mere dens of filth. Every Englishman, though steeped to the lips in poverty, is entitled in the hour of his need to a shelter that is decent and clean. Public safety requires that this should be the case; for whatever is calculated to engender disease in individuals must ultimately prove injurious to all classes of society.

The duties of guardians we consider to be of a paternal nature, and should be exercised in such a manner as to promote the physical and moral welfare of those who seek their *protection*. Society delegates to parochial officers the duties of feeding the hungry, clothing the naked, providing medical attendance for the sick, and inculcating habits of cleanliness and decency where rags and dirt are amalgamated with poverty. These duties can be efficiently discharged without encouraging the idle, or entailing upon unions a heavier expenditure than what is now incurred. The great fault of the present administration of the poor-law is, that no effort is made to elevate the character of paupers. As they enter the workhouse so do they leave it,—the victims of a grinding parsimony, and, in numerous cases, the slaves of injurious habits. A false economy has increased greatly parochial taxation, more especially in what relates to the physical well-being of the poor. If they are in health, the best hygienic rules should be in force to keep them so; and, if sick, the medical attendants should be sufficiently well paid to ensure a faithful and efficient discharge of their professional duties.

We would urge sanitary reformers to look well to the metropolitan workhouses, and, if "guardians" are remiss in their duty, to make the public acquainted with their faults. With the cholera at our heels, it is no time to be chary of soap and water, and we hope these articles will henceforth be allowed to paupers who are compelled to take refuge for the night in places provided expressly for them by parochial officers.

TRIAL OF A MIDWIFERY PRACTITIONER AT STAFFORD ON A CHARGE OF MANSLAUGHTER.—NECESSITY OF MEDICAL REFORM.

For the last three or four years a work has been annually published, entitled "The Medical Directory," which professes to give a list of medical practitioners, with their qualifications. Many persons are accustomed to look to this work as an authority, in preference to the lists published by the various licensing corporations. If a squabble should arise concerning the right of an individual to practise, the "Directory" is consulted, and decides the matter.

This "oracle," however, is by no means infallible, and its errors are calculated to weaken that confidence which many have hitherto placed in it. With the utmost care bestowed upon such a work, it must necessarily be imperfect, but there are some errors which might not have crept in if certain precautions had been used by the editors. For instance, there are persons registered who have attached to their names letters indicative of their being members of the College and licentiates of the Hall, whose names are not to be found in the registers of these two corporations.

In "The Provincial Medical Directory" for the present year there is to be found the name of "William Harding Flint, Longnor, Staffordshire, medical officer of the Bakewell Union." To this name are attached certain letters which indicate that he received the College diploma and the Hall certificate in 1844. On consulting the list of members of the English College of Surgeons, no such name can be found, nor did any individual of that name, according to the College books, *apply* for examination during the year. The list of licentiates of the Apothecaries' Company for 1844 makes no mention of the person.

At the Staffordshire Summer Assizes, just terminated, William Harding Flint, aged thirty-eight, was indicted for killing and slaying Elizabeth Riley, on the 29th of March last, at the parish of Sheen, in the county of Stafford. From the statements made it appears the prisoner was not a person who had been admitted a member of the College of Surgeons, and the counsel for the prosecution said that this was *neither to his prejudice nor in his favour*, as the law provided if any person affecting a knowledge of surgery or medicine chooses to take upon himself to discharge those duties, if he fail to bring a competent degree of knowledge and skill to the performance of them, he is criminally responsible for the result of these acts.

Mr. Flint practised in the neighbourhood of Longnor many years, and seems to have been in high repute as a man-midwife. On the 28th of March he was sent for to attend Mrs. Riley, and on making the usual examination discovered that the fœtus did not present in the usual way, stating at the same time to the friends of the patient that the operation of turning would be necessary.

After this, the counsel for the prosecution stated that Mr. Flint retired to bed, and about seven in the morning visited his patient and made another vaginal examination. On this occasion he made use of certain instruments for upwards of an hour. During this time the friends anxiously inquired if there was any danger, and, if so, requested that another medical practitioner might be sent for. Mr. Flint, however, said that the labour would be over in a short time, and then producing something, which was afterwards found to be the intestines of the woman, showed it to the nurse, telling her that he had brought forth one child, and expected shortly to produce another. The instruments were again used by the accoucheur, and during this time a woman who was present was asked to pull at what he told her was a leg and arm of a child, which were at that time protruded. In the course of a short time afterwards the patient expired. The body was buried, but, certain statements having got abroad, an inquest and *post-mortem* examination were deemed necessary.

Mr. James Simpkins, of Alstonefield, examined the body, and made the following statement:—"On examining the external organs of generation I found attached the right hand of a fœtal child and the left foot; and near these parts there was a membranous substance, which proved to be the mucous membrane, with fibres attached to it, which appeared like the upper part of the vaginal canal and a portion of the neck of the uterus. They were one substance, about the size of a small glove. There was also a large detached substance, which was intestine, having on it bits of chaff, as if it had been thrown on the floor. It might be from fifteen to eighteen inches in length. There was also a piece of intestine which had slipped down from the internal parts of generation, and hung in a loop. There was also a sharp incised wound on the foot of the infant, near the heel. On examining the abdomen I found there was a rupture of the uterus, with nothing but a thin serous membrane covering the body of the child. There was also another extensive rupture of the womb, through which the fœtal head protruded itself into the abdomen of the mother.

Upon removing the child, I found it full-grown and of healthy appearance. The arm was dislocated at the elbow. The bone of the arm was broken at the shoulder, over the right collar-bone. There were several wounds on the head: two of them had punctured the bones of the skull; the others had not. The brain was not injured. Upon examining the womb more carefully I found near the large opening on the

left side, through which the head had passed, several smaller rents, some of which had penetrated right through the walls of the uterus, while others had not. There was also an opening at the lower part of the womb, through which the loop of intestine had descended. On examining the intestines I found that part had been detached, and was covered with extraneous matter belonging to the lower part of the intestinal canal. That was where it was torn off. The walls of the uterus were ruptured and torn away, and there was but one membrane between the external parts of the mother and the fundament. There was no appearance of any other child; no second placenta or funes. Labour had not proceeded so far as to cause hemorrhage. The afterbirth was quite firm in its appearance. In my opinion these wounds and injuries were sufficient to cause death. The removing of the intestines alone would cause death; the rupture of the uterus would also cause death."

Mr. Simpkins was subjected to a severe cross-examination, in order to establish, if possible, the fact that the woman died from rupture of the uterus. This lesion was attributed to the "cross-birth;" and, as the witness could not say whether that was produced by natural or mechanical means, Baron Platt, before whom the case was tried, stopped the trial by observing, "How is it possible to proceed in this case? From all we hear the appearances may have resulted from natural causes. The appearances were quite sufficient to show that a combination of natural causes might have produced death. How, then, are the jury to say that it was produced in any other way?" His lordship, therefore, refused to hear other medical evidence, and proceeded to charge the jury. He recommended them to say that the party was not guilty, inasmuch as the rupture of the uterus might have proceeded from natural causes. The jury, after a few minutes' deliberation, said, "We think that death might have arisen from natural causes, and therefore we say he is not guilty."

We consider Mr. Flint especially fortunate in thus being freed from the charge of manslaughter, and in having several medical gentlemen to speak on his behalf. It is said that a great number of witnesses voluntarily attended from Longnor and the surrounding neighbourhood, to speak to the character of the accused, who has successfully practised his profession for the last twenty-one years, during which long period he has not lost a single case in midwifery, except the one in question.

Twenty-one years in practice, and Mr. Flint, at the time of his trial, aged thirty-eight! This brings us to the conclusion that he commenced his professional career in the year 1827, at the early age of seventeen. Of course the College diploma and Hall certificate could not then be possessed; and if this gentleman be the same as registered in the "Directory" as William Harding Flint, Longnor, Staffordshire, there is a mistake about these documents having been possessed in 1844.

The English medical corporations have most unaccountably neglected to examine candidates for their diplomas on the important subject of midwifery. They require lectures, but the candidate's knowledge is left to be tested by subsequent practice. The College of Surgeons has been guilty of spurning this department of the medical profession, for what reasons the ruling powers can perhaps best explain.

Events have occurred which show the necessity of a measure of reform being speedily adopted. Who will say, from what has recently taken place, that a College of General Practitioners, founded on liberal principles, is not needed? The overstocked profession is pressed on all sides by persons having no legal qualifications, important branches of medical education are neglected, and yet some would stave off medical reform to an indefinite period, by urging the profession to make the College of Surgeons do justice to its members. This institution has declared that it is constitutionally "pure," and will continue so. The Home Secretaries have said they will be parties to no alteration which shall not receive the sanction of the several medical institutions. Here, then, is an answer for all who pretend to advocate the rights of college members. Their *alma mater will not* enfranchise them. Let the general practitioners have a college of their own; then, with a good registration bill, we may hope to see the profession occupy a better position than it has hitherto done, and additional guarantees given for the health and safety of the public.

INDICATIONS OF THE APPROACH OF ASIATIC CHOLERA.

The registrar-general's report of this week contains a return of twenty-six deaths from cholera; the average of five years being only six. It is impossible to close our eyes to the fact that causes are in operation which may speedily make this frightful disease once more an epidemic in our country. From the observations of scientific men, it is evident that certain states of the atmosphere and of the earth have no small share in producing cholera, and the observations at Greenwich show that during the past week the electrical condition of the air has been very remarkable. The magnetical instruments have exhibited almost a complete sluggishness, while the thermometer has manifested remarkable variations of temperature.

Mr. Jordan, the registrar in Belgrave (sub-district), has returned a case of death from cholera in a female, fifty-four years of age, whose illness was only of fifty-eight hours' duration. He states that this was a distinct case of Asiatic cholera, occurring in his own practice, of which he had seen much both at home and in the East. The patient was said to have suffered from a severe attack when cholera prevailed sixteen years ago. She was of delicate health, and suffered from *psoriasis inveterata*. She was attacked suddenly in bed, at four o'clock in the morning, having the day before dined on half-boiled cabbage and some sort of dumpling.

It is incumbent on the members of the medical profession to enforce upon those over whom they exercise an influence the strict observance of hygienic rules. A proper regard to cleanliness, ventilation, exercise, and food, will do much towards shielding individuals from attacks of cholera, and will mitigate the virulence of the disease when it appears.

At the present time the majority of the cases of diarrhœa seems to be produced by errors of diet. Those who indulge their appetites by eating such things as oysters, muscles, and pork, may be almost certain of becoming the subjects of gastric disturbance, and it will be a fortunate circumstance if it does not amount to a severe attack of cholera.

UPTON-UPON-SEVERN UNION.

[To the Editor of the Medical Times.]

Sir,—We beg to send you the enclosed advertisement, just published by the Upton board of guardians. We would observe that the present constitution of the districts differs much from the old arrangement. That District No. 1 now contains 1820 acres, and District No. 3, 1640, in both which the general order of the Poor-law Board, with reference to medical appointments, has been violated, that order having prescribed 15,000 acres as the maximum extent of a medical district. We have laid our case before the Poor-law Board, but have as yet received no reply. We understand that for some time past several men have been canvassing for the vacant districts. We will continue to report to you from time to time the progress of events.

With best thanks for your very able and energetic advocacy of our cause,

We remain, Sir, your obedient servants,

Charles Braddon,
W. T. White.

Upton-on-Severn, July 26.

"TO THE MEDICAL PROFESSION.

"The Board of Guardians of Upton-upon-Severn will, at their meeting to be holden on Thursday, the 3rd day of August next, proceed to the election of a medical officer for each of the following districts of this union. Medical gentlemen, duly qualified to practise, and willing to undertake the duties of either of these districts, are requested to make applications in writing to the board (accompanied by certificates of qualification) before ten o'clock in the morning of the 3rd day of August next, and to attend personally at the board-room by eleven o'clock on the same morning, when and where the election will take place.

"District No. 1. comprises the parishes of Earl's Croome, Hill Croome, Hanley Castle, Little Malvern, Ripple, Upton-upon-Severn, and Welland, with the hamlets of Holdfast and Queenhill. Salary £83 per annum.

"District No. 2, the Workhouse at Upton-on-Severn. Salary £20 per annum.

"District No. 3 comprises the parishes of Berrow, Birtsmorton, Bushley, Castlemorton, Eldersfield, and Longdon. Salary £70 per annum.

"District No. 4 comprises the parishes of Croome D'Abitot, Kempsey. and Severn Stoke. Salary £40 per annum.

"District No. 5 comprises the parish of Powick. Salary £20 per annum.

"Midwifery cases, when attended under an order from the proper authorities, 10s. 6d. each. Successful cases of vaccination, 1s. 6d. each, with such extra sums for fractures, dislocations, &c. &c., as are specified in the last order of the Poor-law Board.

"The duties of the medical officers will extend to affording medical relief and surgical assistance, medicines, leeches, and appliances (except trusses) to all such paupers falling ill within their respective districts, as the board of guardians or other duly authorized persons may direct to receive the same.

"By order of the Board.

J. Skey.

"Board-room, Upton-on-Severn, July 20."

ETHER AND CHLOROFORM versus MESMERISM IN SURGICAL OPERATIONS.

[To the Editor of the Medical Times.]

Sir,—One of the leading articles in your journal of last week contains a reference to the fate of anæsthetic agents; and with the general remarks on ether and chloroform the majority of the profession will, I think, fully coincide. It is admitted, however, that insensibility to pain would be a great boon, provided that could be induced without risk. This leads me to remind your readers that there is a simple but potent agent, mesmerism, which has been most successfully applied in hundreds of cases, both in medicine and surgery.

The "Zoist" contains a record of upwards of three hundred surgical cases during the last three years in which the most fearful and formidable operations have been performed with the most perfect success without a single failure. Can the annals of surgery produce a similar fact? And yet this remedy, now so generally known and admitted throughout the world, can scarcely obtain a hearing from the profession itself as a body. Whence this supineness or prejudice? It cannot be grounded on their investigation of the subject, for the majority of the profession have paid no attention thereto, and, as such, are not qualified to form an opinion.

Those who have really and truly inquired, and some of these, in the first instance, with a view to expose its presumed fallacies, are now amongst its firmest advocates. The pages of the "Zoist" abound in reports from medical men from all parts of the world. Is it not, therefore, time and rational to suppose that, as ether and chloroform have failed to annihilate mesmerism, as was so strongly predicted and wished by its opponents, they should now, at least, condescend to inquire whether, after all, there may not be found in mesmerism a greater truth than what a mere positive denial or confirmed prejudice would seek to overthrow.

I have had some experience on which to ground these remarks, having paid much attention to the subject for a long time, and, without seeking operations, have superintended many; the results have been most successful; they will be found in the pages of the "Zoist," with several distressing cases of epilepsy and other nervous affections, for which, under ordinary treatment, and with years of trial, I have found no remedy so truly efficient.

I remain, Sir, your constant reader,

HENRY STORER, M.D.

29, Park-street, Bristol.

P.S.—I beg to append a case of painless tooth-extraction lately performed here, with the signatures of those who witnessed it. I trust it may prove of sufficient interest to be inserted.

PAINLESS CASE OF TOOTH-EXTRACTION UNDER MESMERISM.

Master Chapman, aged fourteen, having had a firm molar tooth extracted by Mr. Young, dentist, of Park-street, whilst under the influence of mesmerism, induced by Dr. Storer, we, the undersigned, take this opportunity of stating that the patient gave not the slightest indication of feeling any pain, either during or after the operation, we being present at the same.

Henry Jones Bunnett, M.D., late Assistant Inspector-General of Hospitals,
Thomas F. Walker, J. D. Saunders,
Edward C. Topham, M.A., Joshua Clarke,
Edward Greville, Robert Hazard,
Wm. Hazard, Henry Storer, M.D.,
Odiame C. Lane, *Geo. Young, Dentist.

I further certify that, though I have extracted many teeth, and under the influence of chloroform, I have never witnessed a case in which there was so much thorough insensibility to pain.

G. YOUNG.

[The above is a copy from the original.]

DEGRADED CONDITION OF MEDICAL ASSISTANTS.

[To the Editor of the Medical Times.]

SIR,—I am glad to see that "A Qualified Medical Assistant," in your number of the 10th ultimo, complains of the low rate of remuneration that medical practitioners offer in this country to their assistants. I believe no other body of men in England who have spent so many years in the acquirement of a profession, or who have received anything approaching to a sound education, are compelled to give their services at so disgracefully low a figure, and receive less sympathy from the public in general. This arises chiefly from the cause your correspondent assigned, viz., from young men being employed as assistants who are nearly or altogether entirely ignorant of the first principles of our profession. What regularly qualified medical assistant has not his feelings constantly goaded by the sarcastic rebuffs which he meets every day in his rounds when the patient finds it is not the doctor himself? How many painful excuses is he compelled to offer why Mr. So-and-So did not pay the visit, in order to shun the half-scurrilous, half-insulting answers he receives to his inquiries! Very few of the patients, indeed, deign the assistant worthy of common civility, not to speak of courtesy, and treat the "doctor's man," as they are pleased to designate him, with as little ceremony as they would his footman. In this respect the people (although I will not excuse them for want of the most commonplace civility) are not altogether to blame. It is with the body of general practitioners the fault lies. In the greater number of instances it is the druggist's assistant, who is generally as ignorant of the profession as the grocer's, that is employed to the exclusion of the regularly educated and qualified assistant, because he can be got at a lower salary, and consequentiy he is expected to put up with the ungentlemanly treatment that "A Medical Assistant with the Double Qualification" complains of in your number of the 1st instant. When such young men are imposed on the public, is it any wonder that the patients become tired and disgusted with them, and, from not knowing the abilities of the qualified assistant, he is treated to the same unpalatable sauce at their hands? Again, the juniors of our profession do not receive that protection from their seniors which they deserve.

I think it is now high time for us to unite and endeavour to obtain redress of our grievances. I think we have kept silent too long on this subject. Not only are unqualified assistants brought up on land, but are actually taken to sea as experienced surgeons, in order that avaricious shipowners may induce the credulous public to believe that persons voyaging in their vessels will have due attention paid to their health. I know of many instances of this imposition having been practised here this season, but I have heard of one in particular, the subject of which was a shoemaker, who, throwing aside his *last*, entered a medical establishment in town as porter, and this gent has been taken as an "experienced surgeon" in an emigrant ship to America. What can Sir George Grey say for himself when such disgraceful neglect and total want of care for the lives of our poor emigrants is manifested on the part of the Government? What can an ignorant pretender like the above surgeon do, if fever happen to break out among the passengers on the voyage? Surely the unheard-of mortality among the emigrants from these countries last season might have been sufficient to draw their attention to the necessity of having regularly qualified medical men appointed to all emigrant ships. I am glad to see, from an article in a late number of your valuable journal, that there are some hopes of this evil being remedied; but why put it off from one session to another?

To return to the subject with which we landsmen have most to do: I believe that very few regularly educated and qualified medical assistants receive at the present rate of salary offered them more than from 20s. to 30s. per cent. on the capital expended on their education, and only in addition have their board for their time and services.

Men talk largely of the bad state of the profession, and hold out for great things to be derived from some new legislative measures to be passed this, the next, or some future session—God knows when—to regulate the various grades of the profession. But why have they not been unanimous in demanding a medical reform of some kind? Anything would be better than leave matters as they are at present. How many acts of Parliament would be required to make the members of the medical profession act honourably towards each other? I believe more good would arise to the profession in general from a society for the protection of qualified medical assistants than from twenty enactments. Let the qualified assistants unite and form a society, having for its main objects the registration of the attainments of its members, and the procuring situations for any of them who may be unemployed. Let the registry be open to public inspection, that any person may know whether his medical attendant is imposing a quack assistant on him or not; and I am convinced that we would in a short time drive the pretending and incompetent men from the field, who are absorbing our rightful but too limited dues.

I am, Sir, your obedient servant,

Liverpool, July 10. JUNIOR MEDICUS.

GOSSIP OF THE WEEK.

WAR-OFFICE, August 1.—1st or Grenadier Regiment of Foot Guards: Assist.-Surg. James John Marjoribanks Wardrop, from the 7th Light Dragoons, to be Assist.-Surg., vice Balfour, promoted.—Hospital-Staff: Assist-Surgeon Thomas Graham Balfour, M.D., from the 1st or Grenadier Regiment of Foot Guards, to be Staff-Surg. of the Second Class, and to be Surg. of the Royal Military Asylum at Chelsea, vice Samuel George Lawrance, who resigns.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on the 21st ult.:—Messrs. W. N. Price, R. S. Harvey, T. Leeson, A. B. Jones, C. H. Gamble, E. E. Phippen, J. W. Harper, J. W. Trotter, O. H. Jennings, G. I. Knight, J. Sturdy, and T. Limbery.—July 24:—Messrs. J. W. Peake, D. D. Murphy, G. T. Trimnell, E. J. Lazarus, H. Eales, G. V. Driver, C. C. Piper, R. C. Smyth, and T. B. Knott.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, July 27:—Joseph Drew, St. Austle, Cornwall; William Davis, St. Geves Town, Salop; Joseph George Thompson, St. Mabbs, Cornwall; Charles Smith, Weyhill, Hants; Louis Truefitt, Burwood-place, Hyde-park.

UNIVERSITY COLLEGE.—The professorship of surgery at this institution, vacant by the resignation of Professor Syme, of Edinburgh, and formerly held by the lamented Mr. Liston, has been offered Mr. James Moncrieff Arnott, F.R.S., surgeon to the Middlesex Hospital, and, we believe, accepted by that gentleman.

DRAINS AND SEWERS OF LONDON.—At the last census, in 1841, there were 270,859 houses in the metropolis. It is known that there is scarcely a house without a cesspool under it, and that a large number have two, three, four, and more under them, so that the number of such receptacles in the metropolis may be taken at 300,000. The exposed surface of each cesspool measures, on an average, 9 feet, and the mean depth of the whole is about $6\frac{1}{2}$ feet, so that each contains $58\frac{1}{2}$ cubic feet of fermenting filth of the most poisonous, noisome, and disgusting nature. The exhaling surface of all the cesspools ($300{,}000 \times 9$) = 2,700,000 feet, or equal to 62 acres nearly; and the total quantity of foul matter contained within them ($300{,}000 \times 58\frac{1}{2}$) = 17,550,000 cubic feet, or equal to one enormous elongated stagnant cesspool 50 feet in width, 6 feet 6 inches in depth, and extending through London from the Broadway at Hammersmith to Bow-bridge—a length of 10 miles. This, there is reason to believe, is an under-estimate. The cesspool, however, in general forms but one-fourth of the evaporating surface; the house-drain forms half or two fourths, and the sever one; but, connected as the sewers and house-drains mutually are, and acted upon by the winds and barometric conditions, the miasma from the house-drains and sewers of one district may be carried up to another. We cannot be absolutely certain that part of the stench experienced in the Dean's-yard may not have been due to the contents of the sewers from the drains of the House of Commons, or at some time from Duck-lane or Pye-street; and according to the evidence of Mr. Batterbury, who met a strong current of air coming from the extended cesspools under the Deanery, the miasma from that place would have been carried through the common sewers, and from them into the streets and houses of other neighbourhoods. As the Deanery is situated near the openings of the sewer into the river, it is probable that this would commonly be so. In addition to the examination of the old sewers, conducted by Mr. Joseph Smith, one of the assistant-surveyors, and adverted to in his evidence, the metropolitan commissioners of sewers have directed an inquiry to be made into the state of the house-drains. From the evidence of Mr. Lovick, the assistant-surveyor who conducted this inquiry, it appears that much larger sums are paid for cleansing and keeping in repair the private drains than the public in general are aware of. The returns of information from the inhabitants had not been completed, but from such as were obtained it was found that the average annual charge for cleansing and repairing the house-drains was £1. 5s. per house per annum, and for emptying the cesspools 15s. per annum, making £2 a year for this one portion of house-cleansing. But the returns contain instances where sums of £30, £40, £50, £100, and even £200 have been paid for amending and reconstructing house-drains; and, notwithstanding such outlays, the foundation walls have continued damp, stagnant water has remained in the cellars, and offensive smells have still been emitted. In 21 houses in the Westminster district the average annual charges during ten years for making, repairing, and cleansing the house-drains was £7. 6s. per house, and for cleansing the cesspools £2. 4s.; in all £9. 10s. Now, from estimates which have been made of the cost of abolishing the cesspools, and putting down in their stead new and improved impermeable house-drains which would remove at once all decomposing matter from the houses—supposing the

work done upon a comprehensive contract and paid for by the rates—the average expense of complete house-drainage, on the charge being distributed over a period of thirty years, would be about 4s. 6d. per house per annum, and for the highest class of houses about 7s. 6d. per annum; which would be an average saving on each of the 21 houses above mentioned of more than £9 a year.

Public Health Bill.—Lord Campbell moved the third reading of this bill. The Bishop of London could not allow this bill to pass without expressing his great satisfaction at the result of their lordships' concession to the wishes of several members of their lordships' House in referring this bill to a select committee. That select committee had laboured assiduously and fulfilled the promise which was given to their lordships, that there should be no unnecessary delay in submitting an improved measure to their lordships. He considered they had improved the measure in many important respects; and that it would go down to the other House in such a form as that no reasonable objection could be made to it. He considered, indeed, that a bill more important to the welfare of the public had not been passed for many years. He could not help alluding to one amendment, which, he trusted, he might be allowed to call an improvement—which he himself had the honour of proposing to the select committee, and which had met with their concurrence—he meant an amendment to the effect that in certain cases, where it should be shown, by comparison with past periods, that a more than average rate of mortality was taking place, the general board might interfere without any application being made to them. In his opinion the present might be called the poor man's bill. He had always held that, in any regulations for the improvement of the sanitary condition of the country, the welfare of the labouring part of the population ought to receive especial attention, for in those matters the rich would take care of themselves. He was, therefore, thankful to their lordships for having passed so important and salutary a measure.—The bill was then read a third time and passed.

The Cholera in Russia.—The Emperor has established a committee, under the Military Governor of St. Petersburg as president, charged with furnishing supplies to those persons who have been deprived by the cholera of their natural supporters. The committee commenced their operations on the 6th of July. On the 8th there were under treatment at St. Petersburg 3790 cholera patients. In the course of the day 853 other cases occurred; 172 recovered, and 574 died. On the 9th there remained under treatment 3897. The physician of the Court Hospital, Dr. Charles Witt, died on the 7th. In the Government of St. Petersburg the cholera spreads greatly, and is on the increase. At Moscow the epidemic attained its highest degree of intensity on the 19th of June; it then decreased slightly, and from the 20th to the 26th of June there were 2007 cases of cholera and 975 deaths.—Letters from St. Petersburg of the 18th ult. state that the cholera was beginning to diminish in intensity in that city. On the 14th ult. there remained 3972 patients under cure. The same day there were 525 new cases, 218 recoveries, and 312 deaths. On the 15th there were 432 new cases, 262 recoveries, and 274 deaths. On the 16th there remained 3843 patients suffering under the disease. Mention is made of some details relative to the influence of the atmosphere, and the variations it has undergone: for instance, an almost total want of electricity, and also the disproportionate weakness of the power of magnetism being observable during the commencement, increase, and decrease of the cholera. Scientific men, who have made their observations from the outbreak of the epidemic, in regard to the influence of the magnet, have discovered that during the last few days its power has considerably increased. It has been proved that in the course of the week, from the 5th to the 12th of July, a magnet which lifted a weight of forty pounds could not lift more than from four to five pounds weight during this period; the influence of this stone afterwards increased to sixteen pounds. On the 17th of July there were 3710 persons suffering from cholera at St. Petersburg. It is not true that this disease had broken out at Stockholm. Official inquiries have disproved such rumours.

Death from Sea-sickness.—We regret to record a most painful death which has recently occurred. Mrs. Frazer (who, together with her husband, Mr. H. Frazer, has been fulfilling an engagement at the Theatre Royal, Portsmouth) left this port on Friday afternoon, at three o'clock, in the Brunswick steamer, *en route* to Exeter, at which city they were engaged to perform on Monday last. At her embarkation Mrs. Frazer enjoyed her usual health, but during the voyage she became most seriously affected with sea-sickness. Paroxysm succeeded paroxysm of that violent and distressing nausea, until, totally exhausted, this unfortunate lady expired in the arms of her husband at about one o'clock on Saturday morning. The body was conveyed to Plymouth, where a coroner's inquest was held upon it. Mr. and Mrs. Frazer spent the evening of Thursday with the family of a highly respectable gentleman of this town, on which occasion Mrs. Frazer expressed her dread of the voyage, from the invariable suffering which she had experienced on similar occasions.

Rolls' Court, Chancery-lane, August 1.—Brodribb *v.* Maddock.—The court, after hearing unopposed petitions, proceeded with the motion herein, for an injunction to restrain the defendant, Alfred Beaumont Maddock, who had a diploma from the University of Giessen, in Germany, from doing any act as physician, surgeon, or apothecary for, and for prescribing for the patients in, the West Malling Asylum, Kent; and Mr. Cankrien was further heard for the defendant against the motion, after which Mr. Turner, for the injunction, replied.—Lord Langdale said, he should consider of it. In the midst of this unwise quarrel, there was some satisfaction to find that there was no complaint against the management of the asylum, so far as it concerned the patients, nor was there any complaint of improvidence in a pecuniary light. The allegation was, that the defendant was not legally qualified—a mere technical objection, no complaint of want of skill and attention having been made. He was asked to interfere in the performance of the medical acts of the asylum, not upon the ground that the defendant did not possess medical skill, but that he had not the requisite technical qualifications; and he was asked to do so without having the means of supplying the deficiency which his interference would occasion. He did not, however, apprehend any immediate danger to the asylum; but he would give his opinion upon it as soon as he could, and he hoped to do it in a few days, if the parties had not in the meanwhile the discretion and wisdom to come to an agreement. Each of the parties would find that more could be said on behalf of the other party than had been anticipated. He should wish to have a copy of the plaintiff's bill and of the documents.—Judgment deferred.

Smoke-Prohibition Bill.—A bill, brought from the Lords, entitled "An act to abate the nuisance of smoke from certain furnaces and chimneys," provides, "that from and after the 1st day of January, 1849, opaque smoke shall not be permitted to issue from any chimney of a furnace for any longer period of time than is *bonâ fide* necessary for the kindling of the fire of such furnace." Clause 3 enacts "that from and after the said 1st day of January, 1849, if opaque smoke shall issue from any such chimney for any longer time than is hereinbefore limited in that behalf, the occupier of the furnace connected with such chimney shall be guilty of an offence against this act, and shall for every such offence forfeit and pay any sum not exceeding £5."

The University of Glasgow.—From a notice in the *Gazette*, dated 11th ult., it appears that "The Lords Commissioners of her Majesty's Treasury have been pleased, in terms of the Act 9th and 10th Vic., c. 43, entitled "An Act to enable the College of Glasgow to effect an exchange of the present lands and buildings belonging to, and occupied by, the said College, for other sufficient and adequate lands and buildings more advantageously situated, and for other purposes relating thereto," to approve of the contract and agreement to the schedule to the said act mentioned.

Safety from Lightning.—On Thursday evening a suggestion for the preservation of life during thunderstorms was made by Mr. Isham Baggs, in the course of his lectures upon the phenomenon of lightning, now being delivered at the Royal Polytechnic Institution. "Those," said the lecturer, "who don't mind being drenched by rain, may effectually screen themselves from the possibility of danger, when walking through a town or city in a thunderstorm, by catching hold of a lamp-post, as the pipes running under ground must necessarily carry off the electricity, and thereby save the passer-by from destruction." He challenged any scientific man to deny the accuracy of this suggestion.

Augmentation of Quarantine.—In consequence of the spread of the cholera in the Levant, the board of health, at a sitting on Wednesday last, decreed:—

That ships of war from Constantinople, having a medical officer on board, should pass in quarantine	12	days
Of this must be passed in port, notwithstanding the vessel may be less than five days on her voyage	7	„
Merchant vessels to perform a quarantine of	15	„
Of these must be passed in port	9	„
Susceptible goods to be landed in the lazaretto, and subjected to a quarantine of	15	„
Passengers to be subject to the same duration of quarantine as the ships by which they arrive.		
Ships from Ottoman ports with clean bills, that are on free pratique with Constantinople, will, whatever the length of their passage, be subjected on arrival here to a period of quarantine of	7	„

Medical Education of the Turks.—Private letters from Constantinople announce that Dr. Morpurgo, who was formerly a member of the Council of Public Usefulness, and an old resident medical practitioner, has been appointed to direct the medical education of the young Ottoman students residing in Paris, and had left the capital for Paris.

Government Postage Stamps.—The manufacturers of these extensively used articles maintain that there is nothing poisonous in the gum applied to them.

Chinese Insects.—A vessel, arrived in the river from Canton, has brought the somewhat remarkable importation of 140,000 Chinese insects, for the purposes of natural history.

Death of General Damesme.—General Damesme suffered amputation of the upper part of the thigh, in consequence of a gunshot wound which broke the thigh-bone at the Place du Pantheon, on the 25th of June. The wound proceeded progressively towards recovery, and was almost completely cicatrized. The general had even been permitted to amuse himself in his garden, in arranging some measures relative to the organization of the National Guard Mobile, of which he had been appointed commander. But suddenly the dangerous symptom called purulent absorption declared itself. The general found in Dr. Baudens a physician as devoted as skilful. The general has since died.

Death from the Sting of a Bee.—An elderly woman has lost her life at Bradfield St. George, in Suffolk, from the sting of a bee in her thumb. The medical witnesses at the inquest were of opinion that the sting had caused death by producing such a shock on the nervous system as to stop the action of the heart.

The infirmary of the barrack of Ruel, near Paris, was destroyed by fire last week, and five sick soldiers perished.

Durham Infirmary.—Messrs. Wilson and Gibson, the contractors for the Gateshead approaches to the high-level bridge, now fast advancing to completion, have taken the contract for the erection of the new county infirmary at Durham. The amount is about £4000.

We regret to learn that several cases of cholera are reported to have occurred daily at Surat and Broach, in Western India.

The Asiatic Cholera.—In reference to this subject (says the *Manchester Guardian*) we have been favoured with the following extract of a letter from St. Petersburg, written by a gentleman well known in Manchester, to the firm here in which he is a partner:—"A very important discovery has been made here very recently, which clearly proves that the malady is in the air, and that, therefore, quarantines are utterly useless. The air here has had a very singular effect on the magnetic power. Whilst the cholera was at its height, the action of the magnet was nearly neutralized; which, now the disease is gradually subsiding, assumes by degrees its former power. A magnet block, which used to carry eighty pounds, would, during the worst time of the cholera, not carry above thirteen pounds. Its strength has now increased again to sixty pounds. The electro-magnetic telegraph, at one time, would not work at all."

Obituary.—On the 8th ult., at Anstruther, of fever, in the 30th year of his age, Dr. J. Ballantyne Woodcock, much and deeply regretted.—On the 26th ult., at Fiddington-house, near Devizes, John Willett, Esq., M.D., aged 29.—On the 21st ult., at High Willows, Cheshunt, of disease of the heart, Charles Henry Gilbert, Esq., surgeon, of No. 1, Raven-row, Spitalfields, in the 38th year of his age.—On the 25th ult., at Speenhamland, near Newbury, aged 64, John Mort Bunny, Esq., M.D., formerly of the 76th Regiment.—On the 28th of June, at Camberwell, John Hopkins Radford, district surgeon, H.P. Medical Staff, aged 84.—On the 31st ult., in Clifford-street, London, Benjamin Somers, Esq., M.D., of Mendip-lodge, Somersetshire, aged 66.

MORTALITY TABLE.

For the Week ending Saturday, July 29, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	1201	972
Specified Causes...	1199	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	505	257
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	25	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	112	120
Diseases of the Lungs, and of the other Organs of Respiration	79	80
Diseases of the Heart and Blood-vessels.....	26	28
Diseases of the Stomach, Liver, and other organs of Digestion	81	79
Diseases of the Kidneys, &c.	11	8
Childbirth, Diseases of the Uterus, &c.	5	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	6	7
Diseases of the Skin, Cellular Tissue, &c.	4	1
Old Age.....	31	50
Violence, Privation, Cold, and Intemperance.....	43	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

TO CORRESPONDENTS.

Erratum.—In our last number, page 208, column one, third line from the bottom, for "surgeon" read "physician."

"A Regular Contributor."—The qualification will do.

"B. M."—The matter shall not be overlooked.

"Dr. Miles."—The opinion is a correct one.

"A Student, Glasgow."—Mr. Highley has published such a catalogue.

"Amicus."—The magistrates have no power to interfere.

"Spectator."—There would be a difficulty in convicting the person upon such slender evidence.

"An Edinburgh Surgeon."—The communication has been received, and is under consideration.

"T. C. D."—Yes; in healthy human urine.

"A Guardian," on Poor-law Medical Remuneration, is inadmissible.

"Mr. Scott."—The letter should be addressed to the Secretary at War, who will immediately notice it.

"Mem.'—Mr. Renshaw is the publisher; but the price we do not know.

"Iatros."—Fresh skins are used for the best kind of gelatine.

"An Old Subscriber."—The possession of a medical degree from Oxford or Cambridge does not entitle a person to become a licentiate of the College of Physicians without examination.

"H. Beane, M.D."—The true nature of the compound has not yet been determined.

"Bartholomew."—The letter, not being authenticated, is inadmissible.

"M. S."—A course of lectures on the subject will shortly be published in the *Medical Times*.

"Philo-Denman."—Galvanism has been found successful in such cases.

"Tyro."—We must decline recommending.

"A Subscriber, Camberwell," informs us that he has found chloroform exceedingly useful in many cases of asthma.

"Rusticus, Nottingham," should address Mr. Ross, the secretary of the National Institute, Hanover-square Rooms.

"A Licentiate."—We cannot state the annual income of the Apothecaries' Company.

"An Old Friend, Norwich."—The communication will be acceptable.

"A Young Practitioner."—The substance is inodorous and tasteless; whitish, insoluble in alcohol and acids, slightly soluble on boiling water being applied; coagulates when separated from the body; dries hard, brittle, and transparent.

"One about to go up for Examination."—The passage is correctly translated,

"Experience" need not fear an examination at the College of Physicians. Of course some study will be required, even where the candidate has had "long experience in the profession."

"Mr. Elliston."—We know of no such establishment.

"An Honest Englishman."—The statement had better be forwarded to one of the daily newspapers. It is scarcely suited for a medical journal.

"Homo, Bridgnorth."—It is an old English vernacular name for opacity of the cornea.

"Chirurgus."—The present opinion is that the poison has lost much of its virulence by passing from one constitution to another.

"Mr. Wm. Masters."—Margaritic acid was discovered by Bussy and Lecanu, as one of the products of the saponification of castor oil.

"M. D., Oxford."—1. The lectures by Dr. Conolly, at Hanwell, are gratuitous to a limited number of pupils. 2. Medical gentlemen are permitted to attend these lectures, on making special application to the visiting justices.

"Obstetrician."—No.

"A Present Subscriber."—A Scotch physician may practise in the provinces without danger of molestation from the London College.

"Senex, Maldon, Essex."—We will endeavour to accommodate our correspondent.

"T. B., Manchester."—The passage of liquids through the membranes from within outwards.

"Ignoramus."—A kilogramme is rather more than 2 lbs. 3½ oz. avoirdupois.

"M. R. C. S."—A printed form will be furnished, gratuitously, on application at the East India-house.

"M. D., Edinburgh," "On the Necessity of Reform in Ancient Universities," received.

"Londinensis."—Certificates of attendance on midwifery in a university is required of candidates for the degree of M.D., Edinburgh.

"Omicron."—The complaint should be addressed to the governors of the hospital.

"A Medical Practitioner."—In all probability *rupia escharotica*. The vesicles generally occur in the loins, thighs, and lower extremities. Many terminate in gangrenous eschars.

"Hippocrates."—Communication received.

"Nulli Secundus."—The candidates must be members of the College of Surgeons.

"One About to Commence Medical Studies."—Queen's College, Birmingham, is a good school.

"Petens."—The article is extensively used by many respectable practitioners.

"A. M."—We cannot recommend a plan by which the evil may be remedied.

"A Union Medical Officer" is thanked for his suggestions, which shall be attended to.

"Pedro" shall receive a private communication.

"A Member of the College and Licentiate of the Hall."—The German universities do not now grant degrees without examination.

"Dr. Woodford."—Not at present.

"M."—The debt may be recovered.

"A Constant Reader" wishes to be informed "what is the halfpay of an assistant-surgeon in the navy?" Three shillings a day! when he has served more than three years and less than ten.

"Medicus, Liverpool," sends us the following account of the "College of Medicine and Surgery, established 1846, 27, Whitechapel, Liverpool, for the reduction of fractures and dislocations of the bones (bone-setting), and the cure of cancer, scrofula, scurvy, leprosy, white swellings, ulcers, fistula, &c. Surgeon, J. S. Taylor, M.R.C.S., L.A.C., prizeman of St. Bartholomew's Hospital, London, in the session 1843-4, &c., who may be consulted daily from nine to three, and six to nine, and on Sundays from ten to two. The following case will illustrate the success of the treatment adopted:—'James Pollard, aged twenty years, residing at 65, Preston-street, had suffered from a most inveterate scrofulous complaint of the head from the early age of four years; his head was a complication of such accumulated disease, so loathsome to the sight, so offensive to the smell, and altogether so repulsive, that those who were under the necessity of attending upon him performed that service with reluctance. He had been under the care of different gentlemen of the medical profession, combining all the skill and talent of this neighbourhood. He was also a patient for ten months in the Liverpool Infirmary, and six months at the Dispensary, but there the combined skill of the most eminent of the faculty was defeated, as the individual exertions had before been. As a last effort he was placed under the care of Mr. Taylor, who succeeded in effecting a perfect cure, and he is now well, healthy, clean, and strong, and likely to have a good head of hair. (Signed) James Pollard. Attested by his brother-in-law, James Fallows, 65, Preston-street, Whitechapel.' An assistant in continual attendance at the college."

"A Student, Spalding."—About three years.

"A Constant Reader" asks our opinion of a recent work on skin diseases. We are unable to recommend, as we have had no opportunity of examining it.

"Mr. James Ford, Grays."—Yes; dose, two or three grains.

"M. D., Oxon," says:—"Unless your correspondent, 'Philologist' (July 8), has been already answered, you may inform him that Dr. Venables is right in his interpretation of the passage in 'Gregory's Conspectus,' and that, if the meaning of the sentence had been different, the words would have been placed in a different order."

"Mr. Robert Heson, Barnsley, York," shall be answered next week.

"A Young Anatomist."—1. Washing them with chloride of lime frequently, and exposing them to the air. 2. We do not know of one which would suit our correspondent.

"Pristine Bala."—1. The time served with the former master will be allowed. 2. The widow can sign the transfer immediately, and it would be well for it to be on a stamp.

"Dr. Hawthorn, Liverpool."—Communication received.

"A Student."—1. The title will be secured to those who now enjoy it. 2. It would be better, perhaps, to pass the Hall.

Letters and communications have also been received from A Regular Contributor; B. M.; Dr. Miles; A Student, Glasgow; Amicus; Spectator; An Edinburgh Surgeon; T. C. D.; A Guardian; Mr. Scott; Mem; Iatros; An Old Subscriber; H. Beane, M.D.; Bartholomew; M. S.; Philo-Denman; Tyro; A Subscriber, Camberwell; Rusticus, Nottingham; A Licentiate; An Old Friend, Norwich; A Young Practitioner; One about to go up for Examination; Experience; Mr. Elliston; An Honest Englishman; Homo, Bridgnorth; Chirurgus; Mr. Wm. Masters; M. D., Oxford; Obstetrician; A Present Subscriber; Senex, Maldon, Essex; T. B., Manchester; Ignoramus; M. R. C. S.; M. D., Edinburgh; Omicron; A Medical Practitioner; Hippocrates; Nulli Secundus; One about to commence Medical Studies; Petens; A. M.; A Union Medical Officer; Pedro; A Member of the College and Licentiate of the Hall; Dr. Woodford; M.; A Constant Reader; Medicus, Liverpool; A Student, Spalding; A Constant Reader; Mr. James Ford, Grays; M. D., Oxon; Mr. Robert Heson, Barnsley, York; A Young Anatomist; Pristine Bala; Dr. Hawthorn, Liverpool; A Student; Londinensis, &c.

Letters Patent.—A parliamentary paper published lately shows that the total number of letters patent for inventions granted in the United Kingdom in 1847 amounted to 740, against 761 in 1846; and the total fees received thereon to £32,977, against £34,103 in the preceding year. Of this sum, £20,518 was paid over to the Consolidated Fund, and £9830 to the several offices entitled to receive the same.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 213
Clinical Observations on some of the more frequent Diseases of Children, by W. HUGHES WILLSHIRE, M.D. 233

ORIGINAL CONTRIBUTIONS—

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by GEORGE CORFE, Esq. 234
Contributions to the Medical Topography of the Mediterranean, by WM. THOMPSON KAY, Esq. 236
Asiatic Cholera successfully treated by Chloroform, given internally, by P. BRADY, Esq. 237
Sal Volatile versus Chloroform, communicated by H. HASTINGS, Esq. 238
Severe Hemorrhage from the Female Genitals, communicated by THOMAS HUNT, Esq. 238

PROGRESS OF MEDICAL SCIENCE—

Academy of Sciences; Meeting of July 31 238
Anomaly in the Origin of the Right Subclavian.. 238
Academy of Medicine; Meeting of Aug. 1 238
Debate on Gunshot Wounds 238
Hopital St. Louis 239
Baldness, its Causes and Treatment, by Dr. Cazenave 239

MISCELLANEA 239

REVIEWS—

Oratio ex Harveii Instituto in Ædibus Collegii Regalis Medicorum habita die Junii 24, 1848. A Franciso Hawkins, M.D. 241
Memoranda for Young Practitioners in Midwifery, by Edward Rigby, M.D. 241

LEADERS—

Dr. Knox on the Intermarriages of Jewish Females 241
The Annual Meeting of the National Institute.... 242
Poor-law Medical Convention 242
State of the Public Health during the Last Quarter 243
The Sale of Carrion Meat in the London Markets.. 244
Alleged Poisoning with Hemlock 244

GOSSIP OF THE WEEK 245
University of London—Matriculation Examinations 245
Chair of Institute of Medicine 245

MORTALITY TABLE 246

TO CORRESPONDENTS 246

ORIGINAL LECTURES.

LECTURES

ON

THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine

(Continued from page 201.)

AMERICAN RACES.—INTRODUCTION.

The discovery of a new world by Columbus is the most remarkable event in human history; with the leading features of that great event all must, no doubt, be acquainted; my object is merely to trace the progress of races on that vast territory, and, after a single remark on the ancient history of the American continent, I shall resume my discourse.

When Columbus and those who followed him first set foot on the islands and mainland of that vast continent, destined to play so important a part in the future destinies of mankind,—that land where the greatest of all experiments, to be solved alone by time, is now progressing, namely, self-government, or democracy; that land where Liberty, driven from Europe, Asia, and Africa by whiskered dragoons and church militants, found that sure resting-place, that fulcrum with which she may, perhaps, one day upturn the strongholds of fanaticism and violence; that land which first of all brought out the true character of the Saxon race, of the Saxon mind in fact,—in that land Columbus and his followers, most of whom were men of great ability—he alone had genius—in that land these great men found nothing to resemble strictly the countries they had left; nor trees, nor shrubs, nor fish, nor fowl, nothing which lived resembled what they had previously seen; I had better say, nothing was identical with the productions of the old world. Man was there, no doubt, but he was not identical with any other race; in his bodily and mental qualities he differed widely from all others. The horse was not there, nor sheep, nor cattle; nor the beauteous *wilde* of Africa; lions and panthers, giraffe nor antelope; in the virgin forests of America stalked no elephants; the river-horse and the terrible rhinoceros were nowhere to be found. But other and stranger forms presented themselves, peopling the fields, and rivers, and forests; all differing specifically and generically, as we express this grand and solemn fact, in technical language; I call it a solemn fact, seeing that it gives rise to profound reflections. Whence came this new race of men and animals? The answer was easy upon the old Hippocratic theory of the effects of climate; the men were Europeans burned to a copper colour by the sun and wind, and other things, including the smoke of their wigwams; and the animals were just the same as those of the old world. Careless observers! Man had journeyed without the horse, and sheep, and ox; he had also, I think, forgotten the cerealia; a theory was easily got up to explain all this. Last came men of science, lovers of truth, enemies of romance and falsehood. Their labours proved that everything there that lived was specifically different from living beings on any other land; that even the apes differed specifically from the apes of the old world by having an additional tooth, and by being without that central spot or hole in the retina of the eye, found in man and in the apes of the old world; that the new world was an erroneous phrase, seeing that it was a very old world in every sense of the word; that the copper-coloured race of America, that race which extended throughout the length and breadth of the land, were neither metamorphosed Welshmen, nor Connaught men, nor Norwegians; nor even Polynesians, the last hypothesis, I believe, offered the credulous for the peopling of America, always excepting that stand-by of the thoroughbred theorist, namely, that the copper Indians, that is, the true Americans, were the lost tribes of Israel, who fled there on rafts, I suppose headed by Prester John. Let us leave such sickening, silly follies to those inventors and to those who hate truth—the romancists, the novelists, the tourists—and proceed with our inquiry. Buffon concluded that animal life was not so vigorous on the American soil as in the old world, comparing one animal with another; this simple fact, for it is one, roused the wrath of an Anglo-Saxon, now settled in that country, and now, I suppose, calling himself an American; I mean Mr. Cooper, the novelist. True to his Saxon race, he was determined to make out, in the face of all common sense and truth—despising the one by his trade or calling, and being seemingly without the other—that the American soil nourished as big animals as ever were grown in old France or England, or the whole world; that the buffalo was as large as our oxen, and the turkey larger than a barn-door fowl; what a pity he had not also added that geese and asses of all kinds abound, and are at least as large, as pedantic, and as stupidly solemn as the Britishers ever could boast of. This is the Mr. Cooper who compared, through ten drawlishly-spun pages, the Rhine with the immortal Hudson—the everlasting Hudson—that large river which runs near the ancient city of New York, so rich in the association of great names and stirring events. What solemn pedantry, what deplorable want of taste and sense, to forget the passage of the Rhine by Cæsar and Napoleon; these are the names which give immortality to the Rhine, not the amount of water it contains, nor its length nor breadth; it is not the size of the Nile which makes it live in the recollections of nations. Do you not see in this miserable comparison of Mr. Cooper the egotism of the Saxon peep out in all its true colours? Our rivers are bigger than yours—prettier, deeper; our horses are faster than yours—fatter and better; our oxen are larger than yours—sleeker and finer. You will excuse, I trust, these critical remarks; folly and egotism merit severe censure, whether individual or national—in fact, these terms are identical, national merely being an aggregate of individuals. I shall return to Mr. Cooper by-and-by, and to his native Americans, as he calls the Anglo-Saxon multitude who went over the Atlantic a few years ago, and who, by settling there, as always happens with the Saxon, forgot their country, their race, and all about it. To return: scientific inquiries have disproved all these idle romances and errors. Let us now look at the race as we find them.

Whilst I write this the Saxon race is at work in America, clutching at empires. The go-ahead principle (meaning want of all principle) is at work; the Floridas, Texas, Oregon, California, Mexico, all must reciprocate; the hypocrisy called organized, but which means organic, no doubt is at work. I blame them not; I pretend not even to censure: man acts from his impulses, his animal impulses, and he occasionally employs his pure reason to mystify and conceal his motives from others. But I have already explained all this; let me, therefore, speak to you of the original American races—the races found on the American continent and its islands by Columbus, Vespaccio, Pizarro, Cortes, and others; not forgetting our countryman Penn and his troop of saints. These races still exist; in a century or two more they may have ceased to be; the American human animal is one which seemingly cannot be domesticated—cannot be civilized. When brought within the Saxon house and pale, he becomes consumptive, and perishes; he is the man of the woods, differing from all other men, as the apes of his continent differ essentially from those of the old world, as we term the European, African, and Asiatic continents. But not to the same extent, for there exists, in so far as I know, no remarkable or specific differences between them and us; now the apes of the new continent have an additional tooth, distinguishing them from the old world, and the structure of the eye is essentially different. I allude more especially to the race known by the name of red or coppered-coloured Indians, extending, as it would seem, from Nootka Sound and the borders of the Arctic Circle to the rock-bound shores of the Land of Fire, including, probably, all the West India islands, the tribes of Brazil, and the Caribs. At the extremities of this long and singularly-shaped continent, it seems to me that two other races, which may be termed polar or arctic, exist: to the north, we are certain that the Esquimeaux differ essentially from the red Indian; and in the south it is probable that the miserable dark-coloured population wandering on the outskirts of the Land of Fire are not red Indians, but of a race analogous to the Australian and to the former inhabitants of Van Diemen's Land; polar or arctic races of men, dark in colour, swarthy, peculiar; I speak particularly of the Esquimeaux; thus, in America the races darken as we approach the poles; the eternal snows which ought to have whitened them, according to the theorists, from Hippocrates to Barton Smith, have failed to bleach

[illegible] the red Indian, and next of the two other races, that is, if the southern one be a distinct race, which has not yet been proved.

When the European races, within the well-authenticated historic period, discovered America, they found, in its tropical portions, organized kingdoms or empires, arts tolerably advanced, and an appearance of domesticity. In the dense woods of South America the Indian still roamed about as a naked savage; and in the woods of Northern America they still found the red man as a savage, though with somewhat peculiar institutions. They were, probably, all of one race—the Botocudo and Patagonian; the Mexican, Peruvian, and red Indian; the Carib and the flat-headed Indian of the Oregon. I say this, however, with hesitation, ready to be put right on a point respecting which I have had so few opportunities for observation. But, be it as it may, I must decline entering into any controversy with those who derive them from the Welsh, or Danes, or Mongols, or Asiatics, or Malays; or even the ten tribes headed by Prester John. These are old women's fables, not worth a moment's consideration. For after Dr. Laing has brought his men from the Malayan peninsula to people all America, he must also bring over in the same boats, camels, goats, and sheep, to be converted into llamas, alpacas, &c. And then the *peculiar* apes, and the two-toed sloth, and ten thousand other American forms of life which Dr. Laing has forgotten to allude to; and the buffalo, which is peculiar to America. And then he must explain to us how it was that, if the Malays and Mongols came there, they did not bring with them their sheep and oxen, and horses and pigs; for nothing of the kind was found there by Columbus nor by anybody else; in short, the hypothesis is a miserable one, and merits no attention from anybody. The Jewish Scriptures have only suffered by such attempts at reconciliation.

A flat or depressed forehead is the peculiar characteristic of the American copper-coloured race. It existed amongst the Caribs, who, I believe, are now extinct, and it is seen everywhere. That it is produced artificially I totally disbelieve. Persons seeing applications made to the head of the child may fancy such to be capable of producing it, but erroneously. In certain cases it may increase it so as to amount to positive deformity—this I will admit, but no more; the fable about the artificial production of a flat-headed people is at least as old as Hippocrates, but probably much older. He placed them on the shores of the Euxine Sea, the America of those days, and like all medical men, true to his class and order, he offered a theory based on very slight materials. But I shall discuss these theories in my fourth lecture, and need not speak further of them here. The great feature of the red Indian, of the American race in fact, is the flattening of the forehead, more or less, in different tribes and nations. The Caribs were remarkable for this; the Peruvians, on the other hand, for irregularly formed crania, imperfect ossification, &c., as has been already shown.

When the Europeans first landed the American was probably a race not on the ascending, but descending, series, gradually becoming extinct. They had probably passed through countless periods of existence, and were merely living on the crumbs of a past generation—the race who built and inhabited Copan. How mysterious are these ruined cities of Central America! Hieroglyphic, pyramids, mummies, columns like those of Luxor, but on a smaller scale! Egypt rediscovered as reproduced in Central America. Ye theorists, what say you now? Were these remains of former grandeur the work of the forefathers of the present race of American aborigines? or, as these have altered somewhat since the days of the Incas and of Montezuma, were they constructed by the former Mexicans and Peruvians? I should think not exactly. They must have been instructed by, or copied from others. Perhaps the continents were at one time joined where the Atlantic surge now rolls, and architects from Egypt and Northern Africa, from the land of the Guanches, in fact, assisted the American aborigines in raising structures whose meaning they possibly did not comprehend. Or had Coptic and Phœnician men, the great masons of the earth, the true builders who seem to have taught all others, who built instinctively, as bees construct hives, not houses, but temples—had they ever overrun these countries, acted as instructors and masters, and held the soil? or was there a race prior to all these? or, finally, had the American race lived its period, gone to the full extent of their instinctive civilization, and were rapidly declining when Cortes marched on Mexico, and Pizzaro on Peru? Did the European find the race hastening on to a state of natural extinction?

To these and numerous questions like these no satisfactory answer can be given; all we know is but little; we scarcely have a good idea of what this race was at the commencement of their historic period. But we do know that there are mummies resembling the present Peruvian; that the remains of vast buildings having an Egyptian cast still exist; and finally, that, notwithstanding the infusion of much European blood, the race cannot stand its ground. Now this is the point most worthy of our present notice.

Cast your eyes on this small spot and see what it portends; it is the Falkland Isles. There a small group of Saxons have located themselves. They could not exactly land at once on the mainland of Patagonia and settle there; this does not suit the organized hypocrisy which regulates the Saxon; he settles on some out-of-the-way spot—Aden, the Falkland Isles, Calcutta, Hong-Kong; something unobtrusive. The French, a Celtic race, try to imitate us, but they do it clumsily; their hypocrisy is not so perfectly organized. The group on the Falklands are looking towards the mainland as a counterbalance to the loss of the United States first, and of Canada which is sure to follow. But direct your attention northwards, and see the islands we hold; precariously, however, as being within the tropics, and, therefore, wholly inimical to the Saxon constitution. An attempt was made on Buenos Ayres; we were beaten shamefully,—nothing scarcely equals it in the history of defeats: the commander of that expedition should have been hanged, and another and another sent until we drove a plough over the city and blotted it from the maps. But not so; still the fight goes on, and we are endeavouring to seize on these fertile plains where the European can live. Across is Chili; northwards Peru, and then Mexico. Now, the fate of all these nations must be the same; it results from the nature of their populations, and nothing can arrest it. I select Mexico for the description, but most of my remarks will apply with equal truth, I believe, to the others, and especially to Peru. The original population of Mexico was Indian—the red Indian—a half-civilized barbarian. On this was engrafted the Spanish stock, itself not pure, being composed of several races, but still energetic, though likewise on the wane. The product was a mulatto, or half breed, whom nature never intended should exist as a race; therefore, having ceased receiving supplies from Old Spain, mulattoes could no longer generated from that stock; they themselves, the mulattoes, die out and out, I think, in three or four generations, unless crossed and recrossed with some pure blood, white or black; they, therefore, would have ceased to exist; the Indian blood, predominating from the first, would naturally gain the ascendant; but, as that race was seemingly dying out when Cortes seized the kingdom, there existed no elements in Mexico to perpetuate the race beyond a few centuries. Now, this is precisely what has happened; all but English statisticians and statesmen knew that the Mexican population materially decreased; and so it will be with Peru and Chili: physiological causes are at work which would have settled the rank these nations were to hold in the world, independent altogether of the Saxon sword; this being now thrown into the balance, of course decides the matter against the Indian. Had they held by Old Spain, the Mexican Indian might have continued to receive supplies of fresh energy from Europe: not good, I admit, but still superior to their own; as it is, their fall is certain, for the Saxon will not mingle with them; the Spaniard, the Celt-Iberian, would, but not the Saxon; thus they would have surely perished, even independent of Saxon interference. The physiological laws of reproduction were against them. What are their numbers?—say five, or six, or seven millions; why, they have received more than that from Europe!—seven millions in three hundred years. They have not increased by a single soul in three hundred years. But neither nations nor individuals stand still; onward they must go, or retrograde: there is no middle course; no fixity, no finality, in that sense. I have often read, years ago, in those popular things got up to amuse the people, of the thriving state of the population of these countries; a pretty tale, dressed up for the three-halfpenny literature; a smoothly written phrenological thing about the American republics, and the noble Mexicans, Peruvians, Chilians, &c.; white lies, dressed up with false statistics, to give them an air of truth; in the meantime no attempt at analysis—no desire to look into principles—a fine generalizing tone, smoothing over enormous errors. Mr. Canning boasted of having created the American republics; but how are they to come off? He thought, no doubt, that, being men, some few amongst them might have some common sene; but he forgot, or did not know, that he had withdrawn from them, first, fresh supplies of European blood; second, that by this he annihilated the so-called half breed, who always die out; third, that the Indian blood would finally predominate, which Indian race would never civilize, but retrograde towards that point where Cortes found them, and would also die out. These elements were not understood by Mr. Canning; if known to him, despised. In man the statesman sees a machine bound to obey the existing laws; the only power they understand to enforce the law is the bayonet. Why Mexicans or Indians (for that is really their true name) cannot unite with Saxons to form one nation, they either cannot or will not understand. But Nature's laws are stronger than bayonets—she made the Saxon and she made the Indian; but no mixed race called Mexican will she support. Already we are told that the Indian blood predominates: of course it will; but give the so-called nation another century, and then let us consider what must happen. The Castilian blood will then be all but extinct, the Indian predominating; by that time the Anglo-Saxon, true to his go-ahead principles, seizes Mexico; but no Saxon will mingle with dark blood; with him the dark races must be slaves, or cease to exist. This principle, so small in semblance, so unimportant, and so unconsequential in appearance, will yet be found equal to the extinction of all Indian blood in Mexico; the new canton or federated state, forming part of the union, will then be colonized by Anglo-Saxons. They will forget New York and Florida, where they came from, and become native true-born Mexicans; thus the phrase bandied about fixes at last on a race originally from Scandinavia, and still quite unaltered. But here a difficulty awaits them: the Saxon race cannot labour in a tropical country; they must have slaves or leave it; this seems the great law of nature for the protection of the tropical races of men; neither Celt nor Saxon can labour in a tropical country; they may seize a country, as we have done India, and hold it by the bayonet, as we do that vast territory; but we cannot colonize it; it is no part of Britain in any sense, and never will be; the white race can never till the fields of Hindostan.

Of the remaining original races of America I need say but little. The southern race is but imperfectly known to us; the northern, or Esquimaux, have been long before the public, yet

their real history is still to write; this is my opinion.

Let me conclude this portion of my discourse with a few remarks on the insular portion of this continent, and on those regions in the north which still own the sovereignty of Britain. And first of these, the great Celtic family of Gaul colonized Canada, a portion of the race settled in it, and they carried thither, I was about to say, their religion, manners, laws, forms of holding property, &c.; but why not rather say at once, that a portion of a Celtic race from France seized on a part of Canada; that, being Celts, they carried with them the Celtic character? Is not this enough? What else could they do? They had, and they have yet, their seigniories and their laws of primogeniture; their natural indolence and good taste; their habits of clinging to each other and leaving the country desolate; they huddled themselves in villages, seemingly terrified to locate in the open country; they had no self-dependence, no go-ahead notions; and so they all but stood still, waiting the arrival of the latest fashions from Paris. Then poured in the Saxon upon them; seized their territory, and advised them to become English. With this seemingly quite reasonable request they refused compliance; hence the revolts—hence the attempts to re-establish Celtic authority in Canada. This struggle can only cease when the Saxon has become the preponderating race in Lower Canada, which can never happen until the laws of entail and primogeniture are abolished. These laws perpetuate the Celtic race, and with it all the feuds of race. They have the same effect precisely in Ireland; Canada is merely a western Ireland and Wales; the inextinguishable hatred of races is in full play; unite they never will; one must become extinct. Now it is easy to see which goes first to the wall; the laws of entail, after a severe struggle, will be abolished in both countries, and then the Saxon steps in with his self-dependent, go-ahead principle; then flourish commerce, manufacture, agriculture, and every useful speculation; then will Ireland become Saxon, but not till then. So will "Le bas Canada," as it is called, soon, under such circumstances, cease to be Celtic. In the meantime we must not suppose that the Celtic struggle will end here. Some ten years ago I ventured to hint that whenever the Celtic race became sufficiently numerous in any part of the Union the Saxon would be disposed to notice them. I allowed some half century, however, to elapse before the war of race might show itself; but in this I was wrong, for it has already appeared in one of the northern states, the Saxons assembling tumultuously, and burning a Roman Catholic church, with other acts of violence towards the frequenters of that church, who of course are Celtic. We shall see: time unfolds all events; the war of race will some day shake the Union to its foundation. They never will mix—never commingle and unite. Though using the same language, they apply to some most important words totally different meanings. The one loves war, the other peace; the law and the constable's baton is generally sufficient for the rule of the one, and the bayonet, on which of course, all law ultimately reposes, is kept out of view; but with the Celt this, I think, can never be; he can be made to respect the law only by means of the sword ever drawn. It is not that he is more savage or more brutal (the term in no shape applies to him) or less a lover of justice than others; but his temper is quicker, and he flies to the sword, to arms, as his natural instinct. Against this disposition the state must ever be on its guard. Both races talk of republican institutions, and the Saxon may well boast that pure democracy prevails throughout the Union; that it forms a large element in Britain; that it is not quite extinct in Holland and Norway, though ground to the dust in France and throughout the rest of Europe. But the Celt has not the most distant idea of true personal liberty. Look at him in France! See him rebuild the bastilles he once destroyed! See forty millions of people, warlike and courageous, submit to become the mere tools of a miserable dynasty(a).

And now of the insular part of the new world. One great section, Hayti, has shown the white race that he cannot colonize a tropical country; it must revert to these races, on whom nature has bestowed a constitution adapted to labour under a tropical sun. Cuba and Jamaica will follow; they will become black spots in the history of civilization, for nothing in the history of mankind permits us to believe in the perfect civilization of the Negro race. The policy of European races would be to expel the Negro and transplant the Coolies, Hindoos, Chinese, or other feeble races, as labourers and workmen,—bondmen, in fact. Why not call everything by its right name? Over these the Saxon and Celt might lord it, as we do in India, with a few European bayonets, levying taxes and land-rent; holding a monopoly of trade; furnishing them with salt at fifty times its value; but we cannot do this with the true Negro.

(a) This was written as the lectures were delivered, three years ago; and prior, of course, to the late revolution. The journalists of France inform us, no doubt, of a *republic* which is said to exist somewhere in France; be it so: in the meantime I beg leave to hint at the following facts. Paris is in a state of siege; walled and fortified round about; the passport system continues in full force. A soldier of the name of Cavaignac stands in the place of the dynasty, &c. &c.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S.; Physician to the Royal Infirmary for Children, &c.

(Continued from p. 202.)

GENTLEMEN,—I shall now proceed to speak of the treatment of *ulcerous stomatitis*. I may first tell you how I generally treat this malady, and then notice some methods adopted or advised by other practitioners. Your therapeutic measures must be both constitutional and local, and of the constitutional ones the first in importance are those of a hygienic character. If the disease is synchronous with an eruptive or remittent fever, or some general disorder, and the child confined to the house, you must, if possible, enforce that the child be removed to a well-ventilated, clean room, and not allowed to lie in a dirty bed in a place where there are perhaps four or five more children, and the atmosphere loaded with effete matters and stinking effluvia. If the disorder is of the chronic form, or there is no acute general disorder present, the patient must be allowed to go out in the open air, care being taken, however, in all cases that exposure to moisture be avoided as much as possible. Next attend to the state of the digestive tube; the bowels are often very costive, and retain plenty of pent-up matters. Give a full dose of rhubarb and soda, and work it off by castor oil. Sometimes there is diarrhœa; check this by chalk mixture and aromatic confection, or, if need be, by those methods previously recommended (*Medical Times*, vol. xvii., page 230 *et seq.*). Whether acute or chronic it matters not, but next order the chlorate of potassa. This salt is the remedy *par excellence* for our present disorder, and the profession must bestow their thanks upon Dr. Hunt for its recommendation to their notice ("Medico-Chirurgical Trans.," 8). You may give it to children of any age, varying the dose, according to age, from three grains every three or four hours up to a scruple or twenty-five grains in the course of the day. If the constitution is not much weakened, and in the acute forms, give it in caraway-water or very thin mucilage; if there is much debility, let it be dissolved in the infusion of gentian.

You have next to pay attention to the local treatment. If the ulceration be rather severe or extensive, gently touch the parts with the solid nitrate of silver; and, if the child is old enough to understand how to gently gargle its mouth, let it do so twice or thrice a day with a weak solution of chlorinated soda; if not, let the mother frequently put into its mouth a solution of the biborate of soda in mucilage. In slight cases it will not be necessary to employ the solid nitrate of silver, the internal administration of the chlorate of potassa and the mucilage of borax being amply sufficient. But in the case of the sublingual, spongy, almost fungoid-looking ulcer I before spoke of, I think a touch now and then with the solid nitrate is always advisable. The only other local application I have ever used is the sulphate of copper; but I prefer the salt of silver. I find it frequently necessary to caution the mother against rubbing and scrubbing the child's mouth out, for many old nurses have got a notion that by constantly wiping the parts they do a great deal of good. This is a serious error: they make the disease a great deal worse; they greatly irritate the parts, break up slight and new cicatrizations, make the spongy sore gums and ulcers bleed, and give great pain to the child. Gently gargling by a mild unacrimonious diluent is all that is necessary. If the ulceration has proceeded to such an extent as evidently to cause loss of the teeth, the sooner they are removed artificially, if done gently and carefully, the better. With such care and treatment as I have told you, I almost always find ulcerous stomatitis proceed quickly to a cure. Often it is most remarkable how quickly bad forms of ulceration heal up.

But now and then you will get a case of a badly-fed, scrofulous, highly-debilitated child, in which it is absolutely necessary to do something more. The child is pallid in the extreme, gains no strength, and appears to be falling into a condition of fatal marasmus. Here you must give the salts of iron, or else cinchona or quinine, and even order the patient a little porter. In these cases sometimes there is also obstinate diarrhœa, even entero-colitis, so that you see, besides the mere stomatitis, you will have three things to deal with. Further, a child may recover from the local affection, and yet remain so debilitated that removal to country air, good diet, and the use of the first-class tonics must be enforced, or serious results will follow. If such a low state of energy is seen along with the existence of the local disorder, you must give the chlorate of potassa, combined with the compound tincture of cinchona and tincture of hyoscyamus. In all cases the continuance of small doses of the rhubarb and soda powder at bedtime is generally advisable.

I shall now tell you what others have recommended. In the more acute forms, Barrier, Rilliet, Barthez, and Bouchut advise the application of a few leeches beneath the jaws. I have never seen the necessity of them, except when the disease is connected with scarlatina, where there exists much submaxillary swelling, &c. Then they are useful, as are also warm poultices afterwards. Bonneau, Taupin, Rilliet, and Barthez advise, as the best local application to the ulcerated part, the dry chloride of lime. Barrier agrees with these writers as to the value of the chloride of lime in most cases, but thinks it must now and then give place to more powerful caustics; others strongly recommend the use of the hydrochloric acid, either alone or mixed with honey; burnt alum in powder or mixed with honey; the nitrate of mercury, sulphate of copper, solution of the nitrate of silver, citron pulp, vinegar and water, &c. &c. The black wash, tincture of iodine, myrrh, and decoction of bark, with sulphuric acid, have also been recommended as local applications. Amongst the aphorisms in Paulit's (of Landau) "Researches, &c.," occurs the following one:—"In stomatitis, peppermint drops allowed to melt in the mouth produce a feeling of coolness, and are a good palliative."

I shall now proceed to speak of that severe disorder usually called *gangrene of the mouth*, but which has for its synonymes gangrenous erosion of the cheek, gangrenous stomatitis, watery canker, cancrum oris, cancer of the mouth and

cheek, sloughing phagedena of the mouth, ulcus nomæ, charbon des joues, pourriture des gencives ou de la bouche, and ulcerous stomatitis with mortification. I am thus particular with its designations, because much confusion has resulted from applying the same terms to different affections, such as the words nomæ and cancrum oris, both to the true gangrenous stomatitis and to the merely ulcerative form of the mouth disorder. The better designation is, I think, *gangrenous stomatitis*. It is but fair that I tell you that what I shall say upon this subject will be rather a *résumé* of what others have observed, than what is the result of my own experience. The reason of this is that I have never seen but two cases of the affection, and of these I had the opportunity of seeing only one more than once in the course of the disease. You can judge then how comparatively rare a disorder it is amongst us in and about London, and I find that my colleague Dr. West, whose experience is very considerable, has only had the opportunity of meeting with five cases of it. Yet in some other places it occurs far more frequently; Richter says it is endemic in Holland, especially near the sea, and Van Lil quotes a great number of writers who have observed it reigning epidemically in the Pays-Bas. It is not unknown to the Swedish physicians, and in France they see a great deal of it now and then in the hospitals for children, when they become crowded, and Poupart and Saviart met with it formerly at different periods amongst the children when collected at the Hôtel Dieu. Very bad forms are occasionally met with at the Berlin Polyclinic. In Dublin they see more of it than we do here, and Dr. Duncan lately described an epidemic form of it as appearing in the establishment of which he is an officer. Dr. Hamilton, who formerly wrote about it, described it as prevalent in Lynn and its neighbourhood, which is low and marshy, whilst it was unknown in high and dry situations, even within twelve or fourteen miles of the town.

The disease described by Mr. Ryland as prevailing amongst several of the children at the Birmingham Asylum, and by others elsewhere, is considered by some not to be our present disorder, but which they call *malignant pustule of the cheek*, and is said to be "obviously analogous to the *pemphigus infantilis* or *gangrenosus*, if not identical therewith." In what I have now to say I shall, from my own experience of this malady being so limited, draw largely from the writings of Bouchut, Rilliet, Fabre, &c. This will matter little, as the chief thing for you to obtain is the best description you can get of so fatal, though with us so comparatively uncommon, a malady; and this will surely be derived from those who have seen most of it.

Gangrenous stomatitis is very rarely a primary disorder, but appears in children weakened by previous sickness, and chiefly amongst the offspring of the poor, and especially of those living in low and damp situations. It more often follows in the train of the acute exanthemata, as measles and scarlatina, either when their course has not been perfect and defined, when the eruption has not been regular, or when the child is left greatly debilitated after the decline of the febrile affection. It has also been observed following confluent smallpox, when the pustules have poured out profuse discharge; also in typhoid fever; and, says Bouchut, it manifests itself during the progress "of the mucous fever of scrofulous children; and the scorbutic affection, which has been regarded as the disease itself, is only one of its causes." When the disease makes its appearance, the first warning is an apthous or stomatitic ulceration in the inside of one cheek, or in the gingivo-buccal or labial fold, or else, more rarely, œdema or swelling of the spot where the the gangrene is to follow. The face is paler, the breath more disagreeable, and the feverish symptoms run higher than before; the little patient becomes more pining, but does not complain much of the mouth, and but very rarely experiences acute pain there (Rilliet). The ulceration is at first small, and may continue so for some time before degenerating into the gangrenous affection; but sooner or later it increases and becomes of a greyish colour at the bottom; it is soon found covered with an ash-coloured putrilaginous detritus, highly fetid, and with a characteristic odour. About this period infiltration of the affected cheek or lip occurs; at first the swelling is softish and pretty accurately circumscribed, but it soon increases, and a rounded, hard, nut-like spot is to be felt in its centre. The cheek then becomes tense, shining, pale, or marbled of a violet colour, more particularly at the most projecting portion of the tumour. On examining the inside of the mouth, the eschar is seen to have assumed a brown colour, to have extended considerably, and to have invaded the gums; sometimes it is surrounded by a violet-coloured circle. The child even now may sometimes be observed sitting up in bed and amusing itself with surrounding objects; but it is often without power, and lies quietly down, one side of the face being swollen and without expression, the other fallen in and anxious, whilst a sanguinolent or even blackish saliva runs from the half-opened lips. The child will yet desire something to eat, receives eagerly what is offered, and swallows it along with the putrilaginous detritus which becomes detached from the gangrenous parts. Unless there exists some severe general febrile disorder, neither the skin, pulse, nor intellect become much affected, although sometimes during the night there occurs a variable amount of delirium.

From the third to the sixth day of the disorder the scene changes; an eschar forms on the highest and most deeply coloured spot of the buccal prominence, increasing in size daily, sometimes attaining a great extent, involving the whole side of the face, or even invading the neck as well (Rilliet). Internally the disorder increases in like manner. The appearance of the poor little sufferer is as sorrowful as it hideous to see; sometimes, yet retaining bodily energy, it sits up and pulls the gangrenous shreds out of its mouth; at other times, completely overcome, it lies prostrate, with a fetid, blackish sanies running from between its lips. But the picture may become far more repulsive as the eschar becomes partly detached and hangs down in shreds from the cheek, or where it entirely separates, leaving a perforation through which are seen the teeth deprived of the gum, and shaking, the jawbone denuded and blackened, and the whole accompanied by the most tainted odour (Rilliet). The constitutional symptoms now become severe: the countenance is profoundly altered, the skin extremely pale, the eye sunken and surrounded with a hollow circle, the lips livid, and the patient sinks into a condition of extreme prostration. The pulse becomes weaker and weaker, the temperature of the body lowered and the extremities cold, the tongue keeps moist and swollen; the thirst is but slight, or, if the desire for drink is present, it is but instinctively evinced, as it were, to remove the slimy matter which forms in the mouth. Vomiting rarely occurs, but frequent alvine evacuations increase the debility of the little sufferer (Bouchut). The pulse gradually becomes more imperceptible, the body colder, and death closes the scene.

The fatal result generally happens before the extreme destruction I have mentioned ensues, and before perforation is effected; it usually takes place from the eighth to the fifteenth day, although one of Rilliet's cases, in which the gangrene had invaded the whole face, remained eighteen days in the hospital. True gangrenous stomatitis is one of the most fatal maladies you can have to do with, and so constant is its fatality that comparatively few cases are mentioned of its favourable termination. When the latter takes place, it is more usually observed in the first stage of the disorder, before the appearance of the external eschar; but some rare cases have been recorded by MM. Baron, Constant, Guersant, and Blache, in which it has ensued afterwards. It has even been observed in the latter stage, after the separation of the external eschar. In the former case the mortification becomes soon limited; the parts are gradually detached, leaving an ulceration with an ash-coloured bottom; the swelling diminishes, and at length disappears; the general symptoms amend, and a cure is established. In the latter instances the edges of the perforation become thinner and cleaner, the gangrenous action becomes circumscribed within as well as without, healthy suppuration ensues, exfoliation of the necrosed bone takes place, the wound gradually lessens in size, and after a variable period recovery ensues (Rilliet).

When a favourable result happens, it sometimes occurs that the patient loses a portion of one cheek, or even both (Fabre). He always bears about with him deep traces of the disease with which he has been affected, and sometimes a fearful deformity is left behind (Bouchut.) But, according to Rilliet, this is not always the case. As in all forms of gangrene, hemorrhage is uncommon, but Hueter records a case in which it occurred twice from a facial artery, as the eschar became detached. The second time it took place (eleventh day) death followed.

The disease is almost peculiar to children, but Rilliet says he has seen it in the adult. It is more frequent at from three to five years of age, although several of Rilliet's cases were beyond this period. This author states he believes it to be equally common to both sexes. Some writers, like M. Taupin, affirm the disease to be contagious.

The most frequent complication of gangrenous stomatitis is lobular pneumonia, a consecutive affection induced by the extreme prostration and dorsal decubitus. Diarrhœa is also frequently seen. At the commencement of the disorder the diarrhœa is distinctly inflammatory, but when it only appears towards the end, it is but an evidence of collapse, as are then all colliquative diarrhœas. In some instances death is believed to have depended rather upon the high fever which accompanied the local affection and the persistency of the diarrhœa, than to any changes effected in the condition of the mouth (Duncan). I have my doubts, however, as to the identity of these cases with our present disorder, and strongly suspect that they were simply ones of ulcerous stomatitis with entero-colitis, accompanied by high fever.

In two of Billard's cases the disease was complicated with muguet, and in another with pleurisy and perierarditis. Gangrene of the anus and of the vulva, as also of other parts, sometimes supervenes in the course of the cheek affection (Bouchut). Now and then gangrene of the lungs and pharynx have been observed after death; but, as they were not diagnosed during life, it is difficult to say whether they preceded or followed the disease of the cheek. It is, however, certain that the latter may extend to the palative vault and to the pharynx, although the inverse is, perhaps, more frequent (Rilliet). The former happened in a case recorded by M. Guibert. Diptheritic affection of the œsophagus and of the larynx, with great difficulty of deglutition, has likewise been observed (West). But in my next lecture I shall particularly allude to the *post-mortem* appearances.

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

The preceding case, it will be acknowledged, is one of those instances of acute (perhaps phlebitic) inflammation of the liver which are not frequently met with in this temperate portion of our globe, nor do I remember to have seen more than ten or twelve instances of such fatal cases during the last twenty years, out of two hundred and eighty thousand patients which have come under my notice.

The following instance, however, tends to show that the acute forms of hepatitis may localize themselves in one portion of the liver, whilst the bulk of this viscus remains altogether free from inflammation, in the same manner that lobular inflammation of the lung may exist and run through its stages to a fatal termination, without implicating its adjoining lobes.

Lydia Aubray, aged twenty-two, a servant, was admitted with the following symptoms:—Countenance pale and expressive of great suffering; respirations short and abdominal, thirty-six in a minute; tongue with white patches along its surface, moist; pulse 100, small and feeble.

On viewing the abdomen there is a manifest circumscribed tumour, as large as an orange, occupying the whole of the epigastric region, pulsating, though there is no detectible pulsation in any other part of the abdomen. She complains, on interrogation, of pain at the epigastrium, somewhat increased on pressure; nausea; night perspirations; catamenia absent for eight months past; bowels open. Her history was very brief and concise. Ten days ago she was suddenly attacked with acute pain in the right hypochondrium and epigastrium, and left shoulder, which had not left her entirely on her admission into the hospital.

On ausculting the thorax, the following note was made:—"Great and general dulness over the whole of the left side; feeble respiration heard here and there only; right lung, loud vesicular breathing throughout; no ægophony detected."

Now, it was too manifest that the symptoms of thoracic effusion on the one hand, and the questionable hepatic tumour on the other, would afford no hope of relief by medical aid, especially as the vital powers were already flagging. The treatment consisted in the application of leeches to the right side; calomel and opium every four hours; inunction of strong mercurial ointment in the course of the absorbents of the thigh; but these measures proved utterly unavailing, for in twenty-four hours after her admission she was seized with an acute pain under the left mamma; respirations rose to forty-two, and very shallow; pulse 140, thready; great increase of pain when she attempted to lie on the left side; profuse perspirations. These aggravated symptoms set in at three A.M., and terminated in death at ten P.M.

The body was examined twenty hours *post mortem*. On opening the chest, the left pleura was nearly filled with whey-like fluid; the lung was compressed, lying on the vertebral column; soft flakes of lymph adhered to the costal pleura; the inferior edge of the lower lobe of this lung was firmly adherent in one point to the surface of the diaphragm; the right side was quite healthy; the pericardium contained three ounces of thick whey-like serum, interspersed with a few flocculi of lymph; opposite that portion of the membrane adjacent to the lung, a faint adhesion was found with the pericardium; the membrane was highly vascular at this spot; the inner membrane of the left ventricle tore off with much greater ease than that of the right. On separating the above viscera from the diaphragm, a large gush of fluid followed, similar in colour and consistence to thick cream. The separation was found to have torn away a portion of the muscular structure of the diaphragm, and, on passing the finger through this rent, it entered a large cavity formed in the whole of the left lobe of the liver. The hepatic substance was gone, and it was only in the walls of this cavity that any structure analogous to liver could be traced. The interior of this cavity, which would have enclosed a large orange, was lined by a tolerably thick membrane, white, and adhering firmly to the adjacent surface. The right lobe was congested with blood, but quite healthy. Some peritoneal inflammation had been recently set up around this abscess, as there were flocculi of lymph between it and the arch of the colon. No hydatids were seen. Kidneys, spleen, and uterine organs particularly healthy. The situation of the abscess, it will be observed, was directly over the aorta as it emerges from the chest, and lies between the two crura of the diaphragm; hence the peculiar fluctuation and pulsation of the tumour is ready explained.

A case precisely analogous to the above has recently occurred, also in the female wards, which terminated fatally in six weeks from her admission. The patient was a married woman, thirty-five years of age, under the care of Dr. M. Crawford, and she had observed the epigastric fulness ten weeks; there was also distinct pulsation and fluctuation; and the diagnosis in this instance proved to be correct, namely, that it was a large cyst of hydatids in the substance of the liver. In addition to the hepatic cyst, there were evident traces of acute inflammation in the large hepatic veins and inferior cava; purulent matter, mingled with coagula of blood, was found in both of these sets of vessels, and their inner membranes highly injected, to which some of these coagula firmly adhered. There was no jaundice, but obstinate diarrhœa; neither was there any cerebral disturbance beyond coma, a few days before dissolution.

It has been already observed, whilst speaking of the disturbance of the nervous system, and the derangement of the cerebral functions from a morbid collection of bile in the system, that very many instances occur where all the symptoms of a threatened attack of apoplexy exist, which are wholly referable to a disordered state of the liver. When we review the comparative analysis of the effete matters thrown off by the liver and the kidneys, and observe the large amount of carbon and nitrogen which these organs separate from the circulation, it need not be matter of surprise that similar disturbances arise in the head and the nervous system, generally, from a gorged and torpid liver, as are seen to occur from urea and other elements of urine being pent up in the system, from degeneration of structure in the secreting portions of the kidneys.

Why should not the elements of bile, so long as they circulate in the system, and are not duly and actively eliminated by the lobules of the liver, be considered equally as poisonous to the nervous system as is urea in ischuria renalis, or as is laudanum when taken for a suicidal purpose?

It has repeatedly happened that a bulky, strong, and perhaps plethoric labourer seeks relief amongst the casual patients in the outdoor department, complaining of a distressing sense of giddiness, fear of falling down in the streets, tinnitus aurium, sleepless nights; or else the very reverse, heaviness, and disposition to sleep at all hours of the day, if he only sits down for a few minutes. Such symptoms, it must be acknowledged, are too often assigned as the precursor of apoplexy, and the man is actively bled, cupped, and blistered. No observing practitioner will deny that such alarming features of a case demand some vigorous and active treatment; but the question at issue is simply this: Do such symptoms fade away under the active antiphlogistic treatment so readily pursued by many? Doubtless they do not. Whereas, if, as is usually the practice here, the patient is ordered a full dose of calomel, for instance ten grains, and the same quantity of extract of colocynth, and that the latter is repeated three or four times a week in smaller quantities, followed by a cathartic draught; and, further, if the alvine secretions are observed to pass from a dark mahogany colour to that of an ochrey tint; the usual result is a disappearance of all the cerebral symptoms, in proportion to the clearing of the loaded gall-bladder and its adjoining ducts.

The late Mr. Abernethy was accustomed to observe to his class, in his usual quaint style, that if ever they wanted to solicit any favour from some superior in life they should be careful to make their wishes known, first, to the *valet de chambre*, ascertaining from him at the same time, if possible, whether his master had been to the watercloset that morning, and whether he had been comfortable and pleasant in his temper since; for, said he, "if an irritable fellow does not get a comfortable evacuation every morning after his breakfast, he is sure to be sour and irascible the whole day afterwards."

There is much truth couched in this rude observation, and the influence of the hepatic circulation and secretion over the nervous system is too remarkable to escape the attention of a practical man. But as this interesting field of clinical study has been already entered into when treating, in the earlier numbers of this paper, of the assimilation of cerebral diseases to those of cerebral disturbances, I need not enlarge any further upon the subject.

The spleen, under disease, and whilst giving rise to various symptoms of further disorder in the animal economy, must next come under observation. But here we have an insurmountable difficulty to cope with, inasmuch as the physiology of this organ is but little understood to the present day, notwithstanding the numerous conjectures and hypotheses that have been put forth by learned men in all ages concerning the real nature and use of this organ in the animal frame. All one can assert, with the present amount of knowledge, respecting the use of this viscus, is, simply this, that there is scarcely a doubt but that the venous blood of the spleen is useful in the functions of the liver; and that the juxtaposition of the stomach with its duodenum, liver, pancreas, and spleen, throughout the larger number of lower animals, would imply that the splenic blood undergoes some important change whilst it "wends its way" through the numerous splenic cells, and that the blood of the venæ portæ is aided in some important, though hitherto undiscovered, manner by the accession of splenic blood. (a)

These surmises, for they are no more, must be left for further inquirers. It occasionally happens that the spleen is the seat of disease, and that this disease most commonly has been set up by a long and tedious fit of intermittent fever; whilst, on the other hand, the enlarged spleen has arisen from no assignable cause, and has emptied its contents, by a sudden irruption of blood, into the alimentary canal, by which effort the organ has again disappeared from the sense of touch.

The latter observation was manifested in a policeman, whose beat around the suburbs of London obliged him very often to retire under a hedge to answer nature's calls. He was seized in the course of his duty with diarrhœa, and became somewhat reduced by it; however, he continued his work until he observed that on repeated occasions, as he retired to relieve his bowels, he passed no fæcal matter, but wholly clotted blood. He soon experienced a swelling under the false ribs of the left side, and was obliged to lay up on the sick list from hemorrhagic exhaustion. A few weeks after this he was suddenly seized with profuse epistaxis, and, as all remedies had failed, he sought relief for it at the hospital. He was admitted into the medical wards. The posterior nares were plugged, and the bleeding was arrested. On examining the abdomen, the spleen, for such it doubtless was, occupied the whole left hypogastric region, stretched across to the right side of the epigastrium, and hung down as low as the umbilicus; it was not painful to the touch. He was ordered a generous diet, with wine or porter, and the nitro-hydrochloric acid in compound decoction of sarsaparilla, with its extract. He was quite chlorotic in his appearance before this treatment was adopted, but soon fattened, and became somewhat ruddy in his face. In making the usual morning visit, I once found him much exhausted, in consequence of having passed an enormous mass of semi-clotted blood from the bowels, and a smaller quantity was brought off by vomiting; however, in the course of the following day he rallied, and, to our surprise, the large splenic swelling had sunk down to such a degree that it was barely perceptible to the

(a) It is stated that splenic blood does not coagulate.

touch, and from this period it slowly, but steadily, removed itself from our sense of feeling. He was discharged convalescent, and returned to light work in the police force.

The second instance that may be adduced of the fatal influence of a diseased spleen over the general economy was in a young man, a shoemaker, aged twenty, who was admitted under the following circumstances, Sept. 1:—Pale and emaciated; abdomen large, tense, and full of fluid; tongue red, glazed, and chapped; frequent diarrhœa; pulse feeble; urine scanty and high-coloured; slight œdema of the legs. Had a severe attack of ague some years ago; has been in the habit of throwing up, for three years past, large quantities of blood, at intervals of six or eight months, together with the loss of blood from the bowels. In the last attack, which was a month ago, he passed a great deal of blood, but did not vomit any. Abdomen swelled fourteen days ago.

On examining the abdomen, a large spleen can be felt and tilted under the fingers. He was ordered twenty minims of our compound tincture of squills in camphor julep three times a day.(a)

On the 12th the medicine had produced diarrhœa. The dropsical symptoms increased, and on the 17th he was so far rallied that it was deemed prudent to relieve the distressing tension of the abdomen by paracentesis. He derived great comfort from the operation, but in the early part of October the effusion again increased so rapidly that he was once more tapped on the 11th; but from this operation he never rallied, but continued to sink, and died on the 14th of November.

The abdomen was enormously distended with fluid; the anterior edge of the liver corresponded with the fifth rib, whilst the whole hypochondriac region on the right side and the greater part of the left lumbar region were occupied by the spleen, which weighed upwards of two pounds. Its capsule was much thickened, and between it and the substance of the viscus was a deposition similar to fibrine, and analogous to the clots found in the heart *post mortem*; this gave to the spleen the appearance of a large kidney, with its renal capsule; the texture of the organ was very firm and granular, of a natural colour, and of the hardness of liver; there was chronic peritonitis; the liver was atrophied, pale, and hard; the fibrinous and almost cartilaginous appearance was subsequently found to pervade the whole texture of the spleen, so that it had lost its spongy texture, was hard and firm, and the cells were obliterated by this adventitious deposition.

(To be continued.)

(a) This valuable tincture is thus composed:—℞. Spir. ætheris nitrici, ℥vj.; acet. colchici, tinct. scillæ, aa. ℥jss; ext. elaterii, gr. vj. Misce.

CONTRIBUTIONS TO THE MEDICAL TOPOGRAPHY OF THE MEDITERRANEAN.

By WILLIAM THOMPSON KAY, Esq., Assistant-Surgeon of the Plymouth Division of Royal Marines.

"THE GRAND OBJECT OF ALL TRAVELLING IS TO SEE THE SHORES OF THE MEDITERRANEAN: ON THESE SHORES WERE THE FOUR GREAT EMPIRES OF THE WORLD—THE ASSYRIAN, THE PERSIAN, THE GRECIAN, AND THE ROMAN. ALL OUR RELIGION, ALMOST ALL OUR LAWS, ALMOST ALL THAT SETS US ABOVE SAVAGES, HAS COME TO US FROM THE SHORES OF THE MEDITERRANEAN."—*Samuel Johnson.*

SYRIA.—*Its Situation, Name, Extent; Divisions, Ancient and Modern; Physical Characters; Productive Industry; Manufactures; Civil and Social State; Climate; Diseases; State of Medicine and Surgery; Works on the Topography, Natural History, &c., of Syria.*

(Continued from page 125.)

ALPHABETICAL NOTES ON THE SYRIANS.

Arterial System.—The heart and arterial system display the most remarkable regularity, and a very perfect development.

Births.—The average number of births is about twenty-four per cent.

Bones.—The bones of the extremities are more dense and of a more compact tissue, without losing anything of their elasticity, and the prominences which afford insertion to tendons and ligaments are strongly marked. The bones of the trunk are slighter than usual, and more compact.

Brain.—Baron Larrey thought the convolutions of the brain were more numerous and more finely organized in the Arab than in the European, and that the fissures which separate the convolutions were deeper. The mass is in proportion to the cavity of the cranium, the matter which forms the organ is more dense or firmer than in other races; the nervous system proceeding from the medulla oblongata and the spinal chord appears to be composed of nerves more dense in structure than are those of Europeans in general. (a)

Catamenia, Cessation of.—The average duration of the catamenia is nineteen years, and may be said to cease about the age of twenty-eight or thirty.

Catamenia, Commencement of.—See *Puberty.*

Complexion.—The complexion varies from an olive colour to a deep brown, or from a brown to a black, and has been described before under the head of each tribe.

Cranium.—In giving the measurements, &c., of the various crania, it is necessary to observe that they have been made with the greatest care with regard to selection, but even now must necessarily be erroneous as establishing the true characteristic of the race; for more than one national type must present itself in all countries, from intermarriage with other tribes or nations, individual peculiarities of conformation, and emigrants who have become naturalized, &c. These may and have, no doubt, been included in the examination without any possibility of preventing it.

Weight of Cranium.—The average weight is about 1 pound 7 ounces troy: of those weighed there were:—

7 weighing	1 lb. 7 oz. troy	Without the lower jaw.
1 „	1 „ 8½ „ „	
1 „	1 „ 10 „ „	

Thickness of the Bones of the Cranium.—The average thickness may be given as 2-16ths of an inch generally, but individually as follows:—

Frontal bone, from 2-16 to 3-16 of an inch.
Parietal „ „ 2-16 to 6-16 „
Occipital „ „ 4-16 to 6-16 „

Measurements of the Cranium.

Measurement(a).	1st cranium.	2nd cranium.	3rd cranium.	4th cranium.	5th cranium.	6th cranium.	7th cranium.	8th cranium.	9th cranium(b)
1	7 6-16	7 6-16	9 2-16	7 6-16	7 6-16	7 6-16	7 6-16	7 4-16	7 4-16
2	13 6-16	12 8-16	13	12 7-16	12 10-16	13 4-16	12 12-16	12 8-16	14
3	21	19	21 4-16	19 8-16	19 4-16	20 1-16	19 2-16	20 4-16	20 11-16
4	7 8-16	7 12-16	8 4-16	7 2-16	7 8-16	7 2-16	7 8-16	7 4-16	6 14-16
5	5 9-16	5 8-16	5 8-16	5 10-16	5 8-16	5 9-16	6 4-16	5 6-16	6 5-16
6	16 4-16	15 8-16	16 8-16	15 12-16	15 12-16	15 2-16	16 2-16	15 12-16	16 4-16
7	1 10-16	1 8-16	1 8-16	1 8-16	1 8-16	1 8-16	1 8-16	1 10-16	1 5-16
8	1 6-16	1 2-16	1 2-16	1 6-16	1 6-16	1 6-16	1 4-16	1 6-16	1 2-16
9	5	4 12-16	4 8-16	4 12-16	4 12-16	4 12-16	4 12-16	4 8-16	4 15-16
10	2 10-16	2 4-16	2 8-16	2 4-16	2 6-16	2 8-16	2 6-16	2 4-16	2 8-16
11	4-12-16	4 8-16	5	4 10-16	4 8-16	4 8-16	4 10-16	4 10-16	4 10-16

(a) 1st measurement from external occipital protuberance to edge of incisor teeth.
2nd. From the meatus auditorius externus over the vertex, to the m. a. e. of the opposite side, with a tape.
3rd. The circumference taken a little above the glabella in front, and over the external occipital protuberance.
4th. Length of base of cranium, including face.
5th. Height of cranium and face from base to vertex.
6th. Tape measurement from anterior margin of foramen magna occipitis, to root of the nasal spine of the frontal bone, over the vertex longitudinally.
7th. Length of the foramen magnum.
8th. Breadth of ditto.
9th. Greatest distance between the zygomata.
10th. Height of forehead.
11th. Breadth behind the external angular process.
(b) One of the most perfect forms of crania belonging to the race.

Crimes.—They treat the subject of murder very lightly. Robbery is their profession; and suicide frequent; adultery is held in the greatest horror among all the tribes; and for a virgin to forfeit her honour is certain death.

Endurance, Powers of.—The Bedauwi are capable of enduring great fatigue, and will often subsist for weeks upon a daily allowance of about two ounces of date-meal and camel's milk, without ever tasting water. They endure cold well, and can abstain from sleep for a long time.

Eyes.—Blue and hazel eyes are rare, and grey very rare.

Hair.—The peculiarities of hair have been already described under the various tribes. Grey hair is not frequent, red hair is uncommon, white or albinic hair almost unknown (I only heard of one case at Damascus, but have not seen one).

Intellect.—Their conceptions are quick and accurate, memory good; and they are superior as a race to Europeans for intelligence. Like the Chinese, they are good copyists; are great admirers of nature and beauty of design, and capable of becoming good sculptors with instruction.

Intermarriage.—It is generally laid down as an axiom that intermarriage tends to produce scrofula, idiocy, &c. Now, how is it that the Arabs, who rarely marry out of their own tribes, and often in the same family, seldom betray any symptoms of idiocy? On the contrary, they bear the stamp of high intellectuality; and scrofula, which occurs here in the proportion of about twenty-one per cent., is not so prevalent as in many other countries, for according to

Dr. Roses it is about 35 per ct. at Lisbon.
Mr. Anneslcy „ 42 „ Amsterdam.
Von Puttkammer, nearly 53 per cent at Berlin.
Dr. Doepp „ 41 „ St. Petersburg.
Dr. Parkman „ 70 „ Boston-house (America).
Mr. Kay „ 21 „ Beirout, &c.(a)

Serofula has been attributed by many to syphilis. How will they reconcile the comparative absence of it among the Arabs to their theory?

(a) "Compte Rendu," No. 23, Juin, 1838.

(a) See Mr. Phillips's admirable work "On Serofula," pages 31, 87, 88, 89, 90, 180, 182, 217, and 335.

Longevity is not so frequent in the plains as is generally imagined. Many travellers mention old men in Syria who sometimes exceeded one hundred years, and instances are to be found occasionally in the neighbourhood of Damascus of men attaining the age of one hundred or one hundred and ten years.

The *greatest age* attained *in the mountains*, so far as I could learn, is about one hundred and eight; the average for men being seventy-three, for women sixty-eight, years.

The *greatest age* in the plains is about one hundred; the average for men being eighty, for women seventy-two.

Instances of great age in men living sometimes in the mountains, at others in the plains, are to be found varying from one hundred and twenty-eight to ninety-six years. This includes the Bedauwi.(a)

Malformations.—Congenital malformations are frequent in the towns and plains, but rare in the mountains.

Mental Emotion.—They display great affection for their children, but not for friends; impetuosity of temper; hospitality and benevolence.

Monstrosities.—Instances of monstrosities are rare, but there are cases mentioned of disproportionate development, *monstra abundantia*, and syndactylus. There were three cases of syndactylus during my sojourn.

Moral Sense.—Virtue is held most sacred amongst the Syrians; a woman had better lose her head than her virtue, one is sure to follow the other. Honesty is not too highly estimated; and lying appears to be a national custom more than an infringement of moral law.

Muscular System.—The locomotive system is strongly marked; the fibres are of a deep red colour, firm, and very elastic.

Puberty, Age of.—Women are sometimes mothers at eleven or twelve years of age.

Of 31 women there were:—

1	that commenced to menstruate at	9	years,
8	,,	11	,,
4	,,	12	,,
3	,,	13	,,
2	,,	14	,,
3	,,	15	,,
4	,,	16	,,
3	,,	17	,,
3	,,	18	,,
31			

Stature.—The following table gives the greatest, average, and dwarf measurement of the various tribes, arranged from notes taken during my sojourn in Syria, given in feet and inches.

Tribe.	Men. Greatest.	Men. Average.	Men. Dwarfs.	Women. Greatest.	Women. Average.	Women. Dwfs.
	ft. in.	ft. in.	ft. in.	ft. in.	ft. in.	ft. in.
Maronites	5 6	5 2	.. ..	5 4	5 3	—
Metwalis	5 6	5 1	3 3	5 2	5 0	—
Druses ..	6 7	5 10	.. ..	5 1	4 10	3 2&6
Khûrds ..	5 6	5 4	3 6	5 2	5 2	—
Izedis....	6 4	5 9	.. ..	5 4 & 5	5 2	—
Bedauwi	6 4	5 5	.. ..	5 3	4 11	—

Strength.—As a proof of the great muscular strength possessed by the natives generally, it is only necessary to state that a porter on the *marina* of Beyrout will frequently carry a bale of cotton twist, weighing six hundred pounds, on his shoulders for some considerable distance, considering the weight; and I have frequently observed them lift and carry on their backs blocks of stone that would make two Englishmen stagger; and yet such a thing as hernia is rarely met with.

Superstitions.—The Syrians are great observers of lucky and unlucky days; believe that the devil walks in Lebanon, and assumes various forms to deceive them; and name the child after the saint of the day upon which it is born.

(To be continued.)

(a) Ishmael, the patriarch of the Bedauwi, was one hundred and thirty-seven when he died. See Gen. xxv. 17.

An Arab died in 1772 aged one hundred and twenty-eight years.—*Easton's Human Longevity*, p. 130.

One of the kings of Arabia died at one hundred and fifteen, others at eighty-one, eighty-seven, and ninety-six.—*Lucian's Macrobii.*

Baron Larrey states that there were, at Cairo, thirty-five people upwards of one hundred years of age.—*Compte Rendu*, No. 23, Juin, 1838.

ASIATIC CHOLERA SUCCESSFULLY TREATED BY CHLOROFORM, GIVEN INTERNALLY.

By P. BRADY, M.R.C.S.L. & L.A.C, Harrow.

Now that well-grounded apprehensions are entertained of the return of the Eastern epidemic, whose fatal progress has hitherto baffled every effort of our art, the following case will, I presume, be regarded with much interest:—

Case.—Mary Parratt, aged sixty, ordinarily enjoying good health, was on Saturday, the 29th ult., attacked with slight diarrhœa, for which the usual homely remedies were used. On the following morning at six o'clock A.M. the diarrhœa became profuse; excessive vomiting supervened, accompanied by spasms in the calves of the legs, fingers, and toes. Notwithstanding the urgent nature of the symptoms, reliance was still placed on the favourite remedy, brandy, without avail, however; the dejections became incessant, the spasms increased in intensity, and at nine o'clock A.M. on Sunday, the 30th ult., I was called in to see the patient, who, it was affirmed, was in a "dying state." Believing, from the description given, that I should have to treat genuine malignant cholera, and having predetermined, should such a case present, to try the effect of chloroform administered internally, I took with me the following mixture:—

℞. Chloroform, ʒj.; ol. terebinth., ℥j.; aq. dest., ʒiij. M.

On my arrival I found the patient presenting all the symptoms of malignant Asiatic cholera in an advanced stage: the features collapsed and ghastly; extremities and tongue cold; burning sensation in the stomach and œsophagus; pulse rapid and scarcely perceptible; voice diminished to a whisper; stomach exceedingly irritable, and the dejections from the bowels presenting the characteristic rice-water appearance; and all the voluntary muscles of the body were affected by spasm, so that the patient actually writhed in agony. I immediately administered a large tea-spoonful of the chloroform mixture (containing about six minims of chloroform and forty of turpentine) in a wine-glass of dilute brandy, and applied synapisms to the calves of the legs and abdominal and thoracic surface. Thirst was relieved by drinking plentifully of water, nearly cold. Notwithstanding the irritable state of the stomach, I had the satisfaction to find that the chloroform draught was retained, as well as the fluid drunk after it, and was followed by no dejection. I now (half an hour after the draught) gave two of the following pills:—

℞. Calomelanos, ℈ss.; fellis bov. inspis., ℈j. M. et divide in pilulas quatuor.

In an hour after the administration of the chloroform, vomiting ensued of a portion of the fluid drunk, slightly tinged with the gall; this soon subsided, the diarrhœa had apparently ceased, and the cramp diminished in frequency and severity. I now administered a second dose of the chloroform mixture, and soon after repeated the pills. The stomach retained both; she soon felt decided relief; the pulse rose in power and became slower, the spasms less frequent, and in an hour after the second dose she was bathed from head to foot in a warm perspiration, and expressed herself comparatively free from all uneasy sensations. The attack had been completely subdued, leaving behind a good deal of pyrexia and debility, from which she is now rapidly recovering.

REMARKS.

I believe it is the prevailing opinion that malignant cholera is, primarily, an affection of the mucous membrane of the alimentary canal; and in this view its accompanying spasm, as well as the disturbance or arrest of function in the secerning organs, would be regarded as the reflex effect of irritation of the peripheral extremities of the spinal and sympathetic nerves supplying the coats of the canal.

This view of the disease, however, appears liable to many objections:—

First. On examination of the canal after death from cholera, its coats seldom present any remarkable appearance, that most frequent being thickening or corrugation of the lining membrane, which is, no doubt, the physical result of deprivation of its water, inducing a similar change to that presented by the skin in the same disease.

Secondly. Simple diarrhœa, really depending on a subacute inflammation of the mucous lining occasionally continues for many days, and may even proceed to a fatal issue, unaccompanied by cramp or any remarkable arrest of function in the secerning glands.

Thirdly. In Asiatic cholera the spasmodic muscular contractions occasionally precede the diarrhœa and vomiting; and

Fourthly. The disease will occasionally terminate fatally without having presented any symptoms but those of irritation of the spinal chord, and collapse.

These facts, I think, preclude us from regarding the affection as primarily seated in the alimentary canal; it is, I conceive, more probable that the disease is produced, either by a specific poison conveyed through the atmosphere and entering the blood, or by a disturbance in the electrical condition of the atmosphere, or other deviation from its normal standard, calculated to promote the generation in the blood, under favourable circumstances of predisposition, of a product which acts as a poison to the sympathetic and spinal centres. Whatever value may be set on this theory, a review of all the ascertained facts connected with the disease will, I am inclined to think, fully warrant us in regarding those nervous systems as "the peccant parts." The functions of the liver, kidneys, and salivary glands are arrested; for, in the few cases in which urine and bile have been found after death in their proper receptacles, these fluids have, doubtless, been secreted prior to the attack, and retained by spasm of the sphincter vesicæ or gall-duct. The muscular prostration, with rapidly recurring spasm, at once refers to disease of the spinal chord. The action of the respiratory muscles is impeded, and the chest in consequence, not being duly expanded, a diminished volume of atmospheric air is inhaled at each inspiration; carbonic acid accumulates in the blood, its homogeneity is impaired, and, the diminished organic nervous agency depriving the mucous tissue and follicles of the intestinal tract of their tone or vitality, they would appear to be transformed into passive filters of the fluids of the body.

If such be the true pathology of malignant cholera, the first indication of cure would be to administer an *antidote;* that is to say, a remedy capable of forming such a combination with the morbid product circulating through the system, as would render it inert or materially modify its influence,—an effect which mercury seems to produce on the syphilitic virus; but, while unacquainted with such a remedy, the next indication presenting would, obviously, be to subdue the irritable condition of the spinal nerves by remedies of a sedative character, and restore, by the use of diffusible stimulants *judiciously selected*, the powers of the circulatory system, and the functions of the secerning glands. From witnessing the action of chloroform on the system during its inhalation, it appeared to me highly probable that, administered internally, it might answer both those indications, and I, therefore, determined on trying it in the first case which should present. The result, as detailed above, leads me to believe that it will be found, if not an *antidote* to the disease, at least a highly valuable auxiliary in its treatment. The rapidity with which it appeared to arrest all the

symptoms, to control the vomiting and diarrhœa, to subdue the spasm, raise the pulse, and restore the temperature of the body, filled me with the most sanguine expectations of its value as a remedial agent in cholera, and probably in other diseases of a typhoid character.

The turpentine I added on account of its stimulating and diuretic properties; the ox-gall with the view of supplying, as nearly as possible, its natural stimulus to the mucous lining of the intestinal tract; and the calomel as a stimulus to the liver and salivary glands; but, from the very doubtful value of these adjuncts in the treatment of cholera, I am inclined to attribute my success in this case almost wholly to the action of the chloroform. In conclusion, I trust I may venture to express a hope that the profession will lose no opportunity of testing its value as a remedial agent in the treatment of this fatal disease.

SAL VOLATILE *versus* CHLOROFORM.

Communicated by H. HASTINGS, M.R.C.S. and L.A.C., Stokenchurch.

On the morning of the 16th ult. I was summoned to attend Mrs. S., aged thirty, in labour of her third child. The nurse informed me that she had very bad times in both her former labours. In her last confinement, eighteen months ago, she had three doctors with her, and was delivered by instruments. She had pains for eight hours before I visited her, recurring at irregular periods, and every pain was accompanied with convulsions; was exceedingly nervous, and very terrified as to her safety; urine and bowels regular; pulse full and hard. Upon examination *per vaginam*, os uteri slightly dilated, pains having little effect upon it; vagina well lubricated, and not too hot; presentation natural. I bled her freely and gave her an anodyne, which checked the convulsions; pains still continue as before. Same evening no further progress; left her in charge of the nurse, with strict injunctions for me to be sent for if either convulsions should return or pains become stronger.

17. In the morning sent for in great haste by the nurse; pains continued all night but much increased, and, for the last four hours, decidedly bearing; os uteri dilating very slowly, not larger than a shilling; pains recurring at regular intervals of twenty minutes. Remained greater part of the day; little alteration.

18. Pains very violent; convulsions returned; os uteri as large as a penny-piece; margins very hard and thick; vagina very hot and tender; slight show. She was exceedingly obstreperous, and cried loudly to be delivered. I bled her again, which had the same effect as before. Pains still continue, accompanied with crying and sobbing; gave her ergot twice; had no effect whatever, or, at all events, perceptible. Towards evening her cries for assistance were long and loud, repeating over and over again that she knew she never would be delivered without help. I perceived that her mind was in a very agitated state, brooding over her former sufferings, and, her present agonies combined, threw her into a state of great terror. I was certainly loth to interfere manually, as I fancied that the protracted nature of the labour was, in a great measure, caused by her mental anxiety, not being able to discover anything radically wrong in the pelvis. I now told her that I would give her some chloroform, telling her, as a positive fact, that it would soon deliver her, and insisting upon the necessity of her cheerfully believing that it would do so. She exclaimed, in raptures, "Oh, do let me have some of that stuff—Oh, do; pray do!" At this crisis the pains were as usual; os tinca about the size of a five-shilling piece; had remained so for the last six hours; could not perceive any waters projecting through os tinca during pain. Instead of chloroform I employed sal volatile, using it in the same manner as chloroform. The effect was perfectly magical; crying and sobbing subsided, she became perfectly quiescent in her mind, and refused answering any questions; she bore her pains with the greatest heroinism; the second pain, after using the sal volatile, brought away the waters, and with four more a fine large boy was born, to the no small delight of the mother. She is now perfectly well, and sounding the praises of chloroform far and near; for, be it observed, I deceived her in this respect.

Remarks.—My intention, in reporting this case, is not to attempt to cast any disparagement whatever upon chloroform; no, my intention is merely to show the effects which can be produced upon the body by acting upon the mind. In the above case, I firmly believed that all that was wanted to effect a satisfactory termination of the case was just to remove the terror and mental anxiety under which the patient laboured. An old writer says,—"There is nothing I would recommend more to a practitioner than affability and sweetness of temper, and to take all prudent methods to keep his spirits up; nay, even it will not be amiss to give innocent trifles, to convince him or her that he or she is not neglected."

SEVERE HEMORRHAGE FROM THE FEMALE GENITALS CAUSED BY THE HUSBAND'S ATTEMPT AT NUPTIAL INTERCOURSE.

Communicated by THOMAS HUNT, Esq., St. Day, Cornwall.

F. P., aged twenty-four, a dark, good-looking, well-formed, well-developed woman, of the biliosanguineous temperament, states that she was married on the 31st of August, 1847; that about twelve days after marriage considerable hemorrhage occurred upon an attempt on the part of her husband to consummate the rite; but that, though a good deal of blood was lost, the bleeding ceased of itself without any surgical interference; but that it recurred from the same cause about the 18th of September to such an extent as to alarm both herself and her friends, and a surgeon was called in. He found that bleeding had then been going on for fourteen or sixteen hours; that the bed on which the patient lay was soaked through with blood, and that faintness and a very depressed state of the circulation were induced. A visual inspection of the genitals disclosed a large coagulum entangled in the capillary growth of the pubes, and filling up the cleft of the vulva and nates. The removal of this with a sponge and cold water, the exposure of the parts to the cold air, and the faint state of the patient, brought about an arrest of the hemorrhage; neither could the precise spot from which it had issued be accurately determined, but it appeared to be from the posterior commissure of the vagina, that canal being so strait as hardly to admit the finger.

A compress and T bandage were applied, and retained for two days, and the recumbent posture enjoined, which effected a permanent cure, no further complaint of the kind being heard.

July 30, 1848. The patient gave birth to a fine male child after a labour of less than average duration and suffering.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of July 31; M. POUILLET in the Chair.

ANOMALY IN THE ORIGIN OF THE RIGHT SUBCLAVIAN.—M. Demarquay, prosector of the Faculty of Medicine, forwarded a paper on this subject. He stated that anomalies of the origin of the right subclavian artery had been frequently mentioned, but it was important to show by anatomical preparations that this artery might be partly replaced by another arising from the left side of the aortic arch, and that this vessel passed either in front of or behind the trachea, and sometimes even behind the œsophagus. This modification occasioned a corresponding alteration in the course of the recurrent nerve, to which the name of "recurrent" could no more be applied with propriety, as it no longer was reflected around the artery. The inferior laryngeal nerve seemed in such cases to be absent; but by attentive dissection the nervous filaments could still be followed to the trachea and œsophagus; from these nerves arise, on a level with the inferior part of the larynx, a larger branch, which really replaced the inferior laryngeal nerve, and united with the cardiac nerves of the par vagum. These facts, considered with regard to operative surgery, presented some interest, inasmuch as in the ligature of the arteria innominata a certain number of filaments belonging to the par vagum, and destined to the cardiac plexus, might be incautiously taken up with the artery.

ACADEMY OF MEDICINE.

Meeting of Aug. 1; M. ROYER COLLARD in the Chair.

DEBATE ON GUNSHOT WOUNDS.

M. Roux observed that, since the year 1830, the Parisian surgeons had been empowered by circumstances to acquire on gunshot wounds an experience which seemed exclusively to be reserved to the medical officers of the army. Being of opinion that that experience should not be lost, he had proposed that each surgeon should come to the academy and lay before it the results of his practice. M. Roux had not the pretension of instituting new doctrines, or of throwing into the shade the labours of his predecessors; but still he thought that the peculiarities of street-fights permitted certain remarks to be made which would be inapplicable to injuries received upon other battle-fields. Thus in 1830 it had been in M. Roux's power to call the attention of surgeons to some hitherto unnoticed peculiarities of primary hemorrhage. The wounded in our civil frays received earlier assistance than those injured in battle; they had not to be conveyed to any great distances in order to reach an hospital; and, on the other hand, the surgeons saw the patients very soon after the infliction of the wounds: all circumstances which were, no doubt, of some importance to the subject.

M. Roux divided into two sections his communication to the academy: in the first he would present a rapid exposition of the principal cases; in the second he would examine some disputed points relative to the treatment of gunshot wounds.

Sec. 1. The Hôtel Dieu, on account of its proximity to the seat of the insurrection, received no less than 451 wounded, who were distributed amongst the surgical wards of the establishment, directed by Professor Blandin, M. Boyer, and M. Roux. The number of those placed under Professor Roux amounted to 179, 11 of which were women. Only 12 of the wounded belonged to the insurgent party. The others were all young subjects—soldiers, national guards, and gardes mobiles. The oldest of the patients was a man of forty-two years. Notwithstanding the favourable moral condition of the wounded, the mortality was considerable: 25 died during the first day; at present the deaths amounted to 60—one-third of the patients.

Very few were sword wounds; one only had been produced by a cannon-ball; all the others were the result of musket-balls; and nothing could induce the belief that the balls were poisoned, or otherwise prepared to cause more serious injury than the usual war-projectiles. Almost all the wounds presented an entrance and an exit, and M. Roux performed only in five cases operations for the extraction of balls.

Sixty of the wounds occupied the extremities. Ten primary amputations were performed, viz.:—3 disarticulations of the shoulder, 1 death; 1 ditto of the elbow, death; 1 partial amputation of the foot; 1 of the leg, death was the result; 3 amputations of the arm, two deaths; 1 amputation of the thigh, death: total, 10 primary amputations, 6 deaths. Four secondary amputations: 1 of the arm, 2 of the thigh, and 1 of the leg; the latter case only recovered.

M. Roux, reserving for the second part of his observations the remarks which these statistics might induce, would merely say that the re-

moval of the arm at the shoulder-joint—two cases of which had recovered out of three—was, in his opinion, a much less serious operation than was generally supposed; indeed, this was also Baron Larrey's conviction; and M. Roux had also arrived at this conclusion, that, as far as regarded the preservation of life, the disarticulation of the shoulder-joint was not more dangerous than amputation of the arm. With regard to the elbow-joint, matters were totally different: the operation had been performed in Professor Roux's wards during a necessary repose of that surgeon, and it was an operation which M. Roux disapproved of, and which he never would have any hand in. With regard to the accidents which followed the wounds, one only presented any special interest: it was a case of paralysis of the arm, in consequence of an injury of the head. No instance of tetanus was observed, and one secondary hemorrhage only which necessitated ligature of the brachial artery.

(To be continued.)

HOPITAL SAINT LOUIS.

BALDNESS—ITS CAUSES AND TREATMENT. BY DR. CAZENAVE.

The numerous causes of baldness may be divided into three classes:—1. The diseases which occasion atrophy of the bulb; 2. Those which interfere with the secretion of hair; and 3. Maladies of any part of the hairy follicle. To the first class belong congenital and senile baldness. To the second, those cases of alopecia which result from fever, smallpox, phthisis, convalescence, &c.; also syphilitic baldness, and that resulting from porrigo decalvans. To the third group, that is, to inflammation chiefly of the follicle, are due those instances of baldness produced by scaly eruptions of the scalp—lepra, psoriatis, &c.—and more particularly by two maladies—herpes (ringworm) and pityriasis. All acute affections of the scalp may, by the progress of inflammatory action, cause obliteration of the hairy follicles, and consequent baldness. Thus erythema, erysipelas, eczema, impetigo, may occasion alopecia; but it is only in tinea favosa, the seat of which is evidently at the orifice of the hairy duct, that baldness is the result of an obstacle to the growth of the hair. Favus leaves no scars; the piliferous canals are merely obliterated, and the baldness recognises a mechanical cause.

Each form of alopecia has a seat of predilection. Thus syphilitic baldness is chiefly observed on the scalp and brows; pityriasis occupies the head; alopecia, attended with discoloration of the skin (vitiligo), chiefly invades, in man, the beard and organs of generation; favus is never noticed but upon the scalp.

In the treatment of baldness the first duty of the physician is to ascertain the healthy or morbid condition of the skin. If the latter is quite sound, it is the general health of the patient which calls for his attention; if the skin, on the contrary, be diseased, it is indispensable to characterize with precision the nature of the local disorder. It is in baldness caused by inadequate secretion that stimulating applications are best known to succeed. Thus, in the treatment of alopecia consequent upon porrigo decalvans, sulphurous lotions, stimulating waters, and ointments of every description, &c., are highly beneficial. The treatment usually employed by Dr. Cazenave consists in lotions, with salt-water, and the application at night of the following ointment:—℞. Tinct. aromaticæ, ʒj. (the tinct. cinnamoni comp. of the London Pharm. would be a good substitute); medullæ bovis, ℥j. The baldness caused by the third class of diseases requires generally a local antiphlogistic plan of treatment. In herpes tonsurans, Dr. Cazenave has derived considerable benefit from alkaline lotions, and inunctions morning and evening, with the following preparation:—℞. Tannin, ℈j.; axungiæ, ℥j.; aquæ q.s. In pityriasis capitis it is to bran and lettuce-water that the patient should first have recourse, and afterwards to an ointment containing a small quantity of borax (℈ij. or ʒj. to the ounce).

D. M'Carthy, D.M.P.

Action of Ergot of Rye.—M. Arnal affirms that ergot contains a poisonous principle capable of destroying small animals. This principle is not soluble in oil or ether. He considers the powder to be the most potent preparation, and recommends it, therefore, whenever the extreme action of the medicine is required. The first toxic action of ergot is exercised upon the intestinal canal, in which it gives rise to an inflammation *sui generis*, with lesions not unlike those seen in typhoid fever. Ergot exercises also a notable alteration in the composition of the blood, rendering it more diffluent. When taken for a length of time it induces a condition resembling scurvy. It diminishes the force and frequency of the cardiac pulsations, to which action he attributes its hæmostatic powers in active hemorrhages. The watery extract has also diuretic properties. He recommends its use in pneumonia, especially where active depletory measures are inadmissible.

Perforating Ulcer of the Colon; Mechanical Occlusion by Hardened Fæces.—Mr. Charles Anderton, of Leigh, near Manchester (in "The Provincial Journal"), says that he was called to visit a child, aged eleven years, labouring under an attack of measles, which, prior to his being called in, were well and fully developed, but at this particular juncture a retrocession of the eruption had taken place without any special indications of mischief. After the lapse of a short time evident symptoms of abdominal lesion made their appearance, indicated by strong and almost uncontrollable paroxysms of pain. In addition, the rectum was charged to an amazing extent with fæcal concretions, resembling masses of calcareous earth, which could not be evacuated *per vires naturales;* they therefore required to be removed manually with a kind of scoop, and this, indeed, required much force. When the more hardened portions had been removed, the throwing up of an injection had the effect of encouraging the bowels to relieve themselves, and the motions were invariably of the most massy character, both in point of consistence as well as quantity, notwithstanding the extremely attenuated and wasted state of the child. This condition of matters continued unceasingly, with the abdominal paroxysms increasing in frequency and severity, notwithstanding large doses of opiates, until death terminated her earthly sufferings. The *post-mortem* appearances were as follows:—The body externally wasted to the most extreme degree, with a dry, harsh, and scabrous condition of the entire integuments; the latter over the abdomen of a dark leaden colour, with considerable distention from flatus; internally the peritoneum inseparably adherent throughout to the abdominal parietes; the mesentery uniformly and thickly studded with enlarged glands, and darkened from congestion; the folds of the intestines had become strongly knitted together by adhesive inflammation throughout their whole course. At the sigmoid flexure of the colon, a large perforating ulcer, of the diameter of a shilling, was discovered: this portion of the bowel, with the rectum, was enormously distended with fæcal matter, of the character above noticed. Remarkable to relate, the whole superior course of the bowels was devoid of solid matter, but considerably inflated; the internal lining of the colon was studded with small circular ulcers; the liver of a dark carbonaceous colour, and greatly diminished in size; bladder empty and contracted. Owing to the distended state of the lower part of the colon and rectum, life was preserved, and the fatal event protracted, from the strong mechanical occlusion of the morbid opening, by the indurated fæces, preventing thereby fæcal effusion into the abdominal cavity.

Cauliflower Excresence of the Os Uteri. — The following is the result of Mr. Lee's microscopic investigations into its composition in a case which came under his notice: — Under the microscope the lobules were found to be covered individually by epithelial scales resembling those of the mucous membrane; and each was composed of nucleated cells, with here and there a bloodvessel ramifying on it, but the tumour was not apparently vascular. The edge of the lobules, with epithelial scales, appeared as if impacted one upon another; beneath which from its circumference, where the cells were much compressed to its centre, cells became gradually developed. There was no appearance of fibrous tissue, nor any of the caudate cells indicating cancer. This, then, was the result of a careful examination of a part of this tumour removed during life. The following is a description of a portion examined the same way after death:—When a piece of the tumour, the only remains of which were in small detached clusters, was taken and placed in water, it appeared to be made up of a number of villi, apparently attached to a central substance of more firm consistence. It was composed of nucleated cells of large size, some circular, some oval, and others elongated oval; these contained a quantity of granular matter and a well-defined nucleus, which appeared to contain a cavity filled with a quantity of granular matter. The two together had the appearance of a cell within a cell, or a compound cell. These cells were connected by fine filaments like cellular filaments. From this examination we conclude that the tumour is composed entirely of cells, and that these are covered by an epithelial membrane; also that it was of simple structure and not malignant. In cases of this kind there has been observed an immense discharge of a watery fluid. This was investigated also. It was of a brownish colour, tenacious to the touch, and of a faint odour; it had the appearance, when in large quantities, of saliva coloured. Under the microscope we found that it was composed of an immense number of nucleated cells, principally of an elongated oval form, containing some granular matter, and each cell was provided with a distinct nucleus; a quantity of granular matter was seen floating in all directions in a thin fluid, which contained a number of epithelial scales. These appearances go far to establish the opinion proposed by Dr. Anderson, that the discharge is dependent on the effusion of cells from the bloodvessels, and thus its great exhausting power is explained.

Case of Extra-Uterine Pregnancy.—Dr. Samuel A. Peters, of Boone county, Missouri, relates in the *Philadelphia Medical Examiner* the case of a woman, aged thirty-five, who formerly enjoyed tolerably good health; had seven children, and was supposed to be pregnant; this, however, had not been satisfactorily ascertained. She stated that three months anterior to her present illness, her menstrua had not appeared at the regular time, but since then they were twice visible at irregular intervals. The owner of the woman said that she had been washing the floor of a room, not having complained of being unwell, when, suddenly, she fell down. She was placed upon a bed, and they supposed her complaint to be nothing more than a "fainting spell," which they said she had had several times before. Her pulse was ninety-six, and barely perceptible; tongue natural; lips pallid; extremities extremely cold. She referred "her misery" to the hypogastric region. Pressure of the hand upon this part of the abdomen neither lessened nor increased "her misery." Examination *per vaginam* could discover nothing that would throw any light upon the nature of the case. The lips of the os uteri were thick and soft, and one of the fingers could be easily introduced into it. She died two hours from the commencement of the attack. The cavity of the abdomen was found filled with a large quantity of fluid blood. Fifteen pints were removed before the examination could be proceeded with. An embryo, with its membranes, was partly adhering to the upper anterior part of the bladder. The chorion, and amnion, and placenta, were distinctly seen. The embryo is three inches in length; all the external members are perfectly formed; it had one coil of the funis around its neck. The uterus was three times its natural size, and three-fourths of an inch in thickness. The inner surface presented no appearance of a membrane lining it. Had a decidua been there, or any gelatinous or fibrinous matter been pre-

sent, it would certainly have been detected. The glandulæ Nabothi were slightly enlarged. The Fallopian tubes presented nothing unnatural, externally or internally. The orifices had the appearance, at the angles of the uterus, which they usually have in the unimpregnated state. The right ovarium was much larger than the left, and when cut into one of the Graafian vesicles was enlarged and filled with a brownish-coloured fluid. Judging from the size of the embryo, and also from what the patient said respecting her menses, it was supposed that she had been pregnant about three months. The cause of the sudden death is obvious. The adhesions of the membranes of the ovum to the bladder becoming ruptured or broken—the bloodvessels of the bladder being consequently opened, and not having the power to contract—they permitted the blood to flow from them until death ensued. There was no deciduous membrane lining the cavity of the uterus. The major part of writers on embryology affirm that the decidua is formed in the uterus before the ovum arrives there, or is commencing to be formed at the time the ovum is impregnated in the Graafian vesicle. This membrane could not be discovered in the above case of ventral pregnancy.

New Instrument for Applying Galvanism and Electro-Magnetism in the Treatment of Uterine Hemorrhage, Prolapsus Uteri, &c.—Dr. Tracy E. Waller recommends the following instrument in applying the galvanic current:—It is made of seasoned wood, of proper size and length, and bent to suit the vaginal curve in the direction of the womb: through this a copper wire passes, with a metallic ball one inch in its longest and three-fourths of an inch in its shortest diameter, fastened by a screw to the end and coated with silver. The wire from the machine is attached at the handle end of the instrument by means of a small hole through the conducting wire or rod. The handle is turned, and of convenient size. The wood from the ball to the handle is well coated with sealing-wax varnish, and it is thus rendered a very neat and durable instrument. When applied to the womb, contraction immediately follows. The manner of making the application is as follows:—A piece of flannel, wet in alcohol or spirits, should be laid over the abdomen of the patient; on this the positive pole is to be held by an assistant, while the physician applies the instrument attached to the negative pole introduced into the vagina, and resting on the os uteri. Galvanism may be employed, no doubt, with success and perfect safety in all passive forms of uterine hemorrhage; and in that common and most distressing complaint, prolapsus uteri, it will be a highly useful remedy. It should be remembered that the negative pole of the battery is attached to the uterine conductor, and the positive applied to the abdomen just above the pubis. Galvanism is useful in dysmenorrhœa.

Anomalous Case of Malformation in a Child-bearing Woman.—Dr. John Smith, of Kingston, Luzerne county, Pennsylvania, was called on to attend a woman, above the medium size, in her first labour; her pains were regular, the second stage fully established. On attempting to pass the finger to ascertain the presenting part, there was found, external to the labia, a membrane containing a fluid, which was supposed at the time to be the bag of waters of the ovum; as it did not expand at the next expulsive effort, and presenting a feeling different from the ordinary membrane, the finger was passed by it into the vagina, the vertex was found presenting in the most favourable position, with the os uteri dilated about two inches in diameter, and the waters of the ovum already discharged. The protruding part had no connection with the os uteri, but was connected or passed through the vagina, a little to the left of the middle and near the superior part of the pubis. The patient had several times complained of what was understood to be simply a bearing down, usual with many females in a state of gestation. Previous to her marriage there was never anything made its appearance external to the labia, but since she became *enceinte*, and more particularly for the last few months, whenever in an erect posture, either sitting or standing, a tumour was continually external, and she had frequently an uneasy sensation in the region of the left ovarium. After the passing of the placenta the protruding sac was returned within the vagina, and her recovery was as favourable as could be expected from any ordinary labour; but immediately on her rising from bed the sac with its contents protruded again, and was a source of much inconvenience. On inspection it was found to consist of a membrane having numerous small bloodvessels on and near its surface, running in various directions, presenting all the external appearance of the scrotum of the male, and on making slight traction it always occasioned pain and uneasiness in the vicinity of the left ovarium. After introducing a gum catheter to establish the fact clearly that it was wholly unconnected with the urinary bladder, it was punctured with a crown lancet, and about two ounces of limpid serum escaped. No benefit was derived from this simple operation. It did not retract within the vagina, while the irritation produced in walking prevented the puncture from healing; it became corrugated, thickened, and pus formed. With a pair of scissors the protruding portion of the sac was severed; the remainder retired to the superior part of the pubis, where could be distinctly felt the cut edges. After the operation no treatment was required, nor was the patient confined to her bed at all. A slight soreness above the pubis on the left side was felt for a few days. The same female in her second labour presented no mark of there ever having been any malformation; her labour was favourable, and she is now in good health. Was this malformation a sac connected with the left ovarium?

Removal of the Parotid Gland.—Professor Pancoast, of Jefferson Medical College, relates, in "The Philadelphia Medical Examiner," the case of a woman, of sixty years of age, who for upwards of ten years had a swelling of the gland, of an acute character, simulating ordinary parotitis. After the acute symptoms had passed away, the gland did not return to its normal size, but remained a little enlarged for a few years. It then began to increase in size. Its growth increasing more rapidly within the last year, being accompanied by much distress from severe shooting pains about the face and forehead, she came to Philadelphia to seek surgical aid, and consented to an operation. The tumour was on the right side of the face, nodulated and irregular in its external aspect, and appearing about half the size of a man's fist. It extended from a little above the zygoma, to a short space below the angle of the jaw—passing forward over the greater part of the masseter muscle, and backward under the ear, so as to elevate and press posteriorly the anterior border of the ear; it likewise nearly surrounded the auditory meatus, and also overlapped the insertion of the sterno-cleido-mastoid. When grasped firmly it was found but slightly moveable, deeply fixed, and firm in its texture, except at its upper part, where there seemed a local point of softening. None of the surrounding lymphatic glands seemed at all involved. The complexion of the patient was somewhat straw coloured, though she appeared vigorous for her age.—In the operation the patient was placed on her left side, with the head and shoulders elevated, and her head well turned towards the left shoulder. The tumour was exposed by a single incision, shaped somewhat like the italic *f* reversed: it was commenced above the top of the ear, and carried forward and downward to near the centre of the tumour, then in a direction sloping slightly backwards to just below the lobe of the ear, when it was again directed forward, downward and nearly vertically, leaving a concavity in front, and terminating about an inch and a half below the base of the jaw, and somewhat within the inner edge of the sterno-mastoid. The dissection was then commenced by reverting the flaps so as to expose the tumour, and continued by separating the diseased mass, first above, then posteriorly, next anteriorly, and, lastly, below. Some vessels bled from the surface of the tumour, as well as some small arterial branches from the flap, but by pressure of the fingers and the application of a few ligatures, all material hemorrhage was arrested. The external carotid artery was now sought for, with a view of placing a ligature upon it, near its entrance into the tumour; this required a slight increase in length of the first incision, as from the size and attachments of the tumour it was somewhat difficult to reach the vessel. It was isolated, however, with its vena comes, and the two were raised on the director, and a Physick's aneurismal needle armed with a ligature passed under them, along the groove in the director, and both secured in the loop. The vessels were now cut beyond the ligature, and, while strong traction was made upon the tumour, it was datached from its connections to a still greater distance below. The patient complained much of the pain caused by the upward traction. The tumour was next loosened to a greater extent above, as well as posteriorly and anteriorly. The central part of it, deeply seated, was the last part detached; and a strong jet of blood, by retrogression from the internal maxillary artery as the final cuts were made, required that a ligature should be applied to the divided vessel. This ligature, with two on smaller bleeding vessels, and the one on the carotid artery, were all that were left at the conclusion of the operation. A small piece of diseased structure being discovered, after the thorough cleansing of the wound, near the bottom of the cavity, it was removed by the handle and blade of the scalpel. As far as was possible, the handle of the scalpel was used during the operation, but for the most part the attachments were so firm as to require the cutting edge. The constant firm traction directed was of much value in facilitating and in hastening the extirpation of the diseased mass. The depth of the wound was very great, as well as its extent. It was six inches in length, exposing the greater part of the masseter muscle, a part of which, being adherent was removed with the tumour, and a small portion of the buccinator was also laid bare. The under surface of the internal pterygoid was exposed, as well as the entire ramus of the jaw posterior to the masseter muscle; the ligaments of the temporo-maxillary articulation was also laid bare on their outer, lower, and inner surface, and the condyle could be seen sliding forward in its socket when the mouth was opened. The finger being placed on the styloid process of the temporal bone (which was exposed its whole length), and carried downward, the contraction of the styloid muscles could be distinctly felt. A part of one of the styloid muscles, which was embraced by the tumour, was removed with it. The insertion of the sterno-cleido-mastoid into the mastoid process was also plainly shown. There was paralysis of the side of the face and of the orbicularis oculi, induced by the division of the portio dura—this nerve having been removed with the diseased structure. The lips of the wound were approximated by suture, and pressed down into the deep cavity by a compress of lint spread with cerate; another compress was laid over the entire length of the incision, and strips of adhesive plaster applied to keep the sides of the cavity in contact. The patient was a good deal exhausted at the close of the dressing, and took about ℥j. wine in some water; reaction soon came on, and she pronounced herself comfortable.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, August 3:—Frederic Foreman Ladd, St. Peter's, Isle of Thanet; Charles Underhill, Wolverhampton; John Mills Wills, Brixham, Devon; Thos. Scott, Sherborne; George Charles Sharman, Moseley.

Appointments.—Dr. Babington and Dr. Jeffreson have been appointed consulting physicians, Mr. Aston Key, consulting surgeon, and Drs. Peacock, Bentley, and Allan Williams, physicians, to the City of London Hospital for Diseases of the Chest.

REVIEWS.

Oratio ex Harveii Instituto in Ædibus Collegii Regalis Medicorum habita die Junii 24, 1848. A Franciso Hawkins, M.D., Coll. Reg. Med. Lond. Socio et Registario, &c. Lond.: Prostat apud J. Churchill, 1848.

The illustrious Harvey, whose discoveries drew down upon him the vengeance of his college, was not only one of its most renowned members, but also one of its greatest benefactors. Blessed with an enlarged mind and ample wealth, he was anxious to serve his own generation by his personal exertions in the scientific world, and then to benefit succeeding ages by devoting his property to the promotion of medical knowledge. Throughout the civilized world the name of Harvey is known and revered, and it can never be forgotten so long as medicine is cultivated as a science.

In the two most celebrated Christian temples of this metropolis, where repose the ashes of many who were renowned in arts or war, the name of Harvey finds no place. He slumbers in an obscure corner of a vault in an obscure village of Essex; and the leaden coffin in which his remains are cased is worn through in places by the corroding influence of time. We consider it incumbent on the College of Physicians not to neglect the last resting-place of their greatest benefactor.

Harvey, during his life, executed a deed of gift to the college of his patrimonial farm, consisting of fifty acres of land, called News, in Burmash, in Kent, the proceeds of which were to be applied to promoting friendship amongst the fellows. For this purpose the deed says, "There shall be at every meeting, once a month, a small collation, as the president shall think fit, for the entertainment of such as come; and, once in every year, a general feast for all the fellows; and on the day of such feast shall be an oration in Latin, by some member to be appointed by the president, two eldest censors, and two eldest elects, so as not to be appointed two years together, in commemoration of the benefactors by name, and what in particular they have done for the benefit of the college, with an exhortation to others to imitate, and an exhortation to the members to study and search out the secrets of nature by way of experiment, and for the honour of the profession to continue mutually in love."

The task of delivering the oration this year devolved upon Dr. Francis Hawkins, and we are happy to say that he has discharged his duty in such a manner as to reflect honour upon himself and the college to which he belongs. Only a few weeks since we lamented the decline of classical learning amongst us as a people. Though the clergy have nearly all the honours and emoluments of our two ancient universities—though it is mostly required of them before they are admitted into "orders" that they are in possession of a degree in arts, yet their knowledge of the Greek and Latin languages is very contracted, few possessing sufficient acquaintance even with the language of ancient Rome to be able to converse or write in it. The same may be said of the members of the medical and legal professions; and if a *savan* were to write a book in Latin, instead of the "vulgar tongue," it would be an astonishing event which would bring upon the learned author a severe castigation.

For our part we should be glad to see the time when men could write either in Latin or their mother tongue, as we conceive it would facilitate the transmission of knowledge from one country to another.

The Harveian Oration, just published, exhibits Dr. Hawkins in the light of an accomplished Latin scholar. His style is, perhaps, a little laboured, but upon the whole his words are well chosen and well placed, showing a knowledge of the language becoming a scholar.

After a short exordium, the orator adverts to the illustrious man through whose liberality funds were provided for maintaining an annual meeting and lecture. His desire for the *unity* of the profession the orator makes an occasion for adverting to the present dissensions existing amongst medical men. "Pudet me," he says, "nonnunquam, cum discordes medicorum sententiæ, ut fit, exprobrantur; cum medici fere omnes, præsertim Angli, ut paulo inter se pugnaciores, subridentur. Pudet hæc opprobria dici nobis. Neque satis est referre, quod inter causidicos non semper bene conveniat; quod inter Theologos flagret aliquando odium, quod dicitur, theologicum. Hæc omnia missa facio. Unum illud dico: hujusmodi opprobria tum demum satis commode refellentur, cum, mitis simus omnium, Harveius, qui, 'virtutes aliorum imitandas, non invidendas ratus,' nos ad majorum nostrum imitationem quotannis excitari vellet, ipse fiat exemplar vitæ morumque, quod respiciamus, quod intueamur, ad quod nos conformemus omnes."

The oration then proceeds to mention, in terms of high commendation, the men who were the benefactors of the colleges and of science, joining with Harvey the names of Linacre and Caius. Of these he says:—"E Caii domo nobis exortus est, medicinæ lumen, Harveius. En! tres nostros quasi conditores. Primus fuit Linacrus, alter Caius, Harveius tertius. Quibus accedat etiam quartus, Hamæus, qui, si minus conditor, et certe restitutor erat. Nam collegium, vel rerum angustiis, vel asperitatibus temporis, oppressum, cum civilibus armis, tum flammis, pœne deletum, Hamæus redemit, eripuitque e periculis, et bis nobis restituit."

Dr. Hawkins very justly speaks in high terms of a good education as well calculated to make an individual pre-eminently an intelligent and successful practitioner. He laments that an opinion should prevail that the men who were best acquainted with literature and science should in general be the worst practitioners. "Quid?" he remarks, "impedicnte medicos humanitatis studia? O! stultos Linacros et Caios! O amentem Harveium! Quam nullius consilii fuerunt Sydenhamus, Boerhaavius, Hallerus, Meadus, Heberdeni, Halfordus! Qui, tanti cum fuerint, docti; credo, majores fuissent, indocti. O! obtrectatores, invidium genus! Nempe, cum viderint sibi doctrinam esse nullam, quam vellent, veluti vulpes in fabula (namque, in re anili, anilem fabulam mihi proferre liceat) quam vellent, veluti vulpes mutila, docti omnes doctrinam suam abscidant atque deponant." This rebuke, so admirably and classically given to the friends of defective general education of the medical practitioner, we hope will not be lost upon them.

The orator then adverts to some of the modern medical heresies, and concludes by calling upon the college to patronize those liberal sciences which adorn the physician, and make him pre-eminently useful. In doing this he says, "Domus hæc nostra in perpetuum stabit."

The oration reflects great credit on Dr. Hawkins, both as a scholar and a physician.

Memoranda for Young Practitioners in Midwifery. By Edward Rigby, M.D. Second Edition, considerably enlarged. London: Henry Renshaw, 356, Strand. Pp. 64.

Some one has remarked that "a great book is oftentimes a great evil:" it is so when the author uses many words on few truths. Our respected and talented correspondent Dr. Rigby has not fallen into this error, but has, with great tact and ingenuity, compressed into the smallest space some of the most important facts connected with the obstetric art. The circumstance that this little book has reached the second edition tells how highly it has been estimated by students and members of the profession; and it is of a truth one of the most useful of the kind which has issued from the press.

We would strongly recommend every student and junior practitioner to purchase this book. It contains more information in sixty-four small pages than some ponderous quartos.

THE MEDICAL TIMES.

SATURDAY, AUUGST 12, 1848.

DR. KNOX ON THE INTERMARRIAGES OF JEWISH FEMALES.

We have received a note from our friend Dr. Knox, containing his reasons for not replying in a more formal manner to Dr. Hinds's letter, published in our number for July 29. They amount to this. To reply in a formal note to Dr. Hinds, would be simply the reopening of the controversy carried on with a gentleman of the Hebrew race in the *Manchester Guardian* and *Courier* about a year ago. That controversy followed and originated in the lectures delivered by Dr. Knox in the Royal Institution to a distinguished and most numerous audience. That controversy would have been continued by Dr. Knox, had it not degenerated on the part of "T. T." (the signature of his antagonist) into mere verbal disputes, doubts and cavils, subtleties and pretensions, proving to a demonstration that whatever might be the constitution of the Hebrew world, that at least of the Hebrew "T. T." was wholly unfitted for the investigation of scientific truth.

The questions raised by Dr. Hinds of Birmingham simply repeat those of "T. T." of Manchester. They have a reference to, first, the circumstance that Jewish ladies will not contract intermarriages with persons of other races.

Now, this is either a fact, or it is not. Dr. Knox has made all the inquiries in his power, and he finds it to be a very general belief that Jewesses, like the other dispersed race, the gipsies, will not generally marry out of their race. Dr. Hinds says he knows of five instances to the contrary: be it so; say there are twenty such cases on record; does Dr. Hinds mean to deny the fact that such marriages are not approved of, and that such marriages are merely the exceptions to a great general law? As a scientific man, Dr. Hinds ought to know that this is the real question.

2. The next question regards the probable extinction of the Jewish race: this inference Dr. Knox, we know, has drawn from the following considerations, namely, the gradual extinction of the *Coptic race*, of whom the well-marked portion of the Jewish race is most evidently *the lineal descendant*. 2. The miserably small increase in their numbers since the Exodus. In his first letter "T. T." of Manchester asserted that the Jews were very numerous; will Dr. Hinds condescend upon their numbers when the race quitted Egypt, comparing the figures with the present numbers; give us the annual ratio of their increase; and compare that increase with the Celtic, Saxon, or Sarmatian? Let Dr. Hinds, belonging as he does to a most calculating race, try the question by figures, leaving out all generalities. The theoretic views of Dr. Knox, in respect of the element of races and its influence over all human affairs, may be correct, or they may not; they may or they may not be applicable to human history in all its details: it is a new element introduced into human history, and must of necessity expect to meet with that opposition which all new doctrines are destined to encounter. But we may appeal to the columns of the daily press for the truth of this single remark. When these lectures on races were first delivered, nearly three years ago, at

Newcastle, and the new element of race offered to the public as the theory most applicable to the explanation of human events—whether applied to the *individual man* in contradistinction to the *average man* of the illustrious Quetelet, it was shown by Dr. Knox to be equal to the unfolding of the individual, and, consequently, of the national, character; or applied to nations, when it would be found adequate to explain their rise and fall; or applied to the general history of mankind, in which case it enables the historian to predict, within certain limits easily ascertainable, certain great events, such as the present position of continental Europe, distinctly foretold by the theory of race, and was so foretold,—then we think it must and ought to be admitted that a theory receiving at this moment all over Europe (not forgetting Ireland) a complete verification merits a much deeper attention than Dr. Hinds seems to give to it. The philanthropist and universalist, as Dr. Hinds evidently is, would have us believe that distinctions in race are merely accidental, conventional, and remediable by education, civilization, religion, and civil government. Journalists daily assert this; historians have based their ponderous works on such utopian views, and statesmen, trusting in the bayonet as they all do, have added their practical hypocrisy and cant to the utopian views of the philanthropist. They have told you that Celtic Ireland will become Saxon under Saxon laws! Sclavonians of Posen, Bohemia, Croatia, Hungary, will become good Germans by living under German institutions! and the Hebrew race become Englishmen, by being born and brought up in England! German men, by being born and brought up in Germany! Dutchmen, by living in Holland! The pompous gravity with which such absurdities are daily offered to the public by the English press amounts simply to the ridiculous. Dr. Hinds, like some other universalists, places much reliance on the mingling of races. Look at the results in Mexico and Peru! For many centuries the Saxon and the Fedeschi have lived under the same government—the house of Austria: have they amalgamated? Have they fused? Have they united? The sword converted the principality of Wales and Ireland into portions of England, no doubt; and a sufficient stock of that all-powerful lawmaker, the bayonet, might just as easily make of them an integral portion of Muscovy; but has the bayonet turned the Celtic-Welsh into Saxon-Englishmen? Is Ireland Saxon? Just so long as we have 50,000 English bayonets there, but no longer.

The idea that any race can be governed by laws, customs, and manners opposed to its physical nature is a delusion which seems almost confined to the English press. It arises, we believe, from our insular position. But this delusion cannot continue much longer: it is opposed to every historic truth, ancient and modern; it is opposed to the laws of nature. Nationalities not based on race must perish, even though "they should form an empire on which the sun never sets." Let the Jew imitate the continental German: let him endeavour to recover his lost rights *as a race*. The German-Saxons, crushed down by Celtic, Sarmatian, and Sclavonian bayonets for so many centuries, are now endeavouring to recover their lost rights—*their rights as a race*. The moment is favourable, but will they avail themselves of it? We have our doubts. Already they have forgotten their affiliation with the Scandinavian Saxon, from whom the purest Saxon blood has always been derived. Add to this the unmatched selfishness of the race, and their dislike to unity of effort, and it is easy to foresee that the struggle to regain their rights must be severe. England, too—Saxon England—will throw her influence into the scale against any continental Saxon union.

These remarks will, we trust, satisfy Dr. Hinds that, in speaking of the races of men, the author of these lectures has no wish to disparage any race. To him it is a matter perfectly indifferent whether Negroes or Jews call themselves sons of Teutonia and sons of Britannia, or candidly admit their origin and race. But, if there be one race more than another disposed, we think, to act unfairly by the Hebrew and the coloured men of all races, it is the Saxon, call him by what name you will—Anglo-Saxon, Continental Saxon, Dutchman, German, American, African, Australian, Tasmanian. The affectation of fair play on their part for all races is simply cant. Saxon liberality is simply organized (organic?) hypocrisy. Saxon loyalty, humbug. Withdraw the bayonet, and every English colony will revolt within twenty-four hours. It is the character of the race. The Saxon is constitutionally the democrat *par excellence*, and the utilitarian beyond all that ever was known on the earth before his time; the most grinding, moreover, and selfish of all races. Look at Posen, Bohemia, Italy. In respect of the Jew as a *dispersed* race, if not a wandering one, he must, so long as he is thus dispersed, share the fate of the feeble and the disunited. But let him seize Jewry (if there be such a place) by violence or purchase; let him assume a place amongst the nations of the earth; and then, and then only, is he worthy of any consideration. Let him imitate the Sclavonian and the German, or Saxon, with more of liberality than the canting, hypocritical Saxon, who demands liberty for Germany, but slavery for Posen, Sclavonia, and Italy: it is the same race who shout for liberty at New York, and declare it death to advocate the freedom of the Negro, or to stand up for his rights as a human being. If bravado and a love of war be the drawback of the Celtic race, an inordinate self-conceit, a selfishness without a parallel, and a cant and hypocrisy quite peculiar to the race, form serious blots in the Saxon character. But these we speak of *are races* of men, united to a certain extent, powerful, bold, and manly, with specific institutions, character, and government. Dr. Hinds must, we think, admit, on reflecting on the position of the *million* of Jews said to reside in Poland, their position in Bohemia, Austria, and Africa, that the prospects of such a race are not worthy a moment's consideration.

THE ANNUAL MEETING OF THE NATIONAL INSTITUTE.

The National Institute held its annual meeting on Wednesday last; and at the termination of a second year's existence as a regularly constituted body the Council have presented their members with a Report of their proceedings in connection with the negotiations that have taken place at the College of Physicians, with the view of bringing the vexed question of Medical Reform to an amicable settlement. This report will be found to be of exceeding interest, as it gives us an ample *exposé* of the principles and bearings of the arrangement that the delegates have adopted. It has not yet been published, so that we have not an opportunity of giving it a detailed notice.

The "principles," however, upon which the report is founded have already been placed before the profession, who would do well to give them their serious consideration, as there can be no doubt that a plan recommended by the unanimous assent of *all* the medical corporations in the United Kingdom, and of the influential Council of the Institute, will receive the favourable notice of the Government. We believe that, taken as a whole, the arrangement is the best that could have been made under existing circumstances. The mere fact of a conference of delegates from the various licensing institutions in England, Ireland, and Scotland, having been held in London to arrange the principles of this scheme, reflects great credit on the Council of the National Institute, through whose perseverance and zeal this result has been undoubtedly achieved.

Much of the error that has existed in reference to the delegates' scheme will be removed by the publication of this report. It is not expected that the opinions and prejudices of all disputants will be removed: there will still be honest opponents, whose opinions have been formed after considerations that the report will not rebut, as there will still be some noisy busy-bodies, who go about talking marvels about things they do not understand to others who understand them no better, but who manage to obtain credence from credulity by unceasingly crying out the old doggerel—

> "From highways and byways come up and see,
> We are the wise men, the wise men are we!"

Like the drumboy after a battle, who, because he had made the loudest noise, fancied himself the most important person on the field, so each of these gentlemen imagines himself a hero because he is beating a drum.

The profession will doubtless look forward to the publication of this report with interest, as it may be hoped that it will remove many erroneous notions now entertained respecting the true bearings of the present scheme for a final arrangement. We understand that the rash assertions of certain busy gentlemen styling themselves "associations" have been somewhat smartly castigated.

POOR-LAW MEDICAL CONVENTION.

A fortnight ago we published the Report of the committee of the Poor-law Medical Convention—a document which, we have no doubt, has been read with interest by all the members of the medical profession. The proceedings of those gentlemen, to whom a most important trust has been delegated, have been such as to reflect the highest honour upon themselves, and cannot fail to produce great satisfaction in the minds of all the poor-law medical officers of this kingdom.

The difficulties which the committee have had to encounter have been great, and their labours have been abundant, but we believe that no opportunity has been lost to do what was possible for those whom the committee represented. When they commenced their important work they had to expose and denounce the evils of the present system—evils which had been multiplied and strengthened by time, and which perseverance and courage alone could eradiate. The committee had also, like good generals, to place their forces in the most advantageous order of battle. Every union surgeon felt his own case to be one of peculiar hardship, and one which deserved immediate attention; it was necessary, therefore, to impress upon each that individual interests could be best served by united efforts for the welfare of the whole body.

It was most judicious in the Convention, therefore, to bring forward some of the more serious evils connected with poor-law medical relief, in order that they might be placed prominently before the Government. The numbers which formed the Convention were sufficient to entitle it to respect; and the circumstance that *all* the poor-law surgeons did not belong to it may be attributed to any cause rather than want of confidence in the Convention. This body must not, therefore, be viewed as representing simply the feelings and opinions of 805 union surgeons, but as the chosen advocate of the whole poor-law medical staff. We have taken some trouble to ascertain the sentiments of many directly interested in the proceedings of the Convention, but who do not belong to it, and in no instance have we found either disapprobation or distrust expressed towards this body.

It was an act of sound policy in the committee to endeavour to secure the co-operation of the three London medical corporations; and it is highly creditable to these institutions, as well as to the Provincial Association, that they appeared ready and willing to promote the objects of the Convention. For once our professional rulers seemed to take an interest in the welfare of general practitioners, after having governed them for years with an iron sceptre. This one instance of well-doing in corporations proverbially selfish will not be forgotten by the profession, and we hope that it is symptomatic of contrition for past sins. We cannot avoid remarking, that if our corporations had always acted with a view to promote the best interests of the profession, the present agitation would not have been necessary either to secure justice for poor-law surgeons, or to obtain an extensive measure of medical reform.

There is one part of the report upon which we wish to make some remarks. The committee having solicited information from the medical gentlemen engaged in union practice, 805 returns were made; and from some of them it appears that, on the issuing of the order of the commissioners for the allowance of extras, several of the boards of guardians, for the purpose of evading it, reduced the salaries of the medical officers; others (a few only) gently constrained the medical officers to compound for all extras, by a small fixed addition to the annual salary; whilst others have *systematically and rigorously evaded it, by peremptory instructions to the relieving officer* to send all cases of accident, or cases requiring surgical operations, to the hospitals to which the board subscribes. This is much complained of, not on account of the mere loss to the medical officer of the fees, but for the injury and risk suffered by patients during the removal—sometimes in carts, over bad roads, for many miles.

The following case shows the necessity of taking from guardians the unlimited power of subscribing to hospitals, in order that accidents to paupers may be sent there. About four or five months ago an inquest was held at Northampton on the body of a young man who died under circumstances which appeared to involve a charge of negligence against the medical officer of the union; and, in consequence of the verdict of a coroner's jury, an inquiry took place about three weeks since, before one of the assistant poor-law commissioners, in the board-room of the workhouse. It appears that the Northampton guardians subscribe to the infirmary; and the young man, named George Elliott, upon whom the inquest was afterwards held, having been taken dangerously ill, was directed to apply to the relieving officer for a letter of admittance into the hospital. This being on a Friday, the order could not be signed till the guardians met on the Tuesday following; and a letter was, therefore, sent to Mr. Woods, the parochial surgeon, requesting him to see the patient. From the circumstance that this order was merely for the surgeon to certify that the pauper was a proper object to be sent to the hospital, Mr. Woods did not visit him immediately, and on the Sunday the patient died, without having received medical assistance.

It is evident that the medical officer was here misled by the nature of the order, which was not the usual one, commanding his attendance, but one simply for him to ascertain whether the applicant was a proper object for admission into the infirmary. This could not take place before the Tuesday, and when Mr. Woods called on the Monday the patient had been dead many hours. The commissioner before whom this investigation took place expressed a strong opinion upon the practice of the board of giving two kinds of orders to the medical officer. The patient in this case certainly suffered injury, and Mr. Woods has been blamed for alleged neglect. The Poor-law Convention has wisely denounced this system as derogatory to the parish, injurious to the pauper, and unjust to the surgeon.

It is our earnest hope that the committee will be well supported in their efforts to bring about a sound measure of poor-law medical reform. Though they have laboured diligently, the fruits have yet to be gathered, but we trust the harvest will be all that they desire. In the meantime they have much encouragement to labour—friends multiply, enemies waver, and the Government has manifested a disposition to improve the system of poor-law medical relief.

STATE OF THE PUBLIC HEALTH DURING THE LAST QUARTER.

The Registrar-General has published his usual quarterly return, from which we ascertain that a very remarkable improvement has taken place in the state of the public health. The number of deaths registered in the three months ending June 30 was 46,552; which is less by 11,158 than were registered in the winter quarter of the present year, and less by 5033 than were registered in the corresponding quarter ending in June, 1847. The latter half of the year 1846 the whole of 1847, and the first quarter of the present year were remarkable for the very high rate of mortality which prevailed; but during the last quarter the deaths have scarcely exceeded the average of the last nine years.

In London the deaths in the quarter were 12,945; the deaths in the preceding quarter were 16,455; in the quarter ending December, 1847, when influenza prevailed, 19,605. Influenza has almost disappeared, 50 cases of death only being returned during the last quarter as resulting from this disease. Smallpox was fatal to 381 persons in London; measles to 306; scarlatina to 816; hooping-cough to 449; purpura and scurvy to 12; typhus to 882; erysipelas to 129. Smallpox, scarlatina, and typhus were prevailing epidemics in London. In one week scarlatina proved fatal to 107 persons. Typhus reached its maximum in the latter end of last year; it has since then been on the decline, but it seems to prevail longer in an epidemic form than other diseases of this class.

In the country the health of the population has remarkably improved, though smallpox and scarlatina have been prevailing epidemics.

The deaths in London from diarrhœa, dysentery, and cholera were 11, 23, 13, and 14 in the first four weeks; 27, 31, 37, and 51 in the last four weeks of the quarter. This mortality is somewhat higher than the corresponding quarter of 1847. The deaths ascribed to cholera in the same quarters of the eight years 1841—8 were 1, 7, 8, 9, 2, 9, 4, 17; in the last year, therefore, though the deaths are not numerous, there is a slight excess.

These three diseases mostly prevail in the months of July, August, and September, when the temperature is high; and the popular opinion that they may be attributed to the eating of fruit is proved to be an error. These diseases attack infants at the breast and persons in prison unable to procure fruit; and Sir John Pringle states, in his account of the diseases of the campaign in Germany, that the dysentery which attacked the camp after the battle of Dettingen, fought in June, 1743, made its appearance before any fruit was in season except strawberries, which, from their high price, the men never tasted, and ended when grapes were ripe and freely eaten by all. Vegetables, being essential parts of the food of man, only disorder the stomach when taken in excess.

There is as yet no trace of the epidemic cholera which is ravaging Russia, from Moscow to St. Petersburg, and ascending the Danube. Seventeen years ago it prevailed at St. Petersburg, reached Sunderland in October, London in February, 1832, Paris in March of the same year. It is yet uncertain whether it will pursue its former course. The sanitary condition of the principal continental cities is such as to place them in the very worst condition to withstand an epidemic. In London, though symptoms of improvement have manifested themselves, much remains to be done to secure the health of the population. In the parish of Marylebone, the largest and wealthiest in the metropolis, *one hundred and ninety-one* streets are entirely without proper sewerage, while a great portion of the remainder are defective or incomplete. There are also 2732 gullyholes opening into the sewers, from which escape the most noxious and disgusting gases. These "gullyholes" are nuisances which ought to be forthwith removed, as the gases generated in the sewers can be easily carried up the sides of chimneys over the houses into the smoke.

It is a mistake to suppose that the houses of the rich and middle classes, to say nothing of the poor, of London are well drained and are adequately supplied with the means of cleanliness. Yet some of our large provincial towns are in a worse sanitary condition than the metropolis, while they are superior to the continental cities. It is probable, judging from the last epidemic, that these will feel most the fatal effects of cholera. This is no argument, however, against improving the condition of our own populous towns by supplying the inhabitants with pure water, removing all dirt, and, where drains exist, keeping them as free from smell as possible.

As regards the cholera raging at the present time in Russia, it is not possible, from the accounts received, to say whether it is more or less fatal than in the former epidemic. Petersburg and Moscow are nearly in the same sanitary condition as London was in the seventeenth and eighteenth centuries; and under any circum-

stances the mortality from cholera in London, or in other cities of the United Kingdom, will probably not approach the mortality in Petersburg, where it was raised eighty-four per cent. in 1831-2, when the church burials in London were raised only eleven per cent. In Paris the deaths were raised by cholera nearly seventy-two per cent. A deficient supply of water, bad drainage, filthy privies, the wretchedness of the poor, sufficiently account for the devastation of the cholera in the French capital sixteen years ago; and sanitary improvement has hitherto attracted little public attention there.

The weather during the first month of this quarter was a continuation of the wet weather of the two preceding months; that during May was extremely fine; and that in the month of June was changeable, wet, and dull. Till April 5 the daily temperature of the air exceeded the averages of the same days of seven previous years by 11°.9, 12°.8, 15°.6, 16°.1, and 7°.2; on the 6th it was below the average, and for the most part continued below till May 2, at times to a great extent; from this time till the 30th of May the daily temperatures exceeded their averages by quantities varying from 2° to 15°. From May 30 to the end of the quarter the daily temperatures were below their average values, with the exception of eight days only.

THE SALE OF CARRION MEAT IN THE LONDON MARKETS.

At the present time attention is directed to the best means of promoting the public health, and a crusade is carried on against all drains, sewers, and cesspools. Sanitary reformers do well in exposing and denouncing these nuisances, and there is a prospect of their being so considerably modified as to remove from the atmosphere of our large towns much that is injurious to health. The evils which the Public Health Bill is intended to remove are palpable, and therefore can be dealt with by a legislative enactment with comparative facility. There are, however, causes which operate injuriously on the public, which are not easily detected, and therefore cannot be removed except with great difficulty.

An impure atmosphere is doubtless the cause of a large amount of disease, but bad food exerts no small influence in producing sickness and even death. In this metropolis the quantity of unwholesome meat which is daily sold to poor and rich is scarcely to be credited, notwithstanding all the pretended diligence of persons whose office it is to prevent the sale of improper food. A correspondent who has recently addressed us on the subject says that almost all cattle which die from disease, or are slaughtered immediately before death becomes inevitable, are sent from this neighbourhood (North Leicestershire) to London, and there sold, some being cut up in the usual way, while others are converted into pies or boiled down to make soup. Animals are thus disposed of which the owners of hounds are afraid to give as food to their dogs. One of the salesmen to whom the carrion is consigned lives in Newgate-market. The name of this secret poisoner of her Majesty's subjects our correspondent gives, but, of course, we cannot at present publish it.

With the statement of our correspondent we perfectly agree, as we have known many instances in which diseased animals have been dressed up and sold in the London market. A few years back a poor woman, who resided in Essex, had a pig in the sty from the sale of which she expected to obtain money sufficient to pay her rent. The pig, however, became ill, and suddenly died. No time was lost in sending for the butcher, who on his arrival performed all those necessary operations which render pork attractive and saleable in the London market. The next day the carcase was sent to town, and when the bill of sale came back the poor woman was surprised and delighted to find that her *diseased* pig produced more money in Newgate-market than the healthy ones she had previously sent.

Within the last three years, in Suffolk, a farmer hit upon the notable expedient of fattening his hogs for the London market upon horseflesh. He accordingly erected a large boiler, and purchased far and wide all the worn-out and diseased cattle he could; the furnace was constantly in operation, and the stench arising from it was so disgusting that the persons in his neighbourhood were compelled to interfere. Of course no one for many miles round would eat pork out of this locality, but in London it sold charmingly. The farmer, however, was compelled to give up his method of fatting pigs, in consequence of the parishioners threatening to indict him.

These are but a very few instances of the improper way our meat-markets in town are supplied. The price at which flesh is sold is not always a criterion of its goodness; for if it looks well and is tender the better sort of butchers purchase it without being aware, perhaps, of its being diseased.

At the present time our City authorities ought to be especially active in preventing the sale of improper food, and surely some means could be devised to prevent persons sending up to the London markets animals whose flesh is scarcely considered in the country fit for dogs. The subject requires close investigation.

ALLEGED POISONING WITH HEMLOCK.

NORFOLK CIRCUIT.

Ipswich, Wednesday, August 2.

Crown Court.—(*Before Mr. Baron* Parke.)

Hannah Bowyer, aged 22, was indicted for the wilful murder of her child, Beatrice Bowyer, by administering to her a quantity of hemlock on the 1st of May last, at Haverhill, in this county.

It appeared that the deceased was a child of two years of age, and the issue of the prisoner's intercourse with some other man. This infant she had never shown much affection for, and when she took up with a person named Glasscock, who in the spring of last year went on an expedition from Haverhill into the fens, in which he was accompanied by the prisoner, the child stood very much in her way. After this she lived with Glasscock for some time. The unnatural mother frequently expressed herself in the most rancorous and brutal manner, threatening to do for it, to kill the d— little beast, and to poison the wretch, avowing that her continued existence was the only obstacle to her living comfortably with her paramour. Immediately before the 1st of May she was heard to prophesy that the child would be dead before long, naming the 1st of May as the last day of its existence, and asserting her intention to give it some hemlock. So plainly did she speak on the subject, that the wonder was that the police were not set in motion; but no one interfered, and on the 1st of May she went out into the fields and gathered some hemlock with the aid of a girl, who pointed some out to her, saying that the child's feet were sore. In order to give some colour to the death of her child it would appear that the wretched creature went through the form on the last day of April of getting an order from the union doctor to visit her, though at that time, and up to two o'clock on the following day, the child was to all appearances quite well and happy. On that day, at two o'clock, the child was playing about the cottage door, where the prisoner was standing talking to a neighbour, and as usual venting her feelings towards their unsuspecting object. Just then the child ran into the house; her mother followed her, and gave her a crust of bread. She had hardly been in the house a minute before the child cried as if in pain, and in another minute the prisoner issued from the cottage bearing the child in her arms. The first sight showed that some sudden blow had been struck at the life of the child; her eyes protruded as if she was scared; her limbs hung lifeless about her body, and all her muscular powers seemed to have been in one instant paralyzed. Glasscock at this time returned home, and the prisoner carried the child to the doctor, saying that she had been attacked with diarrhœa, for which disease the medical man prescribed. The prisoner went through the form of administering the medicine, but it was, of course, useless, for the poor thing continued to droop after her return home, and before the clock struck three its heart ceased to beat. A partial examination of the stomach was made, but, its contents having been thrown away, nothing could be adduced against the prisoner in the way of medical testimony of a decisive character. The body, moreover, was exhumed, and the viscera sent up to London, when they were analyzed by Mr. Taylor, the well-known chemist. Even that examination, however, was fruitless; no poison was detected; but Mr. Taylor, on analyzing some plants similar to that gathered by the prisoner, and known vulgarly as "wild parsley," easily detected the presence of a poison which, if administered as a decoction, would be speedily absorbed into the human system, and with fatal effect, death being preceded by those symptoms which were deposed to in this case. Under these circumstances the prisoner was taken into custody on the 8th of May, when she insisted on a policeman being sent for, to whom she made a statement, which, being objected to on the ground that some informal caution had been given to her by the policeman, was rejected by the learned baron. Besides this, however, Glasscock gave evidence against her which went far to criminate her, corroborating the other witnesses as far as the use of vindictive expressions went, and even going to the full extent of admission that she had given the child poison.

In addition to the evidence above detailed, it was shown that though the stomach of the deceased and its contents had been examined by the medical gentlemen at Haverhill, under the impression that death was attributable to hemlock, they had not succeeded in detecting the slightest vegetable substance or any traces of any poisonous fluid.

Mr. Martin, one of these gentlemen, expressed his doubt whether hemlock was of so dangerous a quality as was supposed by many chemists, and stated that he had administered a decoction made from a quantity of that plant—about equal to that which the prisoner was supposed to have employed—to a rabbit, and that the animal had not suffered the slightest inconvenience from the dose. He also deposed to having been informed by a gentleman last night that he had been in the daily habit of eating the leaves of the hemlock plant for a considerable time past, and that he had not experienced any bad effect from such treatment.

In addition to these facts, Mr. Taylor, whose celebrity as a chemist is well known, submitted the viscera of the deceased to the most searching test, and could not discover any trace either of the poisonous fluid itself or of the vegetable. At the same time, however, he examined and analyzed a bundle of the plant, and extracted a deadly poison from it, of which thirty drops

would be fatal to a full-grown man, while a much less quantity would suffice to extinguish life in an infant of two years. Mr. Taylor also stated that the absence of the vegetable matter, both from the stomach and viscera, was not conclusive against the administration of a poison decocted from plants, for it was possible, though not probable, that the fluid might have been carefully strained or skimmed with a spoon, and that so none of the vegetable particles would pass into the body of the deceased. This witness spoke to the symptoms which would follow upon the administration of hemlock as being analogous to those detailed by the witnesses who saw the child carried by her mother to the doctor, and at the time of her death.

His lordship, at a late hour of the evening, proceeded to sum up the whole evidence to the jury, pointing out the effect of the medical testimony on the facts detailed in evidence relating to the death of the deceased. It was true that no poison had been discovered by the aid of science in the body of the child, but that fact was not inconsistent with the supposition that her death was attributable to hemlock, for it might all be absorbed into the system; and the statements of the prisoner, if they gave credit to them, clearly admitted that she had given the child a decoction of a poisonous plant. The jury would, therefore, take the whole case into their anxious consideration, and return a verdict accordingly.

The jury retired for half an hour, and at the lapse of that time the foreman said, "We find the prisoner not guilty. We entertain a doubt, and give her the benefit of it."

GOSSIP OF THE WEEK.

UNIVERSITY OF LONDON.

MATRICULATION EXAMINATION.

EXAMINATION FOR HONOURS.

MATHEMATICS AND NATURAL PHILOSOPHY.

Bytheway, John Edward (Exhibition)	Wesleyan Coll. Inst., Taunton.
Scott, John Charles Addyes	Edgbaston Proprietary School.
Guthrie, Francis ..	University College.
Cohen, Arthur Joseph	University College.
Brown, William Henry	King's College.
Fripp, Herbert G. R.	Private tuition.
Gillett, Charles ..	University College.
Martineau, Russell ..	University College.
Bidlake, John Purdue	Private tuition.

CHEMISTRY.

Carpenter, Alfd. (Prize of Books)	St. Thomas's Hospital
Bayy, Frederick Wm.	Mercht. Taylors' School
Rice Bernard	Queen's College, Birmingham.
Pearse, William Henry	Marischal College.
Bidlake, John Purdue	Private tuition.

CLASSICS.

*Piggott, Henry J.	Equal.	Wesleyan Coll. Inst., Taunton.
*Scott, John Chas. Addyes ..	Equal.	Edgbaston Proprietary School.
*Hodgkin, Thomas ..		University College.
*Hall, Theophilus Dwight ..	Equal.	Private tuition.
*Stebbing, Wm...	Equal.	King's College School.
Martineau, Russell ..		University College.
Bidlake, John Purdue		Private tuition.
Fox, Wilson		University College.
Wild, J. Anstey ..		Wesley Coll., Sheffield.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on the 4th inst.:—Messrs. C. Underhill, E. Horner, J. Hendley, E. Andrews, R. C. Clark, J. King, and H. Bowe.—On the 7th inst.:—Messrs. C. H. Holman, C. B. Mitchell, H. T. Whittell, S. W. Devenish, J. Phillips, W. H. Slade, and G. R. Cubitt.—The following members of the college were admitted Fellows at the meeting of the council on the 10th inst.:—Messrs. W. J. Anderson, Grove-place, Brompton; W. Cadge, Hoveton, Norfolk; W. W. James, Exeter; C. H. Moore, Mortimer-street; J. Robertson, Hitchin, Herts; and H. H. Walton, Bernard-street, Russell-square.

ALLEGED NEGLIGENCE OF A MEDICAL OFFICER.—On Monday an inqniry took place at the Liverpool Workhouse, before Mr. Alfred Austin, the poor-low inspector, into the conduct of Mr. Steele, one of the parish surgeons, respecting his treatment of a pauper patient in the Lock Hospital. The charge against Mr. Steele was, that he improperly applied acid nitrate of mercury to the throat of a female, named Ellen Ashworth, which was in a state of ulceration. A good deal of evidence as to the propriety or impropricty of this mode of treatment was gone into, and the report of the inspector will be made to the poor-law commissioners, who will decide upon the matter.

PUBLIC HEALTH BILL.—On Tuesday evening Lord Morpeth moved that the House should consider in committee the Lords' amendments on the Public Health Bill, and the House immediately resolved itself into the proposed committee. Several of the amendments were agreed to, and some others dissented from; and it was determined to ask a conference with the Lords on the points upon which the two Houses differed. In the course of the discussion Lord Morpeth read extracts from the despatches of our consuls in various foreign ports, containing descriptions of the ravages made by the cholera, and showing the steady approaches which it was making to this country. He was, therefore, most anxious that the committee should assent to the various precautions which the House of Lords had recommended as best calculated to arrest the progress of that terrible disease.

CHAIR OF INSTITUTES OF MEDICINE.—The town-council of Edinburgh met at twelve o'clock on Monday week, in their room at the University—the Lord Provost in the chair. Dr. Bennett, who at a former meeting was unanimously elected Professor of the Institutes of Medicine, was introduced to the council. A minute was then drawn up, stating that he had been duly admitted and received as professor of that chair, and the college committee was appointed to proceed, along with Dr. Bennett, and introduce him to the Senatus Academicus. On the committee entering the hall in which the senatus was assembled, Bailie Melville, as college bailie, addressing Principal Lee, introduced Dr. Bennett, and concluded by producing a commission in favour of Dr. Bennett, and a certificate of his admission to the professorial chair.—Principal Lee said the senatus had been accustomed to receive the deed of commission at the hands of the patrons, but as to any act of official admission from such a quarter they were not acquainted. Were such a step insisted on, he would protest in his own name, and in name of any member of the senatus who adhered to him, against any departure from the usual manner of procedure. The very rev. principal read an extract from the minute-book of the senatus on the occasion of the admission of Dr. Robert White, as professor of medicine, to show the usual manner in which admissions were conducted, and then continued to remark that there was no case in which an act of admission was ever laid on the table of the senatus along with a commission.—About twenty minutes afterwards, the college committee returned to the patrons' room to report the result. Bailie Melville briefly recapitulated the facts above detailed, and added that, after considerable discussion in the senatus, Dr. Robertson rose and said, that, whatever might be the effect of the act of admission by the patrons, there was no reason why the senatus should not proceed to admit and receive Dr. Bennett in the usual way.—The senatus accordingly did so; and entered the same in their minutes. Bailie Melville thereupon protested that the admission of Dr. Bennett had already taken place, and that the act of the senatus was not to be held as his admission, but the previous one by the patrons themselves.—The council approved of the diligence of the college committee, and immediately adjourned.

CIVIL SIDE.—(Before Mr. Baron Rolfe.)—HAWKINS *v.* CLUTTERBUCK.—HEREFORD.—This was an action of covenant against a surgeon for improperly dismissing and refusing to educate an apprentice. A question on the construction of the Stamp Act arose under these circumstances:—It appeared in evidence that the plaintiff, who was the uncle of the apprentice, agreed at first with the defendant to pay him £250 for the board, lodging, and education of the apprentice for the period of five years, but that before the apprenticeship deed was executed he suggested, in order to avoid the stamp duty on the full sum of £250, that £99. 19s. should be appropriated for the education simply of the apprentice, and that the deed should specify that sum and that object, and notes for £150, which should be the amount appropriated for the board and lodging of the apprentice, should be given to the defendant. This was done, and the apprenticeship deed was accordingly drawn up with a stamp only for a £99. 19s. fee, and stating the consideration to be merely the instruction of the young man, who entered upon his apprenticeship, and after five months was dismissed by the defendant on the ground of improper conduct. Upon these facts Mr. Alexander objected to the reception of the apprenticeship deed in evidence, inasmuch as the 8th Anne, chap. 9, secs. 35 and 39, provided that an apprenticeship deed should not be received or be available in any court or place, or for any purpose, which did not truly state the full amount of money or consideration directly or indirectly given. Here the real amount of consideration was £250, and the insertion of £99 19s. was an evasion of the statute. The 55th George III., chap. 84, merely specified the amount of the duty to be paid, and did not otherwise affect the provisions of the act of Anne. "R. v. Baildon" (3 B. and Ad., 427); "R. v. Evershall" (4 Ad. and El., 498); and "Jackson v. Warwick" (7 T. R., 121) were quoted in support of this objection.—Mr. Godson and Mr. Gray having been heard on the other side, his lordship said: I think I must receive the deed with liberty to the defendant to move to enter a nonsuit. My opinion is that it is receivable on this ground—I think that while the matter is *in fieri* the parties may separate the sum to be paid if they think fit. If there had been £250 agreed to be given for that which the party covenants to supply, that would have been within the statute. Suppose they had met and agreed that the apprenticeship should be only for two years, but that they should afterwards go on, on the same terms, for a longer period, they might agree for a fee for the two years. It is said that the statute is evaded; that word is quite improperly used. That question came often before the law-officers of the Crown when I was Solicitor-General. The Stamp Act is not intended to fetter the proceedings of parties; and if a party so acts as not to be hit by it he has a right to do so. If a party has a claim for £100 he may take £99. 19s. He is in a different predicament from what he would have been in if he had inserted all. Suppose he had had two indentures, one for providing for meat and another for the teaching, there would have been no objection.—The case, and two other actions arising out of the same circumstances, which, however, were not for trial here, having been ultimately compromised, being referred to his lordship while the jury were deliberating, and at once disposed of, to the satisfaction, apparently, of both sides, the above point cannot now be brought before the court above.

IMPORTANT CAUTION.—Mr. W. T. Callon, surgeon, of Liverpool, has communicated through the *Mercury* the particulars of a case which recently came under his attention, and which should operate as a warning to the public against the use in culinary operations of a certain description of glazed pan. Mr. Callon was sum-

* The examiners report that the first five passed a distinguished examination. The award of the exhibition is not yet determined.

moned at midnight to see a gentleman who was alarmingly ill. He returned from his office, about nine o'clock, in perfect health; but, after having slowly eaten some preserves, was seized with violent palpitation and painful contractions of the muscles, succeeded by giddiness, vomiting, and cold clammy perspirations. Mr. Callon ascertained that the preserves had been made in one of the glazed pans which have recently been introduced into culinary service, and on examination he found that portions of the glacious surface had been removed by some corrosive action, small portions of it being scraped off. As the symptoms were analogous to those of poisoning by arsenic, he administered the proper remedies to his patient; and the pan he caused to be conveyed to Dr. Brett, professor of chemistry at the Royal Institution. Dr. Brett states that 'a portion of the enamel had evidently been removed from the bottom of the pan, as if by the corroding action of some acid." A small portion of the enamel was chipped off from the side and ubmitted to analysis, when unequivocal evidence of the presence of arsenic was obtained. Dr. Brett says, "I have also made some experiments upon the enamel of an iron saucepan, apparently of the same description as that which you submitted to me. I find certain acids capable of acting upon the enamel and separating arsenic therefrom. The acids used were muriatic, acetic (in the form of common brown vinegar), and citric acid, and in all these instances I detected arsenic."

JENNY LIND'S CONCERT.—The committee for conducting the concert given by Jenny Lind, for the benefit of the Hospital for Consumption and Diseases of the Chest, report that the sum received amounted to £1766. 15s., which will be devoted (in accordance with the wish of Mlle. Lind) towards the erection of the eastern wing of the hospital. The concert having been entirely free of all ordinary charges, nearly the whole of the sum obtained will be appropriated to the charity.

THE CHOLERA IN EGYPT.—A communication just received from Cairo announces the appearance of cholera; and that 374 deaths are reported by the Board of Health up to the evening of the 20th ult. Some cases had, about a fortnight before, occurred in the lazaretto; and, as the pilgrims among whom these had arisen have since proceeded to Cairo on their way to Mecca, public opinion is disposed to attribute the importation of the malady to these creatures. However, the report drawn up by some medical gentleman—a document full of intelligence and important facts—takes other grounds, and instances the extraordinary atmospheric phenomena recently observable, and corresponding in its leading peculiarities with like epidemic features attendant on severe plagues, in former years, as a proof that the originating causes were not extraneous. The barometer, which in this country is rarely subject to any extensive variation of range, has, since the beginning of the month, fluctuated between 29·40 to 29·60; its usual summer height being from 29·90 to 30·20. The winds, which for most part of the summer blow from N. to N.W.—and always regular and steady—have, during the period named, proceeded generally from S.S.W., S.W., and W.—often blowing a gale, with thick, cloudy atmosphere—indications by no means peculiar to the season. The air has been unusually damp and steamy, approaching evening in particular; and the heat in the interior of the country considerably over an average.

DEATH OF GENERAL RIGEAU.—The *Moniteur* announces the death of General Rigeau, at Vaucluse, of sporadic cholera. Our private letters surmise, from certain precautionary measures of the police, that the arrival of the disease in the French capital was deemed probable.

GENERAL BEDEAU.—We perceive that the wound under which General Bedeau is suffering has assumed so alarming an appearance that his attending surgeon, Pasquier, has found it necessary to propose a consultation of the leading medical men of Paris.

THE CHOLERA.—The *Kolner Zeitung* states, in their "latest intelligence," that the cholera has broken out at Czernowitz (in the south-east of Galicia) and in Sweden. It is asserted that the plague is not only raging at Stockholm, but that it has penetrated into the interior of the country, into Finland and Laland, and that it is of a most malignant character.

OBITUARY.—On the 26th of August, at Fiddington-house, near Devizes, aged 29, John Willett, M.D.—Lately, aged 61, Sir Joseph De Courcy Laffan, Bart., K.H., M.D., and LL.D., formerly physician to the forces in the peninsular war, and to his late Royal Highness the Duke of Kent.

MORTALITY TABLE.

For the Week ending Saturday, August 5, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	1038	972
SPECIFIED CAUSES...	1038	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	434	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	36	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	101	120
Diseases of the Lungs, and of the other Organs of Respiration	60	80
Diseases of the Heart and Blood-vessels.....	25	28
Diseases of the Stomach, Liver, and other organs of Digestion	70	79
Diseases of the Kidneys, &c.	17	8
Childbirth, Diseases of the Uterus, &c.	10	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	6	7
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	24	50
Violence, Privation, Cold, and Intemperance.....	17	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

TO CORRESPONDENTS.

"Perturbatus."—The certificates are not in accordance with the College regulations. A petition should be sent to the court of examiners stating all the circumstances, and it is possible that they will admit to examination.

"P."—An abstract has already been given, which must suffice.

"Thomas."—We cannot answer the inquiry in full, as it would occupy too much of our space. We will, however, if an address be forwarded, send a private communication.

"Ego."—Our correspondent has not read with sufficient care the lectures just published. By referring to them again he will obtain all the information he seeks.

"Miles."—Hennen enumerates three cases of hemorrhage from the cause referred to. In one case the wound after amputation had healed to within half an inch, It was necessary to open the stump, which postponed the cure for three months longer.

"B."—We have had a portion of the calculus analyzed by an expert chemist, who has pronounced it to be lithate of soda. The other request shall be attended to.

"Medicus, Limerick."—The contribution cannot be inserted without authentication.

"A Constant Reader, Glasgow."—The Diploma of the Faculty gives no authority to practise medicine in England. Probably no one would interfere in the matter.

"Lucius."—The medical points raised will be found considered in the last edition of "Cooper's Surgical Dictionary."

"Socius."—The proposed settlement of the question of reform by the English corporations contemplates no such injustice.

"Alpha" has our best thanks.

"Amicus Paupertatis."—Paris, Montpelier, Strasburg, or either of the Scotch universities.

"A Two Years' Subscriber."—We are not acquainted with any such person.

"Iota" proposes that licensed medical practitioners should form, and well support, an anti-empirical society, whose object would be, by tracts and appeals through the journals, to unmask quackery and enlighten its dupes.

"A Reader."—Lupuline may be obtained of any respectable chemist.

"T. B. L."—The coroner has power to order proper remuneration, but he cannot in the instance referred to be compelled to exercise it.

"Graduatus."—The College examination is not difficult.

"Anxius."—There is some doubt about the question, but the best opinion is, that he is legally a surgeon that pretends to be one.

"A Tyro" may obtain the information he asks for in any almanac.

"An Edinburgh Student."—Address Mr. Upton, clerk of the Apothecaries' Society.

"Mr. Harris."—The complaint arose from a misunderstanding.

"B. A."—It would be illegal.

"An Apothecary."—We decline publishing the letter.

"H. I. C."—The bill must be presented to the magistrates at the quarter sessions.

"T. Bean."—Yes.

"Mr. Spencer"—There are glass tubes manufactured on purpose, which may be obtained of Mr. Ward, Bishopsgate-street.

"Amicus."—Leeches, ice to the throat, calomel in large doses, so as rapidly to affect the system, and tracheotomy if required.

"An Apprentice, Leeds."—The expenses of education will depend upon what schools are attended. Consult the Students' Number of the *Medical Times*.

"Londinensis."—Any one can be a licentiate of the Edinburgh College of Physicians who has obtained an M.D.'s degree. The fee for a non-resident licentiate is £55.

"Mr. Davies."—The first request shall be attended to. Mr. Balfour is best able to answer the second; that gentleman should be addressed on the subject.

"A Student of Trinity College, Dublin."—We cannot comply with the request.

"P. P. P."—The paper shall appear.

"Ipswich."—Conium maculatum is one of the most virulent of English vegetable poisons.

"P. N. W."—Yes.

"Volo."—Communication received.

"Dubitas."—The fee had better be taken.

"Oxonian."—We have a high opinion of the work mentioned.

"A Manchester Student" is referred to the last edition of "Fowne's Chemistry."

"An Observer."—The operation cannot be noticed unless we have an authorized report. We do not publish hospital mistakes unless some public good is to be accomplished.

"A Pupil, Cheltenham"—The Apothecaries' Company will have no objection to our correspondent spending the last two years of his apprenticesbip in attending lectures with the master's consent.

"Justitia's" paper on "Reform in Private Lunatic Asylums" is under consideration.

"Invalid."—The person is not a qualified medical practitioner.

"Kâf."—Communication received.

"A. B."—1. The degree does not confer a right to practise. 2. The examination is stringent. 3. Yes.

"A Two Years' Subscriber and Well-wisher."—1. Yes. 2. Yes.

"Mr. Corfe's" letter on chloroform was received too late for insertion in the present number; it shall, however, appear next week.

"Mr. Braid, St. Peter's-square, Manchester," "On the Abuse of Anæsthetic Agents, &c.," received. It shall appear next week.

"Discipulus."—Yes, if the remaining three years were afterwards served. The law is imperative in demanding five years' apprenticeship.

"Mr. R. Heson, Barnsley, York."—With good materials, the directions given in the *Medical Times* will be found to answer the purpose.

Letters and communications have also been received from Perturbatus; P.; Thomas; Ego; Miles; B.; Medicus, Limerick; A Constant Reader, Glasgow; Lucius; Socius; Alpha; Amicus Paupertatis; A Two Years' Subscriber; Iota; A Reader; T. B. L.; Graduatus; Anxius; A Tyro; An Edinburgh Student; Mr. Harris; B. A.; An Apothecary; H. I. C.; T. Bean; Mr. Spencer; Amicus; An Apprentice, Leeds; Londinensis; Mr. Davies; A Student of Trinity College, Dublin; P. P. P.; Ipswich; P. N. W.; Volo; Dubitas; Oxonian; A Manchester Student; An Observer; A Pupil, Cheltenham; Justitia; Invalid; Kâf; A. B.; A Two Years' Subscriber and Well-wisher; Mr. Corfe; Mr. Braid, St. Peter's-square, Manchester Discipulus; Mr. R. Heson, Barnsley, York.

No. 464. **SUMMARY.** Aug. 19.

ORIGINAL LECTURES—
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 247
Clinical Lecture on Diseases of the Skin, delivered at the Hospital of St. Louis, by M. GILBERT .. 248
ORIGINAL CONTRIBUTIONS—
Clinical Notes, by RICHARD DE GUMBLETON DAUNT, Esq..... 250
On the Use and Abuse of Anæsthetic Agents, and the best Modes of rousing Patients who have been too intensely affected by them, by J. BRAID, Esq. 251
Case of Tumour in the Vagina impeding Labour; Expulsion of the Fœtus by Natural Efforts; communicated by W. ILOTT, Esq. 252
Case of Asiatic Cholera successfully treated with Arsenic. communicated by Mr. ATKINS 253
PROGRESS OF MEDICAL SCIENCE—
Academy of Sciences; Meeting of Aug. 7..... 253
Method of Detecting Mineral Poisons in Organic Matter 253
Academy of Medicine; Meeting of Aug. 8..... 253
Gunshot Wounds 253
REVIEW—
Recent Advances in the Physiology of Motion, the Senses, Generation, and Development, by Wm. Baly, M.D., and W. S. Kirkes, M.D. 254
LEADERS—
The Upton-upon-Severn Guardians and their Medical Officers 555
Appointments at University College Hospital 255
Is Hemlock a Poison? 256
On the Administration of Chloroform, by GEORGE CORFE, Esq. 256
The late Upton-upon-Severn Medical Officers' Address to the Medical Profession 256
University of London—First Examination for the Degree of Bachelor of Medicine..... 258
Mr. James Bird on Medical Reform 258
The Cholera 260
GOSSIP OF THE WEEK..... 261
King's College Hospital 261
The Hospital for Consumption 261
German Hospital, Dalston 261
Devizes—Trial of C. P. Fitzgerald for Manslaughter 261
Broadribb v. Maddock 261
The Cholera in Russia, &c. 261
MORTALITY TABLE 262
TO CORRESPONDENTS 262

ORIGINAL LECTURES.

A COURSE OF LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXX.

(Continued from page 218.)

Gentlemen,—In my last lecture I spoke of the effects following the bites of some venomous reptiles, and the pricks and cuts of dissection. Before discussing the subject of external injuries which consist in a breach of continuity, I must allude to wounds made with the stiletto and bayonet, which produce most mischief from other causes than the mere solution of continuity that takes place. Not only do they reach to a considerable depth, injuring the large blood-vessels, nerves, or viscera, according to the course traversed by the instrument, but they give rise to very serious collections of matter, especially when an aponeurosis or fascia has been penetrated. Two things are particularly noticeable as consequences of the entrance of a pointed instrument—the extension of inflammation all along the course of the puncture, and the formation of matter under the fasciæ. If you glance for a moment at the shape of a bayonet, you will perceive that its entrance into a part must produce not only a division of texture, but, acting like a wedge, it rends the fibres asunder and produces contusion and laceration. From this cause we do not find in bayonet wounds the same tendency to unite which we see in wounds made with a sharp cutting instrument; and where the instrument has entered deeply through tendinous expansions, the inflammation extends very widely, attended with severe pain in the parts, great swelling, and abscesses running under the fasciæ. The constitutional symptoms are in some cases symptomatic fever and great agitation of the nervous system; but these, of course, vary according to the position and extent of the wound; and on this point I must refer you to what has already been remarked on wounds in general. I may mention that bayonet wounds, speaking of them as they are met with after a great battle, are often principally serious on account of the danger done to the visceral organs, as the lungs, bladder, or intestines, not only producing laceration but protrusion of the viscus. I remember, after the battle of Waterloo, not less than twelve cases of wounds of the chest, abdomen, and pelvis, in which the viscera protruded: in one case it was the omentum, in another the mesentery, and in a third six or seven inches of a lung, which were visible. Of these many are at once fatal from loss of blood; for although you may, in a particular case, when a large artery has been wounded, have no external hemorrhage, yet the quantity of blood extravasated may be sufficient to cause almost immediate death.

In the treatment of these wounds the indications are not to dilate the orifices unless you have an artery to take up, a portion of the weapon to extract, abscesses to be opened, or sinuses to be divided. Many evils formerly occurred through the mistaken views of surgeons with regard to these wounds. It was considered necessary to assimilate them as nearly as possible to the nature of simple incised wounds; and thus the practice was in all cases, without distinction, to make deep and extensive incisions, in order to render the external communications wider. But it was forgotten that when the surgeon approached the wound to alter its character, as he imagined, the worst characteristic of the wound, namely, the rough violence done to the fibres by the entrance of a wedge-like body, was not to be effected by any such enlargement. The great causes of the collection of matter, such are the depth to which a punctured wound often penetrates, and the number of parts implicated, You will find the best method of treatment to be to abstain from dilating the orifice of the wound, except in the cases already mentioned; and to apply simple, mild, and unirritating superficial dressings; after applying them, cover the limb or part with linen wet with the lotio plumbi acetatis or cold water. If you employ a roller to retain the dressing, let it not be too tightly applied. You will then attend to the constitutional state of the patient, and guard against inflammation by venesection, the exhibition of aperient saline medicines, and low diet. If the pain is severe, opium may be given. If, as in some cases is inevitable, suppuration takes place, you cannot do better than employ poultices and fomentations, and when matter forms, provide it promptly with an outlet.

We have now, gentlemen, taken a view of the process by which many incised wounds are cured—union by the first intention. In a former lecture I commended this process as more speedy than any other, and as having the additional advantages of leaving the skin in its original state, and of causing a much smaller scar. We have next to consider the other mode in which these wounds can be healed; and we shall find that it is identical with that which we observe carried on in the case of ulcers—suppuration, granulation, and cicatrization. It is a process of reparation and restoration by which the chasm or cavity occasioned by ulceration, or by a wound not capable of union by the first intention, is filled up, and the parts brought as nearly as possible into their original state. I say as nearly as possible, for the new texture is not exactly like the old one, being wanting in those lines and indentations by which stretching was provided for, and elasticity secured, in the former skin. We observed, when speaking of ulcerations, that the restoration of the texture was carried out by the greatly increased activity of the nutrient arteries, and the diminished action of the lymphatics of the part (or perhaps of the absorbent functions of the veins). When a wound, whether though actual loss of substance or an unfavourable state of the system, cannot be united by the first intention, suppuration is unavoidable, and only one process can lead to a healthy condition of the part. The great means in this mode of cure are granulations; these are little, conical, rounded points, of a softish substance, which appear on the surface of the wound or ulcer which is to be healed; they thus contribute material wherewith the chasm or cavity is filled up; and forming on all points, proceeding from the circumference towards the centre, and from the bottom towards the mouth, of the wound, they serve to bring the opposite sides as near together as circumstances will allow. When circumstances determine the healing of an open wound or an ulcer by this process of granulation, instead of by union by the first intention, the wound soon becomes very painful, and presents all the symptoms of inflammation. A thin serous discharge of coagulating lymph takes place and covers the entire surface, filling up its interstices, giving to it a uniform appearance. When this lymph has been deposited by the vessels of the part, the latter send out small shoots into the coagulated lymph; these shoots, which consist of fibrine, shortly receive a vascular organization, by which they are supplied with blood; granulations are thus, in fact, nothing more than organized fibrine. As a general rule, suppuration takes place as soon as granulation commences; indeed, it is a general belief that a granulating surface is never seen unaccompanied with a secretion of pus; but there are cases which are thought to be exceptions. John Hunter observed something which he believed to be granulations taking place between the ends of a fracture where there was no formation of matter; and it is observed that ulcers formed in cartilage or of the cornea do not seem to secrete pus. However, you will find that there is an intimate connection between the two processes. John Hunter's observations are remarkable for the minute study of the process of granulation which they exhibit; he describes each granulation as furnished with an artery at its base; but the results of microscopical examination do not corroborate this view; still they are supplied with arterial blood, and it cannot be doubted that they have veins for the return of blood. In proportion as the process of granulation goes on favourably, the little cones are more pointed, their colour is a lively red, and their vascularity very great. When they spring from sensitive parts, they are themselves very sensitive; and we find that by touching them with a probe we may excite considerable pain. It is said that those granulations which originate in fibrous textures, as in the tendons and fasciæ, are not sensitive unless in an inflamed state, when they are capable of feeling like other parts. We know that granulations are provided with absorbents, on which account surgeons are bound to be very cautious in using the red precipitate ointment; salivation has frequently been brought on as effectually through the absorption of mercury from dressing through these granulations, as it could possibly be by administering it

internally as a medicine; and the urinary organs may in like manner be affected by cantharides applied to an ulcerating surface. Belladonna, when used as an application to irritable ulcers, has been known to bring on amaurosis from paralysis of the retina; and arsenic absorbed in the same way has been fatal to the patient. The next stage in the healing process is cicatrization, in which new fibro-cellular tissue is formed, and the new skin or cuticle covering them. The chasm or cavity of a suppurating wound having been filled up with granulations, the next desirable change is the production of a new skin, by which they may be covered. As the whole mass of granulations diminishes in diameter as they each undergo absorption, the original parts with which they are connected are thus drawn closer together, and the old skin is drawn further over the part. Much new skin is thus rendered unnecessary, and the value of this anti-cuticle property is so obvious that I need not dwell upon it. The sore, assuming a dry appearance and no longer secreting pus, is quickly covered with a fine thin, smooth, bluish pellicle. This pellicle, which precedes the formation of a new skin, extends from the circumference of the ulcered wound to the centre of the sore until all the granulations are covered, when secretion of pus ceases. The pellicle in forty-nine cases out of fifty, is formed at the edge of the suppurating wound, where it is derived from the adjoining skin, unless we suppose that the surrounding skin communicates a disposition to the nearest granulations, as bones give an ossifying disposition to granulations formed upon them. It sometimes, however, happens that the new skin is first formed in the central parts of the wound or ulcer, away from the edges: there I have generally found very large ulcers, as those proceeding from burns. John Hunter thought that the powers of Nature were in such cases exhausted. Sir Astley Cooper thought that, whenever new skin was formed away from the edge, the old cutis had not been quite destroyed. This may occur in burns, but cannot in many cases where we know the whole of the cutis must have perished, and yet these islands of new skin form away from the edges. The cuticle is formed much more quickly and easily than the cutis; and, while the latter in general only grows at the edges of a sore, the former may be produced and grow at all points simultaneously. With respect to the *rete mucosum*, whether it is capable of renewal is an undecided question. John Hunter observes that the cicatrix which he saw in the leg of a Negro from a wound received when he was young was white, as seen in old age. After a time the cicatrix has become more vascular than the original skin; it is also more opaque, less supple, less mobile, less elastic, and destitute of those lines or furrows which we see in the cutis. The subjacent mass of new textures also presents a firm and compact feel. At a later period the cutis and the granulations below it lose much of their vascularity, and then the cicatrix, instead of being redder than the surrounding texture, becomes even less so; the skin, however, retains its shining, stretched, and smooth appearance. You find that the cicatrix continues to diminish in diameter some time after its formation is completed, so that at the end of contraction a cicatrix which was originally three inches in diameter may be only one inch and a half wide.

CLINICAL LECTURE ON DISEASES OF THE SKIN, DELIVERED AT THE HOSPITAL OF SAINT LOUIS.

By M. GILBERT.

Medicine, like all other sciences, is based upon certain common-sense truths, which are received by the whole human race. Such is life, the vital force, or *medicatrix naturæ* of Hippocrates, or, if you please, the form which includes the principal phenomena of living and active organisms submitted to the study of the physician.

The distinctive characteristic of every false and imperfect system is a disregard of this general formula; and its applications are limited to theories and classifications opposed to this form, and, consequently, to common-sense truths.

It is by this infallible sign that you will recognise the falsehood of systems which have prevailed in medicine at different periods, and of one which is still predominant, and is with reason denominated the *anatomical system*.

As I said last year, we who are now living—dazzled by the progress of diagnostic topography and localization, of pathological anatomy, of analytical chemistry, and of the microscopic examination of our secretions and tissues—are left to follow in the train of clinical observation and of vital therapeutics. These latter studies, too frequently neglected by the anatomist, the chemist, and the microscopist, are believed to be settled upon a basis which some amongst us have called *positive medicine*.

In our particular department, for example, some have wished to impose upon us as *progress* a system of classification founded upon a description of the anatomical elements of the skin affected with cutaneous diseases.

Further, they pretend that this admission alone of the anatomical element as a basis of classification of cutaneous affections would tend to raise naturally a theory and mode of treatment *positive* and rational.

But we think, as elsewhere we have demonstrated, that it is not to anatomy, nor even to the microscope, that we must look for inductions which may favour some particular theory or mode of treatment of diseases. The material lesions which anatomy verifies are not the products of vital acts, the nature of which are made known to medical experience by circumstances altogether inappreciable to anatomical investigations; for example, intermittent and typhoid fevers, variola, &c.

Anatomical facts undoubtedly ought not to be neglected; they come in as important elements in the history of disease. But, though we may draw certain conclusions from them as regards the nature and mode of treatment of diseases, by relying solely upon them we shall be in danger of committing many errors.

Besides, we said just now that all false and defective systems are easily discovered, by their containing statements which appear openly to contradict the truths of common sense, deduced from observation and the experience of centuries. As regards the special pathology of cutaneous diseases, we perceive this character strongly impressed on the systems propounded by different authors to establish a classification founded upon anatomical appearances, for the purpose of reconciling falsehoods and erroneous inferences abounding in it.

A celebrated writer observes that it is generally admitted (but ought we to admit it as anatomically demonstrated?) that the following parts form the tegumentary covering:—The vascular network composed of arteries, veins, and lymphatics; the papillary bodies, the secreting and excreting apparatus of the perspiration, of the epidermis, of the colouring matter, of the sebaceous follicles, of the hair bulbs, of the matter of the nails, and of the cellulo-fibrous tissues.

We consider this as purely hypothetical, and it is a grand source of error to separate these different textures, in order to make them the seat of special affections, so that there may be raised upon an unsubstantial basis the foundations of a classification.

Let us prove at once by an example how difficult it is by this sort of microscopical analysis of the complex tissue of the skin to establish the foundation of a classification.

Urticaria is placed by the author of this scheme amongst diseases of the *papillary* tissue; another dermatologist assigns it a place among affections of the vascular network; a third, in the follicular or glandular structures; whilst a celebrated micrographer, Dr. Gruby, of Vienna—who had raised on a living person and examined with the microscope a small portion of skin upon which were formed the pimples of *urticaria*—thought to have demonstrated from this specimen that the elevations were produced by an inflammation and dilatation of the glandules and sudorific canals, accompanied by a serous exudation into the dermis.

But let there be admitted one or other of these different hypotheses, what inference can there be drawn which may be applicable to the theory and therapeutics of the disease; and what the classification which will enlighten us as to the nature of the affection? What element shall we take to establish a supposed medical treatment, positive and rational? Shall we learn better by it to diagnose, to judge, and treat urticaria?

All these systems of classification, as I have elsewhere shown, are serious inconveniences (they have precisely for their object to avoid what their authors have stated) to unite and reconcile those affections which essentially differ. It is even so: in that which we have cited is found ranged in the very same class, rubeola, pemphigus, and nævus; in another, prurigo and Greek elephantiasis; in a third, pityriasis, eczema, and corns of the foot; in a fourth, lichen and favus, &c. Why make these strange reconciliations to justify the claims set up by the dermatologist partisans of the anatomical school, and to found a classification which should show the nature of diseases?

The authors of these several classifications are doubly deceived—1. In thinking to give a solid basis to their systems by taking for a foundation an anatomical element (so frequently hypothetical). 2. In supposing that this fundamental anatomical element can serve to guide the practitioner in his search after therapeutic indications.

What does the anatomical structure of that part of the skin which may be considered the principal seat of the eruption show of the nature and treatment of *pustula maligna*? When you have classed variola amongst diseases of the cellulo-fibrous tissue of the skin, lupus amongst affections of the sebaceous follicles, elephantiasis amongst diseases of the papillary bodies, have you not imagined it a pure hypothesis, and one the most dangerous of all others, since it presents itself under colour of an *anatomical* fact, that is to say, a fact positive, natural, verified *de visu*? And, above all, in what can this anatomical classification serve you as a guide to give you an insight into the nature and therapeutics of a disease?

The anatomists have evidently shared the illusion of the dermatologists, who indeed admit a basis of classification more rational, since they seek it in the proximate cause and in the exterior form of diseases of the skin (as Lorry, Alibert, Baumes, and some others); these imagine themselves arrived at such perfection that their classification is equally a guide to form a theory and to establish a mode of treatment, and that they well deserve the name of *naturalists* adopted by Alibert. We think these two schools, apparently so opposed, have committed the same error in giving to a system of classification a capacity and attributes which it does not possess.

We, who fear more the anatomical hypothesis than the hypothesis of the school which is called *natural*, but who seek to avoid both, make classification a means of diagnosis, and adopt for a foundation the *clinical* fact, which cannot deceive us, since it may constantly be verified by daily observation.

Thus we see a certain number of affections characterized by *redness* of the tegumentary surface more or less vivid, and the naturalists take from this class, as we do eruptive fevers, erysipelas, &c. To our first order, we give the title adopted by the classic authors, *exanthemata*. This order does not comprehend more than four special affections, viz., erythema, pellagra, roseola, and urticaria — all characterized by a red or rose colour, more or less vivid and more or less superficial, and which becomes pale the moment the finger is pressed upon the part affected.

Opposed to this order we form another, which comprises, on the one hand, special affections marked by a permanent colouration, and, on the other, those where the skin is decolorized; this second order includes blotches and decolorations.

Blotches are of three kinds: purpura, nævus, and freckles (elyphides); decoloration of two kinds, viz., albinism and vitiligo; in all five species.

In the third order there is not only redness, but also the formation of serous bullæ; this order takes the title of bullæ, and does not include more than two species, rupia and pemphigus.

A fourth order is characterized by an alteration, as it were, or diminution of the preceding; it is that of vesicles; it reckons only three species; but the most important and extensive, viz., scabia, herpes, and eczema.

In the fifth order there is not only a serous vesicle, but the formation of purulent pimples; this is the pustular order. These are again divided into four species: acne, ecthyma, impetigo, and eruptions, which are included under the general title of favus.

The sixth order is that of papulæ, which consist of small pimples, dry and itching. Three species only appertain to this category: prurigo, lichen, and strophulus.

The seventh order is characterized by a desquamation of the cuticle, with or without discoloration of the skin; it comprehends of itself three species: ptyriasis, psoriasis, and ichthyosis.

The eighth order offers for a characteristic an alteration of the skin much more serious and deep-seated than in the order preceding—of little indurated tumours, which often extend to the entire thickness of the integuments, invading one or more points of the surface of the body, and sometimes the whole surface entirely. This order includes many serious exotic maladies, and which are only produced in our country occasionally. It reckons at the most only six species, viz., keloides, molluscum, pian, radesyga, lepra or elephantiasis, and a malady vulgarly and generally known under the name of *lupus*, or esthiomenos. This last order is entitled *tubercular*.

As an appendix to the eight preceding orders, we study the *syphilides*, eruptions caused by venereal contagion, but which may be produced under all the preceding forms enumerated.

A German author, who has published one of the first tables of *anatomical* classification of diseases of the skin, has sought to establish, by the aid of direct experience, the succession and dependence of the different forms which have served to diversify our subject, as proving one only and the selfsame anatomical process—that is to say, they are only degrees of the same alteration.

We do not pretend to deny absolutely that, by the application only of hot water, for example, or of iron more or less heated, or by any other stimulus applied to the skin, there may be produced successively the different alterations of colour or texture that we have designated under the names of erythematous redness, bullæ, vesicles, pustules, &c.

But does this contradict the existence, as a clinical fact demonstrated by every-day observation, of special eruptions which assume such and such forms, and which may be distinguished by these characters? Certainly not; and there is nothing to hinder these characters, which constantly appear and are easily recognised, serving as a basis for a classification, as I have already said, and becoming the means of diagnosis.

For years we have insisted upon this practical point, and we maintain that the partisans of the *anatomical school* and those of the *natural school* might have arrived more easily with the aid of our classification at correct diagnosis than by means of that which they have been obliged to substitute as more *natural* or *positive*.

For years it has been easy for us to demonstrate by a number of examples furnished by our *clinique* that those most numerous and common are precisely those of which the diagnosis, fixed and based upon the clinical form, throws more light on the nature, prognosis, and treatment of disease.

Thus there are certain characteristics easy to comprehend, by which *scabies* may be known; and we may distinguish not only other papular or pustular eruptions which may be confounded with this, but even other species ranged with this in the order *vesiculosa*; and we may, by the aid of diagnosis alone, precisely and rigorously arrive at all the knowledge—etiological, pathological, and therapeutical—which concerns the physician.

Indeed, the description alone of the species *psora* implies the nature of a disease contagious, accidental, produced by an external cause, of short duration, exempt from all serious consequences, and easily cured by topical applications.

As regards *lupus* and the *syphilides*, to class and name the species is to have a complex idea of the diseases: it is to be able to exercise a judgment complete and certain of the nature, progress, prognosis, and mode of treatment of diseases of this species.

On the contrary—in the first classification of *Alibert*, for example, which is also that of which the terms are most used in France—the word *dartre*, employed as a generic term, may become a source of error and confusion, by allowing of the association and union of eruptions whose form and progress are entirely different.

Again, those who, making little of a case of rigorous diagnosis, believe that all the art consists in seeking out an empirical remedy opposed to every chronic affection of the skin, without troubling themselves concerning the name and the class, I think expose themselves to commit in practice gross mistakes—to confound, for example, psora with prurigo, or eczema esthiomena with erythema; this, with a syphilitic eruption, at one time neglecting to arrest at the commencement by active topical applications the progress of a disease; at another time treating by depuratives, purgatives, and spare diet, eruptions so simple and accidental, that the mildest topical application would easily cure; it is always necessary for the physician to exercise his judgment, as he will have not only to prescribe some remedy, but moreover to exercise a correct opinion concerning the disease, to determine its cause and nature, to understand its progress, to point out its gravity or mildness, to foresee its issue—in a word, to answer all the questions which may be addressed to him by his patient and by those around him.

Who does not see that a diagnosis, precise and rigorous, is the only means of arriving at such conclusions?

For example, and to speak of one of those cases which commonly presents itself in practice:—A young person has upon one of the cheeks a redness, puffy and diffused, which has arrested the attention of the parents; the physician is consulted, and he belongs to that class, of which unfortunately there is a large number, who, otherwise instructed, have not especially devoted their attention to disease of the skin, and who regard as trifling and useless the pains we take to classify and name these diseases. Very well; this case, so simple and easy for the dermatologist, embarrasses the routine practitioner; he hesitates to give an opinion; he knows not what to call the disease: "it is a blotch," says he, "a pimple, an efflorescence;" thus time is lost. Another, more rash or more desirous of concealing his ignorance, calls it the *couperose*, and prescribes some insignificant remedies. A third, yet more imprudent, decides that it is a syphilitic eruption, and fills the family with fear and trouble.

Whilst the enlightened and intelligent physician, who has acquired some experience in the matter, and who, embued with the principles of our classification, will be enabled before all to name the kind of malady which is under his observation, with this redness, puffy, diffused, and more or less indurated; he knows that it appertains to the order of tubercular diseases, and that in this order there cannot be found either *lupus* or *esthcomena*; then it is known that if the progress of the disease is not quickly arrested by topical applications, it will spread, ulcerate, and become the cause of frightful deformities. In a word, by inspection and precise diagnosis only the physician embraces the whole history of the disease, and can give his patient all the information which it is important for him to know.

Diagnosis is the culminating point in the study of skin diseases; therefore our classification, which is before all a means of diagnosis, and which is based on characteristics precise and easily comprehended, ought to be preferred to all others.

This preference, moreover, is easily to be justified, if I establish a comparison between the classification which I have showed you and of Alibert or others still more recently proposed, either by the students or by the rivals of this able professor, or, in fine, by the modern partisans of the German microscopists of the school of Rosenbaum.

We know, also, that among these different classifications there has always been some advantage for the physician to prefer those founded upon clinical and vital considerations to those which take their point of departure in the microscopic study of the anatomical structure of the constituent parts of the skin.

What do we know, indeed, of importance of *urticaria* (in order that I may further illustrate the example already cited above), when we have admitted, with some, that it ought to be considered as an affection of the papillæ; or with others, that it must be regarded as characterized by inflammation of the follicles and of the sudoriferous canals? What do we know of importance concerning psora, or herpes, when we have ranged among the sudoriferous textures with M. Baron, or among the glands of the skin with M. Rosenbaum?

On the other hand, if, as in the first classification of Alibert, we employ the generic term *dartres* to designate the majority of chronic eruptions, at least we have the advantage of tracing back, by the term alone, borrowed from popular language, the notions of proximate cause, of tenacity, of facility of relapse, of hereditary tendency, of the necessity or utility of general medications, &c., which attach themselves again to many of the cutaneous diseases, designated in our system of classification under the ancient and classic names of *eczema*, *impetigo*, and *acne*.

Thus, in preserving our classification, because it is more clear, more simple, and more suitable to establish the *diagnosis*, we have been anxious, in the study of the species, to recal those general notions, which are the fruit of the experience of ages; and the observations of every day convince us it may be applied to individual cases.

The spontaneous development, and without a known cause, of most cutaneous affections—the hereditary nature of some, the duration and obstinacy of a great number, the relapse so easy and rapid in most of the cases—compel us to admit a *diathesis* which these perpetuate. It is this diathesis which the physicians of the last century denominated the *vice dartreux*.

A specific mode of treatment has been opposed to this diathesis, sometimes with success, almost always with benefit; it is the employment of sulphurous baths, with which must be combined the administration of aperients.

The *syphilides* being, of all other special diseases of the skin, those of which the etiology, the diagnosis and therapeutics are the least established, those also which it is most important to well understand, and of which the study must be most carefully prosecuted by all practitioners, it is with this order that we shall commence.

Each lecture (and already by the succinct account we have presented above, you have been able to see that it will be easy for us to confins our course within very narrow limits) will be composed of two parts, the one *dogmatic*, in which we will expose briefly the principal features of the history of each morbid species; the other *clinical*, in which a great number of dis-

cases will pass successively under our notice, presenting to us living examples of the species, and affording us an opportunity of repeating all the points of the history of the disease which may interest the practitioner.

By combining these two modes of instruction you may easily acquire here, and in a very short time, the science and experience that the most approved lectures and most extensive practice could not give to the physician who has neglected this special instruction so fruitful in practical application.

ORIGINAL CONTRIBUTIONS.

CLINICAL NOTES.—No. XII.

By RICHARD DE GUMBLETON DAUNT, Esq., M.D. (Edin.), Member of the Faculty of Physicians of Rio de Janeiro; Member of, and late Honorary Secretary to, the Parisian Medical Society; and Member of the Historical and Geographical Institute of Brazil, &c. &c.

"Si autem pro otioso verbo reddimus rationem, videamus, ne reddamus pro otioso silentio."—S. AMBROSE, *Liber de Officiis.*

A few months ago one of my clients, who was at the time suffering from chronic inflammation, with ulceration of the larynx, and who a few days afterwards died with symptoms of cerebral softening, as very many of his family had previously died, came to me complaining that, having that morning accidentally placed a finger on his right wrist, he was alarmed at not perceiving the usual arterial pulse, while in the left wrist all was as usual. I repeated the examination, and found the left arm in a perfectly normal state as to the arterial beats, but in the right it was as the patient stated; the pulse was not alone imperceptible in the wrist, but also in the bend of the elbow and in the whole course of the humeral artery into the axilla; the animal heat and muscular power of the extremity appeared unaffected. This state continued during the whole day, and then suddenly ceased. The only application recommended was friction, with an oleaginous liniment. The patient, up to the moment of his death, experienced no repetition of the phenomenon. I trust the case may receive some comment from able pathologists.

The following is a singular and undoubtedly true example of the influence of accidental causes, operating on the body or imagination of the mother, in causing modifications in the development of the fœtus. In a very respectable family where I was treating a patient I noticed, on one of my visits, a little girl with a remarkable conformation of the feet and legs, the feet being much swollen and also the legs, which were of the same thickness throughout, and a little above the malleoli there was a deep circular indentation, as if a cord had been drawn tightly round the part. In one of the extremities the deformity was more pronounced than in the other. On conversing with the mother, she informed me that, while pregnant with this child and towards the close of pregnancy, she had the misfortune to break her leg in its lower third, and, her estate being some miles distant from this city, she had a rude apparatus applied by a person entirely without the knowledge requisite. This apparatus was so tightly applied that the foot and fractured part became swollen and inflamed, and it was necessary to change the apparatus and apply it anew. The healing of the fracture was a very troublesome process, and the œdema was long in being dissipated. The fracture occurred in the same leg as that which in the child was most deformed, and the tight ligature which produced such evil was applied exactly in the spot where the circular indentation appears in the child's leg. The child is strong and healthy, and the bones are perfectly normal. Had the mother fractured her leg at an earlier period, and the same rude and tightly-ligatured splints been applied, might not spontaneous amputation of the infant's feet and ankles have occurred *in utero?*

For the exact truth of the fact now to be related I cannot pledge myself, but I give it as communicated to me by the husband, a respectable Portuguese merchant, resident in a town in this province. His statement was this,—that his wife, having received a present of guinea-pigs, kept them in the house for some time and saw them often. It happened soon afterwards that she supposed herself pregnant, when about the third month of the supposed pregnancy she was attacked with hemorrhage, and a mole was expelled of the size, with the hairy skin of, and a general external resemblance to, a young guinea-pig. The relater showed great horror at the event, and, being a serious and trustworthy person, I do not think it idle to publish the story, whose entire truth, I repeat, I cannot guarantee.

Among the medicinal plants indigenous to South America which merit a more general application than they at present receive, the chenopodium ambrosioïdes, or "erva de Santa Maria," holds in my opinion a high place. This plant was introduced into Europe by the Jesuits at an early epoch of their acquaintance with South America, and adapted itself so well to the climate that I am informed it is very often to be met with in a wild state in some parts of Germany. Its seeds and the expressed juice of the fresh plant are an excellent anthelminthic, in domestic use throughout the Portuguese and Spanish Americas; and it yields an essential oil which possesses this property in great perfection, and is easily taken by children. The plant, fresh or dried, in infusion, is antispasmodic and antihysteric, and ranks in virtue near to the velerian, in combination with which it is often administered to nervous females in Germany. The plant is noticed in the great work of the late Professor Geiger, as well as several other species of the same genus. The leaves of the caroba, or jacarandu Brasiliensis, *alias* bignonia copaio, enjoy at present great repute in Brazil, as an energetic antisyphilitic, and as immensely superior to sarsaparilla in all the cases in which this last is applied. They have the advantage of being far cheaper than the sudorific, antisyphilitic, and antihumoral woods and barks now in use, and on this account merit a trial from those hospital physicians and surgeons who still continue to use the diet drinks and other preparations of sarsaparilla, sassafras, &c. I have employed these leaves in decoction in several cases, in combination, it is true, with iodide of potassium or arsenic; but still I think myself warranted in saying that I believe their administration to have been advantageous to my patients. In cachectic diseases of various forms, supposed to result from the taints of the poison of syphilis or yaws, they are chiefly indicated. In chronic rheumatism their use is often highly beneficial.

In recently published papers on the internal use of ox-gall, it surprised me to see the earnestness with which it was deemed necessary to recommend its use, and the copious mass of evidence on which this recommendation (in which I entirely concur) was based; the inference to be drawn from this is, that in England, among the great body of practitioners, there is a very moderate acquaintance with foreign practice; for not only is it an esteemed therapeutic agent in many parts of Europe, but has been immemorially prescribed by those practitioners in Brazil whose information chiefly consisted in traditional knowledge inherited from those Portuguese physicians who, in small numbers, were allured to Brazil by a hope of obtaining some of the government appointments of a professional nature, which existed here in the old colonial times; a proof that ox-gall was constantly employed in medicine in the peninsula. These observations, however, do not influence what is essential in the matter; for in medicine, if not in every other point of moral, intellectual, or social knowledge, feeling, taste, or conduct, Tertullian's maxim should govern us—"Nec de novitate, nec de vetustate, sed de suâ veritate censeatur."

It appears to me that by far too confined a use is allotted to ergot of rye in the treatment of uterine disease; very few practitioners, I believe, employ it save as a means of causing uterine contraction during labour or severe hemorrhage, or in excessive menstruation. I have lately considerably extended its application in my own practice, and with great success; there is a form of abdominal neuralgia dependent on uterine disorder in which it produces wonders. In an irritable condition of the uterus and ovaries, with pains in these regions not admitting pressure, and accompanied during the menstrual periods with a scanty discharge continuing beyond the usual time, I have administered it in a weak infusion, with the result of an almost immediate cessation of all the symptoms, even the disappearance of tumours apparently formed by the irritated and enlarged uterus or ovaries. In many cases of dysmenorrhœa, the ergot, with borax, is alike efficacious. It has many other applications, and also contraindications, which reflection on its physiological properties and the pathological essence of the various forms of uterine disease will render evident, and which, in an assemblage of collectanea like the present paper, would be ill placed. It is my belief that its use in union with borax, if employed sufficiently early, would generally cure those forms of functional disorder of the female sexual system, which, unchecked, too often terminate in malignant disease. A remedy whose use in practice might also be considerably extended is the tris-nitrate of bismuth. In infantile disease I believe it to be little employed, though enumerated as one of the medicines indicated on various occasions by Dr. Copland. In the diseases of the mucous lining of the alimentary canal at this period of life, it is the medicine in which I almost entirely trust, and know no other of such efficacy in calming the diarrhœa and other symptoms of irritation of the intestines in infants, proceeding from teething or weaning. Dr. Copland, following many foreign writers, enumerates bismuth as indicated in many spasmodic diseases; and in all those especially affecting the abdomen it should be freely and perseveringly employed; it appears to possess a powerful sedative influence on the great splanchnic nerve. It is a medicine which, on theoretical grounds, I should be inclined to try in large doses in Asiatic cholera.

Some readers of this article may possibly, either on the coast of Africa or elsewhere, have entrusted to them the charge of new blacks; in these, especially when under the care of the English, who do not understand their habits, diarrhœa and dysentery cause a fearful mortality, and ordinary treatment is of little service. In the hope that it may be of service to them, I will state that the means found most efficacious by experienced practitioners in such cases, is a mixture of from half an ounce to an ounce of precipitated alum, with an equal quantity of rasped guarana, in two pounds of water, administered in divided doses in the course of twenty-four or thirty-six hours. The guarana is a stone-like mass made from the fruit of the Paullinia sorbilis by the Indian nations inhabiting the centre of Brazil; this composition has an admirable remedial influence on the irritated and, at the same time, atonic condition of the intestinal mucous surface, which is the essential condition of this disease. The guarana rasped and mixed in a glass of water is a favourite drink in Brazil during the hot season, and is believed to prevent dysentery and other diseased conditions of the bowels, being esteemed as the chief of temperant remedies.

City of Campinas, Province of San Paulo, Brazil, Dec. 31st, 1847.

A FEMALE PHYSICIAN.—A young lady who studied medicine at Geneva College, Pennsylvania, is now assistant-physician at Philadelphia Almshouse.

The *Berliner Zeitungshalle* (a paper whose statements are not much to be relied on) mentions a case of Asiatic cholera which occurred at the Charité at Berlin. The patient, it is asserted, died after the illness had with fearful rapidity passed through all its stages.

CASE OF ASIATIC CHOLERA SUCCESSFULLY TREATED WITH ARSENIC.

Communicated by —— ATKINS, M.D., Melville-street, Portobello.

July 24. Andrew Hempel, aged forty-four years, brickmaker; sober habits. Has had bowel complaint for ten days, and on Friday and Saturday slight cramps in the left hand and arm. Came from his work this evening about seven, and felt very unwell. Bowel complaint urgent; vomiting of sour water, at first with ingesta and severe cramps in the bowels. First seen at ten P.M. Severe cramps in the muscles of the posterior parts of the thighs and legs, excited by the least movement, and recurring at intervals of a few minutes; discharge from the bowels of a dark fluid, very fetid and sour; retching and vomiting of a sour clear fluid; pulse very rapid and weak; skin cold, especially over the parts cramped; great thirst; tongue covered with a yellowish fur, moist. Despair of recovery.

Chamomilla, third attenuation, in water every quarter of an hour. The parts cramped to be rubbed with the hand, warm cloths and bottles applied, and the temperature of the room raised as much as possible.

After the third dose of chamomilla the intervals between the attacks of vomiting and purging lengthened to fifteen minutes; cramps increasing in severity, especially in the hands and muscles of the chest and abdomen; the face livid and blue, especially about the eyes; the features sharp and contracted; voice feeble; hands blue and cold; marked blueness of the nails; the fluid discharged from the stomach and bowels in jerks; great pain, especially around the navel; no urine; stools like rice-water, of some consistence, and having a delicate pink tint, just discernible, with a peculiar putrid odour. Omit chamomilla. Veratrum, third attenuation, in water every quarter of an hour.

25, two A.M. Intervals between the evacuations still increasing; cramps as before; less vomiting; thirst much increased; burning pain in stomach, like red-hot ball; pulse scarcely perceptible; skin still cold, and covered with abundant clammy perspiration. Thinks himself dying. Arsenic, third attenuation; veratrum, third attenuation: alternately every quarter of an hour.

Four A.M. No evacuation till now, stool as before; about two ounces of limpid urine passed; cramps shorter in duration, chiefly in the hands and muscles of the back. Cont. medicam.

Half-past Five A.M. One evacuation of same character; pulse 160, fuller; skin not so cold, except face; cramps not so frequent or severe; no urine; thinks himself better. Cont. medicam. at intervals of half an hour.

Nine. Cramps much diminished; one stool. Cont.

One P.M. Pulse 100; temperature of the body increasing; one stool, same as before; no vomiting; cramps much less both in intensity and frequency. To have a tablespoonful of beef-tea every half hour. Cont. medicam.

Three. Continues nearly free from cramps; one stool, with some bilious matter; about a tea-cupfull of urine; pulse 88.

Eight. Has had very few cramps; thirst much diminished, eyes look clear and bright, and feels better. Omit. medicam. Cont. beef-tea.

Ten. Continuing to improve.

26. No cramp since eight o'clock last night; slept well; pulse 72; tongue clean; no tenderness on pressure in abdomen; a little appetite.

Since four A.M., three or four stools with a good deal of bilious and some feculent matter, still fetid; eight ounces of urine passed through the night.

Evening. Pulse 84, fuller; skin warm; weight in head; four stools, dark-coloured and fetid, with some white shreds; flatulence, causing nausea; thirst; mouth dry; passed urine twice. Chamomilla, third attenuation.

27. Much better; one watery stool; passing urine freely; some appetite.

Evening. Frequent and ineffectual attempts to relieve bowels through the day. Nux vomica, third attenuation.

28. Slept well; one natural stool; appetite increasing.

Evening. Has been up during the day, and feels wells.

29. Continuing well.

31. Continues well, and resumed his work this morning.

Drs. Russell and Sutherland watched the progress of this case, and were fully convinced that it was one of true Asiatic cholera.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of Aug. 7; M. POUILLET in the Chair.

METHOD OF DETECTING MINERAL POISONS IN ORGANIC MATTER.—M. Abreu, a Brazilian physician, communicated to the academy, through M. Pelouze, a method of analytical research applicable to the detection of mineral poisons contained in organic matter. By this method arsenic, antimony, mercury, copper, lead, tin, zinc, and silver could be readily recognised. The plan consisted in the carbonization of organic matter by muriatic acid and heat, and its subsequent decomposition by the addition of chlorate of potass. The fluids thus disburdened of the organic substances and colouring matter, which interfered with the various reactions by which the presence of mineral poisons was usually ascertained, could then be treated by hydro-sulphuric acid and other reagents.

ACADEMY OF MEDICINE.

Meeting of Aug. 8; M. ROYER COLLARD in the Chair.

GUNSHOT WOUNDS—(ADJOURNED DEBATE).

After a long communication on this subject from M. Baudens (which we will forward to the *Medical Times* at an early opportunity),

M. Malgaigne observed that the point towards which it was more especially his desire to call the attention of the academy was the treatment of fractures of the femur by war projectiles. It was a generally received opinion, more particularly promulgated by military surgeons, that such fractures required amputation. This was the practice of Ravaton, one of our great military authorities; Larrey, less exclusive than his predecessor, thought the extremity might be still preserved when the shot had only occasioned a simple fracture of the lower fourth or even third of the femur; but that all fractures occurring higher, in consequence of a gunshot wound, absolutely required amputatien. M. Malgaigne then recalled the opinion of Ribes, who inclined towards considering all injuries of the femur, occasioned by musket balls, as cases of amputation. M. Malgaigne himself had adopted at one time this mode of thinking, and had applied it upon a field of battle; but the results were most unsatisfactory, and in the Polish campaign he had lost all the cases of amputation performed upon the thigh after gunshot wounds. On his return to France, M. Malgaigne had endeavoured to explain to himself this frightful mortality; and, on reading over the memoirs of M. Ribes, he was struck with an important fact, which that author honestly acknowledged:—"Out of 4000 invalided soldiers," said M. Ribes, "he had not found a single case of injury of the femur by shot. This was a proof, in his opinion, that all the men who had suffered from such wounds had died." But, on the other hand, amongst these 4000 cases, M. Ribes had not found a single case of amputation of the thigh—a fact which proved to M. Malgaigne that all these operations had been fatal, and that amputation did not afford more chances of preserving the lives of the wounded than the opposite practice.

On inquiring further into the details of the question, M. Malgaigne had arrived at this conclusion, that the same doubts might with justice be applied to all amputations performed in the treatment of injuries by war projectiles.

The question of immediate amputation might be said to be one of the most important points of modern surgery. In the ancient Academy of Surgery it was the object of a long debate; and Boucher had said that two-thirds of the cases of amputation terminated fatally.

After Fontenoy, out of 300 cases, Faure asserted that only 30 or 40 were cured.

Bilguez states that, during the seven years' war, scarcely one or two cases had been saved out of numberless operations.

On the other hand, M. Malgaigne would lay befor the academy more recent statistics of a very different tendency.

Fercoq said that, of 60 primary amputations, only 2 cases did not recover, *i. e.*, one out of 30.

Percy was not quite so fortunate; of 92 amputations of the leg, thigh, and arm, 6 cases died, *i. e.*, 1 out of 15.

Guthrie, at New Orleans, performed 45 immediate amputations, 7 cases terminated fatally—1 out of 7; at the battle of Toulouse, 47 amputations, 9 deaths—1 out of 5.

The English forces during the Spanish war presented 291 amputations, 24 deaths—1 out of 8.

Del Signore, at Navarino, 31 amputations—1 death.

The English surgeons at Aboukir and Camfordomer reported 30 amputations; all were successful.

Larrey, on the 27th and 29th Brumaire, 13 amputations—2 deaths.

M. Malgaigne had further drawn up a list of the amputations performed in the hospitals of Paris, for traumatic lesions, during a period of ten years—from 1836 to 1846. These statistics were instructive. 165 amputations had been performed upon men, and 17 upon women. The mortality had been 107 for the former, and 10 for the latter. How were these amputations subdivided? The following was their classification for the men:—

Thigh,	44 amputations,	34 deaths,	over	3-4
Leg,	67	42 ..	near	2-3
Foot,	8	5 ..	over	1-2
Shoulder,	7	7		
Arm,	29	17 ..	nearly	2-3
Forearm	10	2 ..	,,	1-5

Thus, in Paris, in the best hospitals, under the care of the first surgeons in the world, the average mortality of primary amputations was equal to two-thirds of the cases.

These were certainly unexpected results, and must, doubtless, cast some doubts upon the numerous successes which had been previously enumerated.

Circumscribing the question to narrow limits, *i. e.*, to the results of amputation in fractures of the thigh or leg, M. Malgaigne could bring forward an equally important document. In 1830, Dupuytren had under his care 13 fractures of the thigh in which he did not operate; 5 cases cured, 7 died, another was operated at a later period, and proved fatal.

In fractures of the knee or leg, Dupuytren performed 5 primary amputations of the thigh, 3 patients died; 4 secondary amputations, 4 deaths.

For the other fractures of the leg, in which the same surgeon did not amputate, 14 were fractures of both bones, 8 died; 2 of the tibia, 1 death; 2 of the fibula, 1 death. He performad two primary amputations of the leg: both cases terminated fatally.

Such were (continued M. Malgaigne) the precise document existing in science; they tended to prove that the opinion of military surgeons relative to the advantageous results of primary amputations did not rest upon a very solid basis.

The following general conclusion might be adopted, viz., that, in attempting to preserve the limbs of the wounded, the surgeon did not cause them to incur any greater risks than if amputation was performed.

All these considerations had greatly modified

M. Malgaigne's opinions on the subject, and had changed his practice in similar cases.

The events of June had furnished him with a melancholy occasion of verifying again the correctness of his newly adopted views; and this led him to expose before the academy the results he had obtained at the Hôpital Saint Louis, in a service where an enormous number of wounded had been admitted.

He would acknowledge at once that in some wounds all debate about the propriety of amputation should be set aside; thus in gunshot wounds of the hip or knee joints the operation was evidently unavoidable. These cases excluded, the following had been the result of the fractures in which M. Malgaigne had refrained from amputation:—

5 fractures of the thigh	2 recovered	2 deaths	1 secondary amp. in great peril
6 fractures of the leg	2 doing very well	4 deaths	
2 fractures of the tibia	2 ditto		
4 fractures of the fibula....	2 ditto	2 deaths	
3 fractures of the arm.....	1 recovered	2 deaths	
5 fractures of the forearm..	5 ditto		
2 fractures of the metacarp.	1 doing very well	1 death	
27	15	11	1 sec. amp. in peril.

M. Malgaigne had performed only one primary amputation, which he was almost ashamed to acknowledge after the energetic reprobation of which it had been the object from M. Roux—an amputation of the elbow. It might be pleaded in extenuation that the patient had recovered. M. Malgaigne would acknowledge he did not understand M. Roux's motives for proscribing this operation.

Thus, out of 17 fractures of the thigh and leg treated without operation, 8 cures had been obtained. Dupuytren, out of 31, had obtained 13 recoveries. M. Malgaigne's results were, therefore, more satisfactory than those of M. Boucher, who considered that primary operations sacrificed the lives of two-thirds of the patients.

M. Gosselin, Dr. Malgaigne's colleague at Saint Louis, had also abstained from operations. The following were his results:—

3 fractures of the thigh	1 gives hope	2 deaths	
3 fractures of the leg	1 uncertain	2 deaths	
4 fractures of the tibio-tarsal joint ..	1 doing well	1 death	2 secondary amput.
2 fractures of the shoulder .	2 ditto		
2 fractures of the arm.....	2 ditto		
3 fractures of the elbow....	1 uncertain	2 sec. amput.	2 deaths
8 fractures of the forearm..	8 well		
25	16 cases of success.		

The difference of the mortality amongst the insurgents and soldiers had been as follows:—

Out of 17 fractures of thigh and leg—

5 insurgents.	4 deaths	1 recovery (fract. of the thigh)	
12 soldiers ..	4 deaths	7 doing well	1 amput. cured.

This considerable mortality amongst the insurgents depended in some measure, of course, upon the moral depression consequent upon their defeat, but also upon the interrogations which those unfortunate men were submitted to without the authorization of the surgeons to whose care they were confided.

These satisfactory results were due (said M. Malgaigne) to various causes, amongst which it was only fair to place the special treatment employed. He avoided, as much as possible, all scarifications and incisions, employed only the simplest dressings, and gave food to the patients as soon as any appetite was present. With regard to venesection, he scarcely ever employed it; being a pupil of Broussais, he formerly recommended the practice, but had been deterred from its use by the fatal effects he had witnessed. A document, which unfortunately had never been published, and which had been prepared by the orders of the administration of hospitals, was most peremptory in this respect. It was the statistical account of the mortality amongst the wounded admitted in 1814 into the hospitals of Paris. In these tables French, Prussian, Austrian, and Russian subjects had been entered, together with a statement of the mode of treatment. All except the Russians were submitted to a severe regimen. The mild cases amongst the latter received what was called a portion of food; others received the half portion, and this *half* allowance consisted of—

Bread	1lb.
Meat	½lb.
Vegetables	¼lb.
Wine	12oz.
Brandy	12oz.

These figures might naturally astonish the meeting; but the tables of mortality would still further surprise the academy. The mortality was—

For French soldiers	1	out of	7
— Prussian —	1	—	9
— Austrian —	1	—	11
— Russian —	1	—	27

These were eloquent ciphers: they had been insufficient to convert M. Malgaigne, who, it was true, did not allow brandy to his patients, but a reasonable amount of wine.

D. M'Carthy, D.M.P.

REVIEWS.

Recent Advances in the Physiology of Motion, the Senses, Generation, and Development. By Wm. Baly, M.D., F.R.S., &c.; and Wm. Senhouse Kirkes, M.D. Being a Supplement to the Second Volume of "Müller's Elements of Physiology." London: Taylor and Walton, Upper Gower-street. 1848. Pp. 132.

The authors of the work before us state that, in consequence of the second volume of "Müller's Physiology" being reprinted with only a few verbal alterations, it was determined after a certain lapse of time that it should be followed by a supplement containing later information on the physiology of motion and of the senses, of generation, and development. The authors appear to have devoted themselves to their work with zeal, and the different subjects which form the supplement have evidently been well studied.

In the opening section on ciliary motion we are told that some additional information has been obtained with regard to the parts occupied by ciliary epithelium in the human subject, and in mammalia generally.

"It is found, for example, that this variety of epithelium (the ciliary), besides lining the interior of the nasal cavity, and of the frontal and maxillary sinuses communicating with this cavity, is continued up the lachrymal canal into the lachrymal sac, and is also spread over the mucous surface of both eyelids, but not over the conjunctiva covering the eye itself. From the posterior part of the nasal cavity the ciliary epithelium passes to the upper part of the pharynx, which it lines to about opposite the lower border of the atlas; it is also spread over the posterior surface of the root of the soft palate, and laterally it is continued to the orifice of the Eustachian tube, up which canal it extends into the cavity of the tympanum.

"It was until recently believed that the ciliary motion is entirely wanting in the urinary apparatus of the vertebrata. But it has been found by Mr. Bowman, that in frogs a layer of ciliary epithelium lines the urinary tubules just at their junction with the Malpighian capsules. No trace of cilia has yet been found in any part of the urinary apparatus of mammalia. M. Rossignol finds that the ciliary epithelium, along the mucous lining of the respiratory passages, ceases at the vesicular structure of the lung, its place in the vesicles themselves being occupied by simple pavement epithelium, composed of roundish or oval cells.

Ecker has discovered ciliary epithelium in the semi-circular canals of the internal ear of Petromyzon marinus (sea lamprey). The cells were of different forms, oval, roundish, flask-shaped, and angular, with nuclei and granular contents. None of the cells possessed more than one cilium. The movements of the cilia were principally of a lashing, fanning kind. This is the first example of a ciliary structure being found in any other part of the auditory apparatus of a vertebrate animal than the Eustachian tube."

The section on "Muscular and the Allied Motions" is well worthy a careful perusal, as well as the remarks on "the senses generally."

From the section on the "Physiology of Generation" we extract the following remarks on "menstruation," which contain some of the most recent physiological opinions in reference to this important function in the female economy:—

"*What is the nature and purpose of the function of menstruation?*—This question has reference chiefly to the theoretical views deduced from the facts detailed in the preceding pages. Bischoff and the other physiologists, who believe that ova are normally expelled from the ovary at the periods of heat in animals, and of menstruation in the human female, regard those two states, heat and menstruation, as perfectly analogous. The essential character of both, according to their view, is the maturation and extrusion of ova. In both there is a state of active congestion of the sexual organs, sympathizing with the ovaries at the time of the highest degree of development of the Graafian follicles; and menstruation is only the crisis of this state of congestion.

"This theory is principally based, first on the long-admitted fact that the changes which take place in the female system at the time of puberty, and the periodic recurrence of menstruation from that epoch to the end of the fruitful period of woman's life, are dependent on the presence and healthy condition of the ovaries; secondly, on the fact, which has also long been known, that at every period of menstruation, as at every period of heat in female animals, a vascular turgescence of the ovaries takes place; and thirdly, on the more recently alleged fact, that at the period of menstruation in women, as well as at the time of heat in animals, ova are normally extruded from the ovaries.

"The two main arguments used by those physiologists who have denied the existence of an analogy between heat and menstruation, are that the heat is characterized by an excited state of sexual desire in the female, and by the occurrence of coitus at that time exclusively, while the menstruating woman has no strong feeling of sexual desire, and is repulsive to the male sex; and that a true menstrual discharge of bloody fluid is not observed in animals.

"In answer to the first of these arguments, Bischoff says, that 'no such essential difference between the conditions of heat and menstruation exists. The female quadruped at the commencement of the state of heat appears to be in a state of general suffering, and will not admit the caresses of the male; it does not seek the coitus until this first stage of the heat is passed. The human female, on the other hand, at the time of the cessation of menstruation, feels herself unusually well, and is more than ordinarily disposed for sexual connection. So that there is in this respect a most complete accordance between the two functions.' M. Bischoff might have added, that the less marked development of the sexual feeling in woman at the periods of menstruation, than in female quadrupeds at the periods of heat, corresponds with a fundamental mark of distinction between man and the brute. In animals it is natural that the instinct inducing the act of coitus should be strongly developed at the times when that act may have for its result the fecundation of ova, and that the instinct should not exist at other times when no ova are prepared for fecundation. In women such a strong development of the sexual feeling, and aptitude for sexual intercourse, [exclusively at

ON THE USE AND ABUSE OF ANÆSTHETIC AGENTS, AND THE BEST MODES OF ROUSING PATIENTS WHO HAVE BEEN TOO INTENSELY AFFECTED BY THEM.

By JAMES BRAID, Esq., M.R.C.S. Edin., C.M.W.S., &c.

Of all the revolutions which ever took place in regard to any medicinal agent, nothing so eventful was ever known as what has been evinced in the fate of anæsthetic agents. Their advent was hailed with universal enthusiasm, and seemed to be followed by unalloyed success. By their agency a second Eden seemed to be dawning on fallen man, pain and peril were no longer to be the lot of those doomed to undergo surgical operations, and parturient women exulted in the assured confidence that they were redeemed from the pains and penalties of the primal curse, through the omnipotent powers of ether and chloroform.

The rapidity with which these potent agents attained their culminating point of fame and favour is most remarkable, and not the least surprising point, in my estimation, was this, that their almost universal adoption, and in many instances their being applied apparently with little care or caution, took place without the occurrence of dangerous or fatal accidents. For a considerable period all seemed a run of unalloyed success; but the tide has now turned, and instances of disaster and death are recorded as such frequent occurrences from the use of chloroform as must soon issue in the entire abandonment of this agent by the profession, and the insurmountable dread of it by the public, unless we can arrive at some satisfactory solution of the true cause of the late unfortunate results, and determine the principles which ought to guide us in its future administration, so as to ensure the blessing without the curse, of an agent which seems to be alike potent for good or for evil, according to the mode in which it is administered.

I cannot conceive that chloroform is necessarily such a dangerous and fatal agent, and one which ought, as such, to be entirely abandoned, as many seem now inclined to recommend. If it is so, how came it to have been so harmless in thousands of instances at its first introduction, and so frequently fatal now? This cannot arise from any change in the agent, or in the patients operated on; I, therefore, consider that the great danger and disasters lately experienced have arisen from the general success which was realized at the commencement of the use of chloroform (as well as that of ether) having rendered us too bold and careless in the use of these potent agents; and, now that an alarm has been excited as to the danger, that the irrational feelings of the patients have been adding greatly to the danger of applying them. I beg leave, therefore, to offer a few remarks on this interesting subject, which may not be altogether out of place, inasmuch as they only confirm the propriety of the points which I ventured to suggest on the use of ether—and which are equally applicable as regards chloroform—in the *Medical Times* of the 27th of February and 10th of April, 1847. Had these suggestions been carefully attended to and acted on, I doubt not but many of the unfortunate cases might have terminated otherwise. This much, however, I have the gratification to state, that I have always exercised the cautions there suggested, both as regarded declining their use in such cases as I considered contraindicating it, as also in always testing the susceptibility of patients to the influence of the anæsthetic agents before important operations, so that I might know the genuine effect of the cautious application of the remedy when the patients were entirely free from mental emotion regarding an operation about to be performed. The consequence has been that, although I have used both ether and chloroform very frequently—the latter, in conjunction with Dr. Hilbers, for six hours continuously in one case (that of a lady of extreme delicacy and in eminent danger), and for several hours each night for some nights thereafter—yet I have never met with any bad results, in any of my patients, traceable to the application of the remedy, but the contrary. Indeed, this latter patient could not have lived over the first night on which it was tried, had it not been for the marvellously beneficial effects of the chloroform in her case.

At page 11 of the *Medical Times* for the 27th of February, 1847, relative to the use of ether, I said, "I do not consider it applicable to all cases indiscriminately. The use of such a potent agent evidently requires caution in many cases, whilst in others it is altogether contra-indicated. I consider nothing could be more indiscreet than bringing the system fully under its influence in certain forms of cerebral disease, as well as in various disorders or diseases of the heart and lungs. In some patients, moreover, it produces much excitement in the first instance, and is long in producing unconsciousness and total loss of feeling. In certain cases this may arise from idiosyncrasy, but it appears to me that much also depends on the rapidity with which the ether is absorbed through the bronchial membrane. Where this takes place slowly, excitement is likely to result in the first instance; but where it takes place rapidly, the blood becomes quickly surcharged with the hydrocarbonaceous compound, and the narcotic effects speedily manifest themselves, and that without any marked state of primary excitement. This is what, *à priori*, we might expect, and has its analogue in the progressive symptoms of intoxication induced from slowly sipping wine or spirits and water, which produces excitement in the first place, and depression subsequently; whereas the sudden ingestion into the stomach of a large quantity of strong liquor is speedily followed by stupor of the most intense and sometimes fatal nature, without having produced any corresponding or marked primary symptoms of excitement.

"My own rule is this—and I think myself warranted in recommending its adoption by others—always to test the susceptibility of each patient to the influence, once or twice (now I would recommend it more frequently), before the time when the operation is to be performed. By this means much useful knowledge is acquired regarding the idiosynerasy of the individual case, alike valuable to the operator and patient during the important crisis of the operation."

I then adduced an interesting example of this, where the case succeeded admirably, but in which I had good reason to conclude that the result would have been very different had I not taken the precaution of testing the patient repeatedly before the day of operation, by which a tolerance of the ether was engendered, as well as a knowledge acquired of the exact extent to which it required to be carried before commencing the surgical operation, which was the extirpation of a mamma. The patient, who was a very delicate woman, recovered beautifully, and is in excellent health now.

The following remarks on the physiological effects of the ether, which were made in refutation of the erroneous notions put forth in one of the leaders in the *Lancet*, and which was lauded by other writers in the same publication, I also beg leave to quote from my article in the same page of the *Medical Times*:—"Those who allege that tetanus and hydrophobia are not likely to be benefited by ether, because they are diseases of motion and not of sensation, and because the excito-motory system becomes more mobile or irritable in proportion as the functions of the cerebrum become depressed, prove by such remarks that they only partially comprehend its power. The first symptoms seem undoubtedly to favour that interpretation; but let it be carried sufficiently far, and the functions of the medulla oblongata and true spinal marrow will also become implicated, so that the action of the heart and lungs may be so impaired as to endanger the patient's safety from asphyxia; and general muscular irritability may be so suspended or impaired as to afford no indication of reflex action on the application of the galvanic current. No doubt some diseases of morbidly exalted feeling—*e. g.*, the whole of the painful neuralgiæ—may be more readily affected and benefited by it; for it is an undoubted fact that, both by hypnotism, mesmerism, and ethereal narcotism, the first indications are in the sensorium, and that the sense of pain may be gone whilst consciousness remains: so that the patient may be sensible to temperature, sound, smell, and sight, in some cases where there remains no distinct sense of pain from severe inflictions, such as pricking, pinching, and cutting. Still we have only to increase the means, and the whole functions of the nervous system will be depressed or temporarily suspended."

In the *Medical Times* for the 10th of April, 1847, pp. 130, 131, I have adduced another interesting case to prove the propriety and advantage of experimental trials of the anæsthetic agent prior to the day on which the operation is intended to be performed. Nothing could be more satisfactory or conclusive on this point than the results realized in this case. At the conclusion of that paper I made a few deductions from the premises, the substance of which I shall here repeat as equally applicable to chloroform, and which now, as then, I would beg leave to urge in the most earnest manner on all who mean to pursue the use of anæsthetic agents in future.

1. That no operation should be attempted under the influence of anæsthetic agents without a number of preparatory experimental trials having been made prior to the day of operation.

2. That the vapour breathed at first trials should be much diluted, and the strength gradually increased, so that the proper strength and quantity should be determined on for each individual case prior to the day of operation.

3. That, when any circumstance may render it necessary to perform the operation without delay, it should rather be done with the risk of slight manifestation of pain to the patient, than be carried so far as to endanger his ultimate safety.

4. That the anæsthetic agents should always be inhaled in a diluted form at first, so that the respiratory organs may become tolerant of them in that state, before they are applied in such a concentrated form as may be requisite to narcotize a patient sufficiently for an operation.

5. That in no case should the narcotizing influence be carried, immediately preparatory to an operation, beyond that stage which previous trials have proved is readily recovered from.

6. That in protracted operations the patient should be made to breathe a less concentrated form of the vapour after the first incisions, or the concentrated vapour and pure air alternately, in such proportions as may seem requisite to keep the patient slightly under its influence, but carefully guarding against inducing such degree of collapse as might seriously interfere with the function of respiration, for this reason, that, if the respiration becomes seriously depressed or suspended, we have no certain means of rousing the patient and removing the impending danger, as it is through the lungs chiefly that the anæsthetic agent is eliminated from the blood.

7. That an operation should never be undertaken when the patient is only so partially narcotized as to be capable of feeling acute pain, as in such condition, with many patients, the pain and emotion and shock to the nervous system are likely to be far greater than if they were in their natural state.

8. That patients labouring under grave diseases, or disorders of the brain, heart, or lungs, ought not to be subjected to the influence of anæsthetic agents at all, or only slightly so, and with great caution.

9. That in no instance should a female be narcotized without a third party being present.

I feel pretty confident that, if these recommendations had been strictly complied with, we should not have been shocked by reports of deaths from chloroform, day by day, as has been the case for some time past. An occasional coincidence might occur, as every medical man knows that sudden death may happen sometimes

subsequent to the most trifling operation, or, even before the operation, that patients have died from mere mental emotion. Such instanees, however, are happily rare oeeurrenees, and cannot aecount for the late frequent fatal results after the use of chloroform. Such results, therefore, are more probably due to some mismanagement in the administration of the chloroform. A remarkable fact in support of this opinion is the great success of Dr. Simpson, the first applier of chloroform as an anæsthetic agent. He has tried it most extensively for suspending the pain of parturition as well as surgieal operations, but we hear of no fatal results occurring in his hands. Experience has no doubt proved to him that during labour (in whieh he uses it chiefly) the best method is to keep the patient only partially under its influenee, beeause, if too profound, the labour-pains are thereby entirely suspended; whereas, with a smaller dose, suffering is subdued, whilst the labour goes on more vigorously than if the patient were in the natural condition.

It is an undoubled fact that highly exeitable, nervous, hysterical and epileptic subjects are liable to be more intensely affeeted than those of a different temperament and condition of body. I have proved, however, that even sueh eases ean be brought under the full influence with impunity, provided sufficient caution is used not to do so too rapidly. No more striking instanee in point could be adduced than that of the patient referred to in the third paragraph of this paper, as that patient had had several epileptie fits, one in the afternoon and another in the evening of the night when I first subjeeted her to the influence of the ehloroform; and yet, as already remarked, I sat by her bedside and administered it cautiously and repeatedly, so as to keep her decidedly under its influence for six hours continuously, with the most marvellously benefieial effects, as can be certified by Dr. Hilbers, and Mr. Batty, surgeon, as well as the whole family. In these ticklish cases, therefore, we must just manage with a correspondingly greater degree of care and caution than is required in ordinary cases.

I do not wish to advert to any of the fatal cases in particular, but I will venture to hazard the opinion that in such unfortunate cases more good would have been done in restoring the patients by blowing briskly in their faces, neeks, and ehests, with a pair of common bellows, than from all the remedies recorded as having been tried, and usually resorted to in such cases. The eold air from the bellows, impinging on those parts of the skin supplied with the respiratory nerves, does more to rouse the respiratory function, which is the most potent remedy in such cases for rescuing the patient from impending danger and death than any other means I know. It is also the most certain and speedy mode of rousing patients from epileptie fits—a fact which eannot be too generally known.

Should this method not speedily succeed in exciting the function of respiration, recourse ought immediately to be had to artificial respiration, aided by galvanism, if a battery is at hand and in readiness, applied so as to excite the funetion of the heart and lungs. Also friction with stimulating applications, such as tineture of capsicum, ammonia, turpentine, mustard, &c., over the chest and precordial regions; with sp. am. aromat. in water, or brandy and water, whieh should be eonveyed into the stomach by the aid of an elastie tube, so as to guard against the danger whieh might arise from their entering the larynx and trachea during the state of profound narcotism.

At page 382 of your number for the 13th of February, 1847, when writing on the relative value of mesmeric and hypnotic coma and ethereal narcotism for the mitigation or entire prevention of pain during surgical operations, I said the great recommendation of the ether method is "its greater rapidity in inducing the required eoma, and the greater number of patients who may be thus rendered entirely unconscious, than by the mesmeric or hypnotic process. In such eases, however, as can be readily sent deep enough into the sleep by these proeesses, I should deeidedly prefer this method, as the patient is less likely to experience after-ineonvenienee from mesmeric coma than from inhaling the offensive narcotizing fumes of sulphuric ether. The same remarks apply to ehloroform. Moreover, eertain states of constitution or of general health will contraindieate the application of the ether and chloroform. The late fatal results with anæsthetic agents give still greater importance to the relative value of mesmerism and hypnotism for such purposes. I have tried it myself with complete suecess in a number of cases, and it has been tried by others, most extensively so by Dr. Esdaile, in India, in hundreds of cases, with the greatest success, and in no case with fatal results; so that, as Dr. Storer justly remarks in your last number, it is high time and but reasonable to expect that medical men should now devote a little more attention to what, if not so speedy and certain, is nevertheless in many cases a successful method of allaying the pain of operations, and also of euring disease, whilst it has this great reeommendation, that if it does not suceeed in what was aimed at, still it cannot be alleged that it kills the unhappy patient, as has lately so frequently happened from the use of chloroform.

There is one point more to which, in conclusion, I wish to direct espeeial attention, beeause it is of great importance, and is not likely to be generally understood, namely, that both during mesmerism and hypnotism, and the narcotism induced by anæsthetic agents, at a eertain stage, whatever museles are called into strong action, especially under strong emotional feeling and the notion of resistance, are liable to become cataleptiformly fixed, and may remain so to the destruetion of life if the glottis is thus closed as by the cadeveric spasm. In sueh case the current of thought should be changed as speedily as possible by some powerful sensible impression on a distant part of the body, otherwise fatal asphyxia may speedily ensue. This, and suspended action of the heart through fear, during the inhalation of anæsthetie agents, are points requiring great attention, and the most cautious use of these agents with patients who seem in great terror when submitting to the influence. I have no doubt but this has been the real cause of several of the deaths reeorded as due to an over-dose of ehloroform; and using the vapour too strong at first is a most likely exeiting eause of spasm of the glottis in irritable subjeets, and ought, therefore, to be carefully guarded against, more especially if the patient is also labouring under a dread of the agent, or of some operation he has to undergo during its influenee.

3, St. Peter's-square, Manchester, Aug. 7.

P.S.—I shall shortly transmit you a detailed report of a case which I lately had in which the value of chloroform was most conspieuous. It was that of an immense fatty tumour which eompletely surrounded the ankle-joint of a boy, covering the greater part of the dorsum of the foot, and extending seven inehes upwards on the front of the leg. The boy was nine years of age, and amputation of the leg had been reeommended as the only hope of ridding him of the eneumbranee, which had resisted every other mode of treatment. I undertook to extirpate this tumour under the influence of chloroform, and sueceeded in the most satisfaetory manner; but, had it not been for the aid of chloroform, it is impossible that a boy of nine years of age could have stood the pain and terror resulting from an operation involving sueh extensive and severe dissection of important parts, as the ankle-joint had to be laid open in order to remove the whole of the tumour. He, however, suffered neither pain nor terror from the operation; reeovered beautifully, and is now in high health, the wound all but entirely closed, the patient able to walk and free from all deformity.

The aeeounts from St. Petersburg down to the 26th of July state that 185 persons only had been taken ill of the cholera; 258 had reeovered, and 84 died.

CASE OF TUMOUR IN THE VAGINA IMPEDING LABOUR. EXPULSION OF THE FŒTUS BY NATURAL EFFORTS.

Communicated by W. ILOTT, Esq., Surgeon, Bromley, Kent.

Mrs. Stringer, thirty-nine, requested me to attend her in November. She had seven ehildren, the youngest three and a half years old; said she had always severe labours, and had been delivered four times with the forceps. Her general health was good. I went to her in labour at half-past six p.m., on Nov. 15. On examination, the os uteri was found well dilated, the presentation natural, and there was no material want of eapaeity. I therefore anticipated a suffieiently quick delivery, and asked her why she expected a bad time? She now, for the first timc, mentioned the existence of a tumour in the vagina, which had never shown itself till her last confinement, and which she attributed to injury reeeived from the forceps in the preceding one. On making a second examination I found a tumour lying between the rectum and vagina, hard, unyielding, and about the size of the human kidney. No evidence could be obtained as to the increase which might have taken plaee in this tumour in three years and a half, as she had been last delivered at Croydon, and had undergone no examination till this evening. It was quite clear that as the labour progressed this substance would oppose a very serious obstacle to the passage of the fœtal head, and so it turned out; as the uterine efforts brought the head lower down the tumour was pushed before it. After waiting till nine o'cloek, and not making any pereeptible progress, I thought it best to have a eonsultation. My friend Mr. Williams agreed with myself—as she was positive the tumour was there in her last labour, and still she had been delivered naturally; moreover, as she was in good spirits and nowise exhausted—that we should do wrong not to give her every chance of a natural delivery, although the circumstances were altogether very unpromising. At the same time we thought it right now and then to attempt to push the tumour back into the hollow of the saerum when the pains were strong. At first this seemed but a vain attempt; still we agreed we would not altogether abandon it. Thus we went on till about half-past one next morning, when the very insignifieant progress we appeared to have made almost eonvinced us that we must have reeourse to craniotomy, the forceps being obviously of no use. At this time she expressed a strong wish to be allowed to get out of bed and bear down her pains in a perpendicular posture. To this no objeetion was made. In a short time her vehement cries arrested my attention, and I went up to see how matters stood. She had returned to her bed, and the pains were very strong. On examining I was glad to find that part of the tumour had receded while the head had evidently advanced. I now resumed my efforts to push baek the tumour; and in this way, by half-past two, the fœtus was expelled. The placenta eame away as usual.

With the exception of a little abdominal tenderness and fever, her recovery was as quiek as in most other cases, and she is now in good health. She has been warned as to the probable eonsequenees of another pregnaney, unless the tumour could be removed, and has been requested to get the best London advice as to what ean be done in that matter; but I do not think she has seen any one on the subject. The case seems highly instruetive, as exhibiting the wonderful resourees of Nature under very discouraging circumstances, and showing how much may be done by patience and perseverance where suecess is at all within the bounds of possibility. Tumours have existed within the vagina at the time of labour, but I do not remember reading any history of the means adopted to effect delivery, exeept in a case related by Dr. Murphy, of the London University, in his pamphlet on Chloroform. In that case he was obliged to have reeourse to craniotomy. In some of its features, therefore, the case above related may be ealled almost unique.

pected triumph. Of the facts which we have to lay before you some will elicit your approbation, others your regret; some there are which, if they fail to raise your astonishment, will, we are assured, excite your contempt and indignation. Had our propositions met at first with the fullest success, our *general* cause could not have been put in the same glowing light, nor the same extensive moral results been obtained, as must now be inevitably the case. It will be in your remembrance that, at the meeting of the board of guardians on July 20, the districts of this union were altered and consolidated, reduced in number from seven to five, and that advertisements were issued to the profession for tenders. We briefly capitulate the names, extent, population, and salary of these districts.

District No.	Name.	Population.	Acres.	Salary.
1 ..	Upton	6312 ..	18,020 ..	£83
2 ..	Workhouse	— ..	— ..	20
3 ..	Eldersfield	3409 ..	16,040 ..	70
4 ..	Kempsey ..	2203 ..	7,840 ..	40
5 ..	Powick ...	1598 ..	5,430 ..	20

The tenders for the districts were to be sent in to the board at their meeting on the 3rd of August, that being the day on which our resignations took effect. We also beg you to carry in your mind that an assistant-commissioner, Mr. Greaves, was present at the meeting on July 20, and that, to the best of our knowledge, the question was asked by him whether the board were of opinion they could procure fresh officers of equal professional standing and respectability with those whose resignations had been tendered; that he was met by an unhesitating affirmative; and that on this understanding the arrangements of the board (two of the districts, you will observe, being over the legal acreage) received the *provisional* sanction of the Poor-law Board. On the 3rd of August, then, two tenders (!) were presented to the board,—one for the first and second districts, the other for the third district. For the fourth and fifth districts no tenders appeared. A gentleman named Sheward was placed in nomination for the first and second districts; but no application, personal or written, having been made by him, we are unwilling to make him a third in so unenviable a category; we will rather presume that he was nominated without his authority, and, at any rate, give him the benefit of the doubt. Acting under the advice of our friends, and to take from our opponents the paltry excuse of our not tendering, we also sent in a joint tender on the same occasion. The following is a copy; and it will be observed that we apportioned the salaries in exact accordance with our previous resolutions and application to the committee:—

"To the Chairman and Board of Guardians of the Upton-on-Severn Union.

"Gentlemen,—We, the undersigned, beg to offer you our services, as medical officers to this union, for the districts and at the salaries specified below.

"We remain, gentlemen, your obedient servants,

"H. S. Trash, Joseph Mears, Charles Braddon, W. T. White, C. E. Prior.

"2. Workhouse, salary £35, H. S. Trash.
"5. Powick District, salary £27, J. Mears.
"1. Upton District, salary £120, C. Braddon.
"4. Kempsey District, salary £54, W. T. White.
"3. Eldersfield District, salary £90, C. E. Prior."

Although several *ex-officio* guardians were at the board prepared to support our tender, it was laid aside and treated with contempt: the board resolving, that as it was not in accordance with the terms of their advertisement, it could not be entertained. The tenders of the two other parties were accepted. The tender of Mr. Henry Brunning Marsh, who offered himself for the first and second districts, was accepted. The tender of Mr. John Nelson Thomas, who tendered for the third district, was also accepted. The fourth district was, likewise, placed under Mr. Marsh's charge (thus making an extent of 26,000 acres under one person). The care of the sick poor in the fifth district was confided to the philanthropic Mr. William Corner West, who volunteered his services *thus* to assist his brethren, and to relieve the board from a difficulty which would otherwise have been insurmountable. These appointments have not yet received the sanction of the Poor-law Board; nor will they, under any circumstances, be sanctioned for more than *twelve months*. This we have from the Poor-law Board itself.

And now, gentlemen, a word as to "equal professional standing and respectability." The medical men who have just resigned their offices are men of unblemished character—of unsullied reputation; they have discharged their several duties carefully, faithfully, conscientiously, and can refer with pride and satisfaction to the estimation in which they are held in their different localities. The newly-elected officer of the first and second districts, and temporary holder of the fourth, Mr. Marsh, resigned a medical district in this union in the month of November, 1844, upon an investigation into an alleged charge of neglect made against him, as to the death of a pauper, conducted by this board of guardians, in the presence of an assistant poor-law commissioner; on that occasion the board decided that a case of gross neglect had been made out. He was subsequently elected, in the autumn of 1846, to a small district in this union for a *probationary* term of six months! He was re-elected in May, 1847, for *another probationary* term of twelve months!! at the expiration of which period he was outvoted by the board, and another medical officer appointed in his room!!! and yet the constant practice in this union, for a period of years, has been to make the appointments of medical officers permanent.

We leave you, gentlemen, to draw your own inferences from these facts. And now for Mr. J. Nelson Thomas, the medical officer of the third district. Mr. Thomas does not possess the College diploma, consequently he is not duly qualified as a poor-law medical officer. Mr. Thomas, in the summer of 1843, perceived it to be to his advantage to resign his appointment as a medical officer in this union, in consequence of the occurrence of certain unpleasant circumstances which are recorded in the minute-book of the Upton board of guardians. Mr. Thomas was not *dismissed*, he only *resigned* his appointment; and so, by the way, did Mr. Marsh. Thirdly, as to the fifth district. Mr. Wm. Corner West, of Great Malvern, who, like his brother Nelson Thomas, is but half qualified, having only the diploma of the College (at least so Churchill's Directory affirms), is the person who has thought fit to betray the cause of the profession. Mr. West was a man whom we had always recognised and treated as a brother officer on whose support and assistance we had fully relied. This is indeed coming too near the citadel! As surgeon to the Malvern Dispensary, Mr. West has the charge of the poor of Malvern and two adjacent parishes in this union, the guardians being subscribers to the dispensary, and such being found the best method of managing that district. Although Mr. West, therefore, was not a regular officer of the union, yet it was judged courteous to invite him by circular to our first meeting. An answer was received from Mr. West, expressing the warmest concurrence in our objects, *and authorizing us to attach his name to our resolutions*. Accordingly Mr. West's name *was* attached to them, and forwarded with our own signatures to the board of guardians. In subsequent letters Mr. West retracted this permission on the plea that he had understood our resolutions to be for the Poor-law Board, not for the board of guardians, with whose arrangements, not being a regular officer, he did not consider himself privileged to interfere; but all the letters breathe a spirit of sympathy and encouragement, although the writer appeared scarcely sanguine of success. Let the profession then picture to itself our astonishment at hearing that Mr. West had volunteered his services to the Powick district!! We can feel for the vacillation and timidity which a fearfulness of giving offence may create in some; we can spare the man who, sorely pressed by poverty and misfortune, has reluctantly deviated somewhat from the straight course. We can admit of no palliation for such an unnecessary and uncalled-for act as Mr. West's, and to such conduct we can give no quarter.

Such, gentlemen, are the facts of this most glaring case, and thus far have they gone. Have they given you no surprise? Are the proceedings of boards of guardians elsewhere guided by the same principles? And are the interests of the poor always, think you, the first object of their solicitude? We have received a reply to the statement which we forwarded to the Poor-law Board; through the official reserve and brevity of this document, we flatter ourselves we can detect somewhat of a favourable spirit; we have also submitted to their consideration the same facts we now lay before you, and we have every hope from the well-known good feeling and rectitude of Mr. Buller and his colleagues. We hesitate not to avow our pride in having struck the first blow in so good a cause. Let us *all* join heart and hand to follow it up. The Poor-law Board have told us that "it does not appear to them that the total amount of medical salaries in this union, as measured by the population and area, is unusually low, when compared with other similarly situated agricultural unions." Be it so; we are grateful for the statement of this fact; so much the better for our purpose, so much the more reason for an immediate adoption of our line of conduct in other unions. Let a similar course to ours be pursued but in two or three instances, it scarcely needs more, and we venture to predict that the days of poor-law tyranny over our profession are numbered, and that the whole iniquitous system will speedily sink before the current of public reprobation. We complain not of any peculiar hardship, nor do we wish to convey the impression that there has been anything in the circumstances of the ex-officers of this union to justify the step they have taken more than in hundreds of similar instances throughout the country; yet let it not be supposed that we are possessed in the slightest degree more than our compeers of an immunity from what is generally feared as the consequence of such a proceeding. No, gentlemen; we contend for a principle more than for particular interests, and are fully aware of the nature of our undertaking; we know that as a body we must bear the full tide of parochial wrath and official abuse; we have been charged with using a threat where we only intimated an alternative. As individuals, the busy tongue of slander will not be wanting to defame the purity of our intentions, nor the voice of prudential counsel to undermine our resolution. Aided and encouraged by you, we pass over and despise all these minor troubles.

Now, let our example be followed firmly, quietly, in a gentlemanly but a *decided* spirit. We frankly avow that in measures of this sort we have more confidence than in all the societies, institutes, and conventions which decorate our profession. The slang of the day has been brought to bear upon us: we have had the free-trade jargon of "competition," of "young men glad to come forward," of a "profession overstocked," of "lots of doctors in the market," &c. &c., applied to our own case; we have stood the brunt of it, and you see the result—how paltry, how miserable! You have yet to witness the ignominious failure of our opponents.

Within a fortnight we hope to read in the medical journals that our example has been followed; that others, without any more delay or temporizing, have resolved on the downfal of the present abominable system of poor-law medical relief, and that they are prepared, if necessary, to draw the sword and throw away the scabbard.

We remain, gentlemen, your faithful friends and servants,

Charles Braddon,
William Todd White,
The Deputation of the late Medical Officers of the Upton-on-Severn Union.

Upton-on-Severn, Aug. 15.

P.S.—Since our communication to you on the subject of poor-law medical relief in this union was posted, I have seen a paragraph in the *Worcester Herald*, of which the following is a copy:—

"Upton-upon-Severn.—The Union Medical Officers.—In reference to the election last week, we are requested by Mr. Sheward to state that he had not applied for any one of the districts, and that he was put in nomination without his being a party to or concurring in such a step."

This statement proves our surmise to have been well founded.

Upton-upon-Severn, Aug. 16.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

MONDAY, August 7.—Morning, 10 to 1.

ANATOMY AND PHYSIOLOGY.

Examiners, Mr. Kiernan and Prof. Sharpey.

1. Give an account of the dorsal region of the vertebral column, mentioning the characters by which the vertebræ of that region differ from those of the neck and loins, as well as the marks by which certain dorsal vertebræ may be distinguished from the rest. Describe also the several articulations and ligaments by which the dorsal vertebræ are connected with each other and with the ribs.

2. State the dissection required to expose the peroneus longus in its whole course from its origin to its insertion, mentioning its relations to other parts. In the dissection of the sole of the foot commence at the skin, and mention, in the order in which they are seen, all the parts which intervene between it and the tendon of the muscle, and their relations to each other; but the attachments of fasciæ, muscles, and ligaments, and the course of vessels and nerves, are not to be given.

3. Commencing at the integuments, describe the parts brought into view in exposing the spinal accessory nerve from the point where it escapes from beneath the digastric muscle to its termination.

4. Describe the construction and explain the mechanism of the different valves placed between the auricles and ventricles of the heart, at the orifices of the aorta and pulmonary artery, and in the veins. What veins are known to be destitute of valves?

5. Give a description of the cæcum and of the ilio-colic valve, and state the differences in point of structure between the great and small intestines.

MONDAY, August 7.—Afternoon, 3 to 6.

ANATOMY AND PHYSIOLOGY.

Examiners, Mr. Kiernan and Prof. Sharpey.

1. The malar, superior maxillary, nasal and inferior turbinated bones being removed on one side, describe the remaining walls of the orbit, and those parts of the skull brought into view by the removal of the bones, as far back as the posterior margin of the external pterygoid plate Commence at the superciliary ridge, and describe the surfaces, sutures, fissures, and foramina, in the order in which they are met.

2. Give the dissection required to display the supinator and extensor muscles on the forearm and back of the hand, describing, in the order in which they would be exposed, the muscles, fasciæ, and ligaments, as well as the vessels and nerves, met with in the dissection.

3. Commencing at the integuments on the fore part of the thigh, and carrying the dissection as far back as the anterior surface of the adductor magnus—describe the parts brought into view in dissecting the crural artery and its branches in its course from Poupart's ligament to the point where it passes into the ham.

4. The walls of the abdomen being removed, describe the lesser omentum and Glisson's capsule, their attachments and contents; the position and boundaries of the foramen of Winslow, and the position of the duodenum and pancreas, and their relations to other parts.

5. Describe the structure of a middle-sized artery, and state what are its physical and vital properties.

TUESDAY, August 8.—Morning, 10 to 1.

CHEMISTRY.

Examiner, Professor Brande.

1. What are the substances usually present in spring and in river water; how are they qualitatively and quantitatively determined; and under what circumstances is sulphuretted hydrogen generated in such waters?

2. What is the meaning of the term dew-point? What is the usual composition of the atmosphere, and how are the proportions of its several components ascertained?

3. Define and illustrate the meaning of the terms sensible and latent heat. Describe the principles upon which thermometers are graduated, and the mutual relations of the Centigrade and Fahrenheit's scale.

4. Describe the phenomena of vegetation in reference to the substances which form the food of plants, the sources whence those substances are derived, and the influence of the soil and of manures.

5. What are the leading differences in the composition of the urine of graminivorous and of carnivorous animals? Of what are urinary calculi composed; how are they analyzed; and what are the chemical principles upon which their medical treatment is founded?

6. You are requested to name the salt held in aqueous solution in the bottle marked A, and in that marked B, and to give the symbols of the two salts in their crystallized state. They are inorganic salts, and the tests adequate for their recognition are on the table.

TUESDAY, August 8.—Afternoon, 3 to 6.

MATERIA MEDICA AND PHARMACY.

Examiner, Dr. Pereira.

1. Give a sketch of the pharmacological history of nitric acid, to include the following subjects:—

α. The mode of preparing it, and the changes which attend the process.

β. The sp. gr. of the acidum nitricum, Ph. Lond., and of commercial nitric acid.

γ. The composition and characteristics of the liquid acid; and the difference between colourless and fuming nitric acid.

δ. The ordinary impurities of commercial nitric acid, and the methods of recognising them.

ε. The effects (including the chemical action of the acid on the tissues) and medicinal uses of the acid.

ζ. The doses both of the pharmacopœial and of commercial nitric acid, and the precautions to be adopted in using this acid.

η. The appropriate treatment in poisoning by nitric acid.

2. State the evidence in support of the opinion that—

α. Medicines and poisons properly so called operate by absorption.

β. Some irritant and corrosive agents operate physically on the body and affect remote parts through the agency of the nervous system or on the principle of shock.

3. Give a sketch of the pharmacological history of cathartics, to include

α. A natural-history arrangement of officinal cathartics.

β. The general effects of cathartics.

γ. A physiological arrangement of officinal cathartics.

δ. The general uses to which the different orders of cathartics are respectively applicable.

4. Give a sketch of the pharmacological history of *Juniperus sabina*, to include

α. Its botanical description.

β. Its chemical history.

γ. Its effects and medicinal uses.

δ. The treatment of poisoning by it.

WEDNESDAY, August 9.—Morning, 10 to 12.

BOTANY.

Examiner, Rev. Prof. Henslow.

1. Define the terms Circinnatus, Legumen, Polyadelphus, Septicidalis, Endogenus, Pedatus.

2. Give such diagnoses of the following orders as may be sufficient to include our British genera:—

Papaveraceæ, Rosaceæ, Orobancheæ, Amaryllideæ.

3. Give such diagnoses of the following genera as will include our British species—describing, so far as may seem to you important, the peculiarities of their several floral whorls, fruit, and seed:—

Delphinium, Cichorium, Quercus, Cypripedium.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

FIRST DIVISION.

	Medical Schools.
Ayre, William	London Hospital.
Barron, E. Enfield	Guy's Hospital.
Bristowe, J. Syer	St. Thomas's Hospital.
Day, E. W. A.	Queen's College, Birmingham.
Growse, Robert	Guy's Hospital.
Hewitt, W. M. G.	University College.
Jackson, Edward	University College.
Lakin, J. Henry	King's College.
Lewis, R. Benson	Leeds School of Medicine.
Manley, Edmund	Royal Manchester Sc. of Med.
Payne, Arthur J.	King's College.
Rigby, James	University College.
Ryan, William	Middlesex & Jervis-st. Hosp.
Salter, H. Hyde	King's College.
Salter, S. J. A.	King's College.
Shearman, C. J.	University College.
Thornton, W. H.	Royal Manchester Sc. of Med.
Wood, John	King's College.

SECOND DIVISION.

Bailey, G. H.	University College.
Hassall, A. H.	R. Coll. of Surg. in Ireland.
Jeston, Thomas	King's College.
Locock, H. Smyth	St. Thomas's Hospital.
Pyper, R. Deverell	Middlesex Hospital.
Reynolds, J. R.	University College.
Sibson, Francis	University of Edinburgh.
Welsh, Henry	King's College.
Wilkins, John	King's College.

MR. JAMES BIRD ON MEDICAL REFORM.

(Continued from p. 195.)

Accordingly, in the memorial which you gave in to Sir George Grey, for the purpose of obtaining the charter, you stated that you represented the opinions of above 4000 general practitioners of England and Wales?—It is so.

In the charter which you propose to obtain from the Crown for this purpose, in favour of the general practitioners, what powers do you propose to take in prescribing the extent of medical education which is to be possessed?—We have proposed to take the same power that the Society of Apothecaries possess in framing their curriculum of study; we propose also to take power to examine in all branches of medical and surgical knowledge.

Have you any proposal in the charter with respect to the admission of parties who produced certificates of education in Scotland and Ireland or in foreign schools?—It is contemplated to admit all graduates of the Scotch and Irish universities who can show that they have undergone a similar curriculum of study to what has been undergone by candidates for admission into the colleges in this country.

To what extent did you propose to arrive at the sufficiency of the examinations which may have been made in the different schools of Scotland or Ireland before granting diplomas to the students of those schools?—We proposed that every candidate should be called on to produce testimonials of having been engaged for at least five years in the acquisition of medical

particular times, would have been in contradiction to the freedom of will and self-command which characterizes the human species.

"With regard to the argument founded on the hemorrhagic nature of the menstrual discharge in women, Raciborski remarks that this discharge is not the essential phenomenon of menstruation—that women have become pregnant who had never menstruated; that, although the discharge attending the heat in quadrupeds is in most cases simply mucous, yet in many of them it is occasionally bloody, and in some, nearest to man, consists chiefly of blood; and, on the other hand, that although the menstrual discharge in women is essentially bloody, yet at the commencement and end of menstruation, the blood is mixed with an increased flow of mucus, and with epithelium thrown off from the mucous surfaces of the sexual passages.

"Assuming, now, that the theory of the discharge of ova periodically at the times of menstruation, and exclusively at those times, is correct, as it certainly is highly probable, the question next presents itself,—how long after the extrusion of the ovum from the ovary, or how long after the cessation of the menstrual discharge, is fecundation possible? The passage of the ovum from the ovary to the uterus occupies, M. Bischoff says, three days in the rabbit, and four or five days in ruminants, and, therefore, probably eight or ten days in the human female. M. Bischoff believes that the ovum escapes from the Graafian follicle at the time when the menstrual discharge is about to cease, and he is of opinion, that, in order to be fecundated, it must be acted on by the semen while it is in the Fallopian tube. From these data, then, he infers that sexual connection, to be fruitful, must take place within eight or twelve days from the cessation of the menstrual discharge. Raciborski thinks the time more limited. Out of sixteen women who gave him such information as enabled him to determine the time of fecundation, there was only one in whom this occurred so late as ten days after the cessation of the menstrual flux; and in this one the menses had been suddenly arrested several days before their usual time of cessation, so that the extrusion of the ovum, M. Raciborski thinks, did not take place till about two days prior to the act of sexual intercourse, to which it owed its fecundation. M. Raciborski relates several cases which seem to show that impregnation may result from sexual coitus taking place one or two days before the period of menstruation. In one of these cases the menses did not appear at all; in three others they continued an unusually short time."

The work is a valuable addition to "Müller's Physiology," which ought to be found in no library without its "supplement."

THE MEDICAL TIMES.

SATURDAY, AUUGST 19, 1848.

THE UPTON POOR-LAW GUARDIANS AND THEIR MEDICAL OFFICERS.

The Upton poor-law guardians have at length achieved a triumph over their late medical officers, who, rather than accept a degrading remuneration for their professional services to the sick poor, resigned their appointments. This victory, like that which Pyrrhus gained over the Romans, is tantamount to a defeat, and we heartily congratulate the five medical gentlemen who fought the battle upon the result. We feel convinced that, before they entered upon the warfare, they counted the costs, and that their principal regret will arise from a consideration of the means by which they were beaten, rather than from the loss they have sustained.

It is our opinion that the Upton surgeons have adopted one of the best means of settling upon a permanent and beneficial foundation the question of poor-law medical relief, now that the "Convention" has enlightened the Government and the public upon the injustice which is constantly perpetrated towards the medical officers of unions. It will not do for them at the present moment to sit down waiting for Providence to interfere in their behalf, but they must employ their own energies and resources as the means which can alone emancipate them from their present difficulties. "The gods help those who help themselves" must still be the motto of surgeons who seek to obtain a reform of the present system of poor-law medical relief; and a course of conduct indicative of faith in this doctrine will convey to the popular mind an intimation of that unchangeable resolution which will ultimately accomplish the greatest enterprise.

It is evident from the contest at Upton that "guardians" will not be able much longer to tame into submission their refractory medical officers. Time was when an advertisement announcing that a surgeon was wanted for a parish would produce hosts of applicants. The board-room table "groaned" under the weight of diplomas and certificates, and the worthy parish officials could then pick and choose their man who was "to do parish work for parish pay." The Upton "wise men" have tried the experiment and signally failed, though they have managed to get two medical men in their locality to occupy the places of the five surgeons who resigned. We feel proud of this improved state of feeling in the members of our profession. Out of 18,000 general practitioners — and of course amongst them there are many who are seeking opportunities to settle down in some locality with the hope of getting practice—not one could be found at a distance from Upton who would become the tool of a board of guardians anxious to perpetuate a system fraught with evils to the profession and the poor. Advertisements were issued in the papers, all to no purpose; highways and byways were scoured to get, if possible, candidates for the important posts. None would volunteer, and the important 3rd of August threatened to arrive with a wreath of laurels for the rebellious parochial doctors.

A fortnight previously the guardians had calculated on an easy victory; for when the assistant poor-law commissioner was present at the meeting of July 20, and asked the board whether fresh officers of equal professional standing and respectability with those whose resignations had been tendered could be procured, an unhesitating affirmative was given in reply.

But what happened on the appointed day? Alas! the poor guardians, chap-fallen and really beaten, received two tenders, and a gentleman was placed in nomination who had made no application, either personal or written. We sincerely hope that Mr. Sheward will come forward and disavow any participation in this affair, and, should his name have been used without his authority, to make known to his professional brethren the fact.(a)

The gentlemen whose ambition prompted them to accept the various offices under the generous Upton guardians, were a Mr. Henry Brunning Marsh and a Mr. John Nelson Thomas, who were to be assisted by one Mr. Wm. Corner West: all residing in the immediate neighbourhood.

Messrs. Marsh and Thomas, it appears, had tasted the sweets of office prior to their election on the 3rd of August; and whether they had been superseded by any of the gentlemen who sent in their resignations because they found their salaries inadequate to remunerate them we are unable to say.

We should have thought, from what had already taken place, that Messrs. Marsh and Thomas would have been very unwilling to have allowed the guardians once more to exercise authority over them after they had dispensed with their services on former occasions. Of course this will again be done when the interests of the parish, real or supposed, required it, or if the poor-law commissioners should not think proper to ratify the appointments.

But the conduct of Mr. West appears to us singularly strange. After sympathizing with the ex-medical officers, signing their resolutions, and expressing his warmest concurrence in their objects, that he should be found apparently abetting the guardians in their efforts to keep down medical salaries is a matter which requires, for the integrity of his honour, an immediate explanation.

Now, the question which concerns the public, and which the poor-law commissioners are bound to examine, is,—have the guardians, in resisting the claims of medical officers of unimpeachable character and skill, been anxious to promote the best interests of the sick poor? It is a question which does not relate simply to pounds, shillings, and pence, but to the interests of suffering humanity. As the districts are extensive over which the poor-law surgeons have to travel, it is necessary that each should be furnished with a horse; as many cases of sickness will undoubtedly occur, it is right that each medical officer should have a well-furnished dispensary. If either of these things be wanting to either of the surgeons, then must he be incapacitated to efficiently perform the duties he undertakes.

The question of medical remuneration is only of importance to the public as it stands in relation to the interests of the poor. An ill-paid parochial surgeon must be unjust either to himself or others. If he efficiently discharges his duties, himself is the sufferer; if he neglects them, the poor. To refuse a fair sum for medical attendance upon paupers is nothing less than officially sanctioning their neglect, and, where death is the consequence, the guardians ought to bear the blame as well as the surgeon.

The late Upton poor-law medical men have, we are happy to say, been generally supported by the profession. This was due to them for their magnanimous conduct. We regret that in their own neighbourhood any persons could be found to accept the offers of guardians whose only object is to pay as little as possible for professional services. We do not think, however, the contest terminated, and we yet hope that the guardians and their friends will be thoroughly beaten.

(a) Since writing the above, Mr. Sheward has stated that it was without his knowledge that his name was used.

APPOINTMENTS AT UNIVERSITY COLLEGE HOSPITAL.

Recent occurrences at University College Hospital show that this institution, which as a medical school bade fair to rival any similar establishment in the kingdom, is about to be sacrificed to a petty spirit of ambitious intrigue

manifested by one or two of its professors. We made known long since the successful manœuvre by which the professor of physiology secured to himself an annual income of large amount, irrespective of the success of his class. We also showed the profession the method by which one professor endeavoured to compel another to resign his chair after seventeen years' services. Those manœuvres have been successful. Mr. Quain now holds two chairs!! That this gentleman showed his ambition none need complain; but why must he take the means he did of satisfying it? The usual course when a senior vacancy occurs in an hospital is for the next surgeon to fill the office, the senior assistant to be elected, and a junior assistant surgeon elected. Why was not this course pursued at University College? Why did not Mr. Quain resist the insult offered him by placing a gentleman over his head? Why was the post of senior surgeon to so important an hospital sent begging—actually thrust on a gentleman who would not offer himself? The profession looks to Mr. Quain for a reply. How, again, is Mr. Quain to fulfil the onerous duties of anatomical professor and professor of clinical surgery? Much mystery has been kept up respecting the appointments at University College—indeed, even now we believe they have not been publicly announced. Only one assistant was advertised for, but we understand that two have been elected. One of these is a gentleman in general practice, who never, to the best of our belief, held any of the subordinate appointments in the hospital, not even that of dresser. This gentleman, it is well known, is the private medical attendant of Mr. Atkinson, who, as clerk or superintendent, or some such officer, holds paramount sway in the college; and, moreover, this assistant surgeon is well known to have assisted in preparing for the press what has appeared of "Quain and Sharpey's Anatomy." Now, we maintain that these things call for inquiry; that it would be well for the *electors* in these cases to be known as well as the *elected;* and that it behoves the proprietors, if they would save a fine institution from ruin, to bestir themselves actively and at once, for the good of the institution.

IS HEMLOCK A POISON?

We have received several communications in reference to a trial which has recently taken place at Ipswich. A woman of the name of Bowyer was charged with the wilful murder of her illegitimate child at Haverhill, by administering a decoction of hemlock.

It appears the woman lived in a state of concubinage with a man named Glasscock, and, the child being in her way, she resolved, if possible, to get rid of it. From the statement of the witnesses, as well as the confession of the accused, it appears she boiled the leaves of hemlock for about ten minutes, and then administered the decoction to the child. Within an hour afterwards it died with the symptoms produced by a narcotico-irritant poison.

The parish surgeon gave a certificate of cause of death, "diarrhœa," but, in consequence of rumours that the child was poisoned, he made a *post-mortem* examination. A coroner's inquest afterwards was held, and other surgeons examined the body, but could find nothing satisfactorily to account for death. The stomach was enclosed in a bladder and sent up to Mr. Alfred Taylor, of Guy's Hospital. Its contents, however, having been thrown away, no traces of poison could be detected, and the jury, from the medical evidence, acquitted the woman.

There are a few circumstances connected with this case which show how careful medical practitioners should be in conducting *post-mortem* examinations, and in giving evidence in courts of justice.

Mr. Martin, the surgeon who first examined the body, does not appear to have employed all that care which was necessary in a suspicious case,—the contents of the stomach not having been secured, and little being, therefore, left for future examination. The surgeon, we are aware, has often great difficulties to encounter in detecting the real cause of death; but this should make him the more careful in prosecuting his examinations, in order that the ends of justice may not be frustrated and science brought into contempt.

In the case before us, if we are to believe the woman's own confession, she administered hemlock to the child, and within an hour after it expired. The chemical examination failed to detect any traces of the poison. Mr. Taylor said that he found no traces of leaf, or root, or stalk, or anything of the kind. In answer to a question by the judge, this witness said that if, two days after death, a careful examination was made and no trace of poison found, he should conclude that poison had not been administered. In this case the woman acknowledges she gave the poison, and yet no marks are left behind.

Mr. Martin, in his evidence, stated very properly that oftentimes it is difficult to discover a vegetable poison, and then made a most extraordinary assertion, that "he did not believe there is a medical man living that ever saw a death by hemlock." This witness also stated that he had seen a gentleman the night previously who told him that he knew of persons who had eaten hemlock-leaves between bread and butter. The witness also said he administered two table-spoonfuls of a strong decoction of hemlock to a rabbit two months old, and when he expected to find it dead it was jumping about as lively as ever.

Those persons who had eaten hemlock with bread and butter must certainly have had very singular tastes to relish it, and very singular stomachs to resist its influence. We are aware that respecting the qualities of *the root* very discordant sentiments prevail, some considering it highly poisonous, while others maintain that it may be eaten with impunity. These various opinions may have arisen from the plant having been gathered at different seasons of the year, as it is well known that some roots, highly poisonous at one time of the year, are perfectly inert at another. These effects, therefore, are regulated by the time of flowering, and depend on other processes in the growth of the plant which Nature is producing. We never knew, however, that the leaves of the conium maculatum were devoid of poisonous qualities at any period of their growth.

This case should teach us how very carefully *post-mortem* examinations should be conducted, and chemical analyses made, in cases where there is the least suspicion of death having been brought about in an unfair way. The evidence appears complete on this woman's guilt till the professional witnesses are called, and through their statements the jury is led to doubt and, in consequence, to acquit the prisoner. We do not regret that her life was spared; but we do regret that anything should have occurred to lead vulgar minds to suppose that hemlock is considered by scientific men as not poisonous; or, if it should produce death, that it leaves no marks by which it can be discovered. If this opinion should extensively prevail, instead of arsenic being used so frequently to take away life, we shall have hemlock the favourite poison, and thus the profession generally will have ample opportunities of studying the symptoms and *post-mortem* appearances which this plant produces when taken in doses sufficient to cause death.

ON THE ADMINISTRATION OF CHLOROFORM.

[To the Editor of the Medical Times.]

Dear Sir,—Your journal of last week contains the melancholy report of two more fatal cases from the inhalation of chloroform. The distressing instance of death from the same cause which recently occurred in the metropolis must be fresh in the minds of your readers. Now, I am desirous of drawing the attention of the profession to one fact, which I have not hitherto observed on record amidst the numerous cases which are constantly brought before the eye of the public. It is the following: that in all those cases wherein chloroform has been followed by serious results, digestion of some food has been, more or less, actively going on. The instance of the young woman at Newcastle-on Tyne, and of another which has recently come under my own notice, together with the observation of several other reported cases, confirm me in the suspicion that very many of the alarming symptoms which follow the inhalation of chloroform are the result of suppressed animation, analogous to the sudden action of digitalis, during a period when activity of circulation, and consequent excitement of the whole system, are especially called forth; I allude, of course, to the important process of digestion.

I do consider it a point of the utmost moment that the instances of vomiting, nausea, convulsions, &c., succeeding to the inhalation of chloroform should be especially noticed by your correspondents, and in such cases whether any food had been taken by the patient within a space of four or six hours before the administration of this anæsthetic agent.

I remain, dear Sir, yours faithfully,

August 9. George Corfe.

THE LATE UPTON POOR-LAW MEDICAL OFFICERS' ADDRESS TO THE MEDICAL PROFESSION.

Gentlemen,—The thanks of the late medical officers of the Upton-on-Severn Union are due to you, as a body, for the sympathy with which our address of July 6 has been received by you, and the almost unlooked-for support and encouragement which have met us in all quarters, for the generous and manly spirit with which our cause has been advocated by the medical journals, and for the courage and magnanimity with which the profession, more especially in our own county, has put itself forward to make common cause with us. The general testimonial we have thus received shall incite to increased exertion, to unflinching perseverance in a cause sanctioned by every principle of truth and equity—a cause to which we are happy to find all the intelligence of our own county rapidly giving in its adherence, and in which, though no longer personally and pecuniarily interested, a sense of principle will impel us forward to overthrow the bulwarks raised by vulgar cunning and callous hypocrisy. Yet a little longer, let us hold together, yet awhile, and this event *must* occur. No other result can seriously be contemplated. It now becomes our duty, as briefly as possible, consistently with making ourselves properly understood, to continue our narrative of the proceedings in this union; and, although we are not enabled to state that our hopes and predictions have been fulfilled to the very letter—although we have been met by treachery almost in our own camp, although the search through the lanes and alleys of the profession has been been attended with more success than that of its highways—we yet feel that we have ample room for congratulation on the healthy spirit pervading the profession in general; and that, by any less sanguine than ourselves, our hitherto partial success will be deemed a most unex-

knowledge, not less than three of which had been spent at the schools connected with hospitals.

Did you propose to re-examine them?—We did not propose to re-examine Scotch or Irish graduates, or any practitioners from the sister kingdoms, provided they gave sufficient proof of their having been engaged for five years in the acquisition of medical knowledge, and, likewise, that they had passed an examination equivalent to the examination which would have been undergone by a candidate in this country; that, in fact, they had been examined in medicine, surgery, and midwifery.

Did you propose to take the power of judging of the examination, or did you propose to rest contented with what, in Edinburgh or Dublin or Glasgow, should have been considered a sufficient examination by the bodies there?—In the arrangements contemplated, under which we should have a charter of incorporation, it is presumed that a council would be formed, which would have the power of directing the curriculum of study to be pursued in both England, Ireland, and Scotland.

By those "principles" which you agreed to, before a person can be allowed to practise in England he must be a member of the College of the General Body of Practitioners proposed to be established under their new charter?—Precisely so.

But a person receiving his education in Scotland, and holding a diploma from the Royal College of Surgeons in Edinburgh, is not entitled to become a member of that college unless the council should be pleased to admit the education and the diploma of that Royal College of Surgeons to be sufficient?—We should admit it; I apprehend there would be no difficulty.

That is, if the council pleased, it would be admitted?—Yes.

But it is proposed that the council should have power to consider it insufficient?—We propose that the power should be vested in a council, to be appointed by the Crown.

Not under the charter?—No.

Then the corporation of general practitioners would be subordinate to the power which was vested in this general council, of prescribing the course of medical instruction?—In common with the councils of the other corporations.

Has there been any copy of those suggestions for a charter sent to Ireland, for the consideration of the profession there?—I believe, in the early stage, some copies were sent, but the subject has not much engaged the attention of the Irish practitioners at the present moment, and consequently I have had no communication with them, nor am I able to say.

Why do you say it has not engaged their attention?—Inasmuch as we have had no communications from them.

Have you any printed copies of those heads, or suggestions, which could be forwarded to Ireland?—I do not think that there are any heads of the charter prepared for distribution at the present moment; we have not any copies at all.

You are aware that there is a printed paper called "Suggestions for the General Reform of the Medical Profession;" is there anything connected with your charter of a similar character which would give the Irish practitioners an idea of what the National Institute are looking for?—I have no doubt, among their voluminous papers, the National Institute have some paper that could be found which would give the heads of a charter similar to what we have been praying for, but the subject has been so constantly before the medical profession in this country, and published in all the medical journals week after week, that I do not know of any abstract paper containing those suggestions; I think the best paper that could be furnished would be the reports of the joint deputation, which are published in a small pamphlet which I shall be happy to furnish to the committee.

Were you a member of the conference?—I was.

Were you a party to the preparation of the paper, intituled, "Principles of the Measure of Medical Reform?"—I presume so, from sitting at the board.

Have you the paper before you?—I have.

I beg your attention to clause 4 of that paper. You observe the first portion of it contains this expression, "That those persons should be entitled to be registered as general practitioners who shall be enrolled as members of the Royal College of General Practitioners within one year from its first incorporation, according to the provisions of a charter which has been prepared for that college." It is distinctly stated there that a charter has been proposed for the college?—It states that it is "according to the provisions of a charter which has been prepared for that college," but it was not finally agreed on.

Is that the fact or not; has such a charter been prepared for that college?—Yes.

Where is that document?—That document is now in possession of the conference; it is not in the possession of any individual member of that conference, but it is in possession of the conference, inasmuch as that and the other charters are still under consideration.

You observe that the words are, "According to the provisions of the charter which has been prepared for that college?"—I believe the wording is so far incorrect that the charter is not completed, and, though it is alluded to as a charter, I think the wording should have been "which is intended to be prepared," or which is "being prepared" for that college.

You have a document before the conference which is called the draught of a charter?—Certainly.

Is there difficulty in the way of procuring that draught for the purpose of laying it before this committee?—I could not give an answer to that question without applying to the other members of the conference.

Are you yourself one?—Yes.

Of equal power with the others?—Yes; but I have no authority individually to lay that charter before this committee unless commanded so to do; those are merely suggestions for a general measure.

There is a great deal more here than suggestions; you actually propose the principles upon which a certain arrangement is to be made, under which the body is to receive a charter, the provisions of which have been already prepared. The "principles" are not intelligible unless the committee know the provisions of that charter?—I dare say there will be no difficulty in obtaining a copy of that charter from the conference when it is completed.

It was sufficiently prepared to obtain the acquiescence of the other bodies?—Yes, it was in its main provisions.

The committee wish to see the charter in that state in which it received the assent of those four bodies who gave their assent to these "principles"?—I dare say it can be produced to the committee.

Will you communicate to the other gentlemen the wish of the committee to have the charter in that state?—I will.

To the charter which was proposed to the Secretary of State, the College of Surgeons and the College of Physicians were not assenting parties?—They were not.

They were opposed to it, then?—Yes.

Are the provisions of the charter now proposed different from the provisions of that charter, so as to meet the objections of those bodies?—The provisions of the charter, as at present prepared and submitted to the College of Surgeons and the College of Physicians, are in no way different from the provisions that were submitted to the general body of our members, and received their sanction.

Was the draught of the charter which it was proposed to send to the College of Physicians laid before the conference?—It will be—it was not. That is one of the reasons why the draught of neither charter has been submitted to this committee, I believe; it was so far submitted that it is published in Dr. Francis Hawkins' evidence.

Was that laid before the committee, and its provisions discussed?—Its provisions were not discussed.

Nor considered?—They were considered generally, but not clause by clause.

Under what circumstances was the National Association first formed; what gave rise to its formation in the first instance?—The introduction of a bill by Sir James Graham, in the year 1844, for the purpose of amending the laws affecting the medical profession.

That was the first bill?—Yes.

The provisions of that bill were deemed to be objectionable, and consequently the National Association was formed?—Exactly.

The members, you say, in the first instance, amounted to between 4000 and 5000?—They did.

Do you consider the principles of the National Association and the National Institute to be identical?—Perfectly so.

How do you account for the number having diminished from between 4000 and 5000 to 1400 or 1500?—The National Association was a voluntary association, without any subscription affixed to becoming a member; there was nothing but a mere enrolment requisite for a person to become a member of that association; when the National Institute was formed it was formed upon an inquiry which I have called a schedule. It states, "Are you willing to co-operate in the formation of a National Institute of Medicine, Surgery, and Midwifery, upon the plan detailed in the accompanying letter, by becoming a member, and contributing towards its support?" Now, the profession is not a rich profession, and when that circular was sent to upwards of 4000 persons, between 1500 and 1600 returned that they were willing.

What is the amount of contribution?—They were asked the question, "That the committee may be enabled to estimate the sum at which the annual contribution for the support of the Institute should be fixed, what is your opinion as to the amount of such payment by the metropolitan and provincial members respectively?" In the schedule before me it was answered, "One guinea for metropolitan members, and one guinea for provincial members," and as I was then more intimately connected with the National Association, and filled a different position in it to what I do in the National Institute, I can state that many letters in addition were received, stating that they agreed in the objects, but that they were unable to contribute towards the support of the National Institute; but the majority were in favour of a guinea for each as an annual subscription; I believe that will account in some degree for the difference.

How many members have you, at this time, who paid their contribution last year?—That I do not know; I am not secretary to the Institute.

Do you believe there are 1000?—I think that there are, as nearly as possible, between 900 and 1000.

At the present time?—At the present time.

Can you state what are the general qualifications of those members?—I really cannot, but a very large proportion of them possess the double qualification.

In answer to a question put to you by the chairman, you stated that many of the members of the Institute are not members of the College of Surgeons?—Of the 1500 or 1600 a portion are not.

Can you state whether the majority of the persons contributing are members of the College of Surgeons?—I believe the majority of them are members of the College of Surgeons; but I can obtain the details from the clerk, and forward them to the committee.

You have yourself taken an active part in both the National Association and the National Institute throughout?—I have.

Are you able to state, from your own experience, and any information you have derived from the members of both bodies, whether they would prefer a reconstruction of the constitution of the College of Surgeons, or the establishment

of a separate institution called the College of General Practitioners?—I believe, if it were practicable, that the majority of the members of the College of Surgeons would prefer the reconstruction of the College of Surgeons.

What is your own individual opinion upon the subject?—My own individual opinion upon the subject is this, that even if it were possible to reconstruct the College of Surgeons, and make it the *alma mater* of the general practitioners, by giving the whole of the members the fellowship, or if the fellowship even were abolished, the question of medical reform, as respects a very large number of general practitioners in this country, would be left in the same anomalous state that it is in at present.

You mean by a great number of persons not having a legitimate claim to belong to the College of Surgeons under such circumstances?—Precisely.

Might not a law be framed very easily to admit them?—I do not know anything easy to accomplish as respects the College of Surgeons; it has been found to be very difficult to accomplish anything hitherto.

What number of general practitioners do you suppose there are in England and Wales?—So many different opinions have been given upon the subject that I can scarcely tell; if you ask the College of Surgeons or the Society of Apothecaries, there is a great difference of opinion between the two; my own impression is that that there are between 14,000 and 15,000 members of both bodies.

How many of those do you consider are members of the College of Surgeons?—It would be but a guess if I gave my opinion.

You have made no calculation?—I have not made a calculation.

How many are licentiates of the Society of Apothecaries?—I think the calculation was that more than half of the 14,000 possessed the double qualification.

By double qualification you mean a diploma of the College of Surgeons and the licence of the Society of Apothecaries?—Yes.

In your heads of charter you have proposed that a member, after ten or fifteen years' standing, shall have the right of being elected upon the council?—Yes.

How soon after his enrolment as member of the college will he have the right to vote for a member of the council?—We canvassed the profession upon that very point, and I can give the committee a schedule stating the opinions which we received: the members in favour of an unrestricted franchise were, 252; in favour of a two years' franchise, 9; in favour of a five years' franchise, 1476; in favour of a seven years' franchise, 11; in favour of a ten years' franhise, 535.

Which did you adopt?—Five years.

How many members do you believe you will have entitled to vote within the first year after the institution of your college, with a five years' franchise?—More than a couple of thousand; but I cannot tell how many would enrol in six months.

In what way do you propose to collect their votes?—The votes were to be delivered either personally or by voting-papers.

Voting-papers transmitted by the post to each person?—Yes, according to his address; I believe it is still in abeyance whether it should be left to each individual member to apply for a voting-paper.

Do you consider there would be any difficulty in obtaining the votes so proposed, though the number of persons is so large?—We do not contemplate that there would be any considerable difficulty, because a very large number of persons would not take the trouble to vote; many men would desire the qualification, and, possessing it, seldom use it.

If such a system would work easily in a College of General Practitioners, might not the same system be carried into operation in the College of Surgeons?—I can see no reason why it should not.

In considering, before the conference, the qualifications of the persons who were to be entitled to be enrolled in the College of General Practitioners, did you in any respect differ in your arrangement from the one which is already contained in the draught of the heads of the charter which was first submitted to Sir James Graham?—No exception was taken as to the parties to be enrolled in the first instance.

In a paragraph of the "principles" which follows the one to which I have already called your attention, you will find it stated, "Those persons shall be entitled to be registered as surgeons who shall have been admitted as fellows or members by the Royal College of Surgeons;" was that agreed on?—Yes.

It then goes on to say, "That the members of the College of Surgeons who dispense medicines or supply medicines to their patients shall be required to enrol themselves in the College of General Practitioners, and to be registered as surgeons and general practitioners." What is to be done with the fellows who dispense medicines; you will observe that in that paragraph there is no provision whatever with respect to their registration otherwise than as surgeons?—When fellowship was instituted I believe it was contemplated by the College of Surgeons that they should be persons practising purely as surgeons, and not as apothecaries in any way; I believe that the operation of an arrangement of this kind would be to make the fellows conform to that principle of not dispensing their medicines, but practise as consulting practitioners in surgery; it would have the compulsory effect of making them do either the one or the other; whether it would make it compulsory upon them to enrol in the College of General Practitioners I do not know; the lawyers will best determine that; but we fully contemplate that there will be many fellows of the College of Surgeons who would also enrol as members of the College of General Practitioners; in fact, we have several fellows at the present moment seeking with us the establishment of this new incorporation; I could enumerate among the members of the council Mr. Paget, of Leicester, senior surgeon to the Leicester Infirmary—he is a member of the council and a fellow of the College of Surgeons; Mr. Martin, of Reigate, is a fellow of the College of Surgeons; Mr. Hurst, of Bedford, is a fellow of the College of Surgeons and others; Mr. Lowe, senior surgeon to the Bristol Infirmary, is likewise one of our council.

Do you believe that it would be popular with the fellows that they should be compelled to register in the College of General Practitioners?—Provided they dispense their medicines and practise as apothecaries, it may not be popular with the fellows generally; but I think all those gentlemen to whom I have alluded would do so voluntarily.

Will you refer to the concluding portion of the paragraph, "And after the passing of the act, members of the Royal College of Surgeons shall not be registered as surgeons unless they be also admitted as members of the Royal College of General Practitioners, and registered both as surgeons and general practitioners;" will you be kind enough to describe what is the exact meaning of that passage?—The meaning of that passage is as follows: that it ensures the passing of a double examination prior to their becoming practitioners at all; the effort was made, or, at least, it was suggested that members of the College of Surgeons might not register as general practitioners; that they need not belong to the College of General Practitioners at all; but it was contended, on the part of those who advocated the necessity of a certain amount of medical knowledge for general practitioners, as well as a certain amount of surgical knowledge, that no member of the College of Surgeons should be permitted to practise, inasmuch as he had never been tested as to his knowledge of medicine or of midwifery; and, therefore, that every future member of the College of Surgeons should also, before he was entitled to register as a general practitioner, enrol himself and belong to the two colleges.

Did you intend to refer to the persons who should obtain their diplomas and licences after the passing of the act, in using the words "after the passing of the act?"—That was clearly intended.

THE CHOLERA.

The following instructions concerning the cholera were addressed to the country people in Russia by authority of the Government, and are worthy of attention here:—

"It has been remarked that just before the appearance of the cholera in a district the inhabitants are troubled more than usually by diarrhœas and other complaints, trifling under ordinary circumstances, but which, in the presence of the epidemic, are apt, if neglected, to degenerate into real cholera cases.

"It is well known from the experience obtained in 1830 and 1831 that the cholera is in itself generally not contagious, but that it may become so, like some other diseases, if many sick are kept crowded together.

"The cholera has been found to be most destructive in villages situated on low and marshy grounds, or near bogs and stagnant pools, and particularly where the inhabitants are confined within narrow space and live unmindful of cleanliness.

"It has been further observed that those dejected in spirits and easily alarmed are more subject to cholera than those who live in confidence and are of good courage.

"The preceding remarks having been made, the following are the precautions recommended for observance against cholera:—

"To beware of catching cold, and particularly to protect the stomach from cold, for which purpose to wear a broad belt of cloth or stout flannel upon the skin around the waist; not to lie upon the bare ground, nor to sleep at night in the open air. After sleep or hard labour, when in perspiration, to drink no water or other beverage cold; to drink no acid beverage, and never much at a draught; to beware of all things of intoxication; to use light food and moderately; to eat no bread insufficiently baked, no crude vegetables, no unripe fruits, nor meat or fish not perfectly fresh, and to abstain from salted meats and pickled fish that provoke thirst; to keep the person and the dwelling clean, and to allow of no sinks close to the house; to admit no poultry or animals within the house, and to keep it airy by ventilation. Where there are sick, let not the place be crowded.

"Notwithstanding the best precautions, the cholera may at times break out. The following are its symptoms, and the treatment to be pursued with perseverance and confidence:—

"A person in good health may be suddenly attacked by cholera, at first sickness, the eyesight dimmed, then, after a shiver and rumbling in the bowels, vomiting and purging, with acute pains below the breast, under the ribs, and on the left side, attended by quenchless thirst. If the patient be not quickly succoured, cramps ensue in the legs and arms, which become of icy coldness, extreme weakness comes on, and a deadly paleness, the whole body becomes cold, then a hiccough, and other signs of approaching death.

"On the appearance of the first symptoms let medical aid be immediately called, but, if that cannot be obtained, the treatment necessary is as follows:—

"1. Let the the patient be warmly covered.

"2. Let his whole body be well rubbed with warm vinegar or brandy; likewise his hands and feet and pit of the stomach with clear tar, or, if none can be had, with strong brandy.

"3. Let the patient take, in frequent and small quantities, a warm and light infusion of mint, or of the essence of mint, one or two drops at a time, with sugar.

"4. If there be no abatement of pain or vomiting, a blister of mustard should be applied to the pit of the stomach.

"5. If all the same symptoms still continue, and the patient be of a strong constitution, then apply leeches to the same place, twelve to twenty for an adult, and for children six to ten; but, if of a weak constitution, let no leeches be used without the advice of a physician.

"A warm bath, if ready and near, may be used with benefit, otherwise a vapour-bath may be prepared at home thus:—Heat some stones or bricks, and over them place a bedstead with a netted bottom, upon which let the patient be stretched, well covered; then throw the vinegar upon the hot stones, whence steam will arise conducive to perspiration, aided by the frictions, which must not be discontinued. For want of this vapour-bath, place around and in contact with the patient bags of heated sand or ashes.

"*Observations.*—During the present epidemic no applications have been found so efficacious as strong frictions, either with the naked hand, with a cloth, or with a brush, using clear tar or some other irritant. The essence of peppermint may be used more freely than heretofore prescribed.

"Great care must be observed during convalescence, for the cholera is but often followed by typhus fever."

GOSSIP OF THE WEEK.

War-office.—34th Foot: Assistant-Surgeon Frederick Burton Phillipson, from the Staff, to be Assistant-Surgeon, vice Johnstone, who exchanges.—7th Light Dragoons: Assistant-Surgeon William Baker Young, from the 50th Foot, to be Assistant-Surgeon, vice Wardrop, appointed to the Grenadier Regiment of Foot Guards.—Hospital Staff: Staff Assistant-Surgeon Francis Charles Annesley to be Staff Surgeon of the second class, vice Alexander Smith, M.D., deceased; Assistant-Surgeon Richard Carew Anderson, from the 82nd Foot, to be Assistant-Surgeon to the Forces, vice Annesley, promoted; Assistant-Surgeon William Smellie Johnstone, M.D., from the 34th Foot, to be Assistant-Surgeon to the Forces, vice Phillipson, who exchanges.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the college at the meeting of the court of examiners on the 31st ult.:—Messrs. Joseph Dixon, Reigate, Surrey; Frederick Charles Carver, Melbourn, Cambridgeshire; Edward Bourne Machin, Belper, Derbyshire; Lea Richardson, Greenwich; Daniel Henry George Wildbore, London; Joseph Hughes Hemming, Kimbolton, Huntingdonshire; Gustavus Matthews Burton, Manchester; Thomas Massey Harding, Ludlow, Salop; and Charles Drew, Okehampton, Devon.—Gentlemen admitted members on Friday, the 11st inst.:—Messrs. J. Crostan, T. Crocker, L. Armstrong, R. Thomason, G. H. Cook, F. C. F. Malden, A. Crompton, and J. G. Smith.—Admitted on the 14th inst.:—Messrs. J. S. Garthon, F. Y. Toms, J. J. Cooke, W. C. May, W. T. H. Burrow, E. G. Chapman, and T. Michell.

Apothecaries' Hall.—Gentlemen admitted members on the 10th inst.:—George Keer, Parham, Suffolk; Leonard Armstrong, Hexham, Northumberland; William Charles Lake, Teignmouth, Devon; Frederick Sopwith, Tunbridge Wells; James Ogden Fletcher, Manchester.

A deputation from the Bethnal-green Sanitary Association, consisting of Mr. W. A. Mackinnon, M.P., the Rev. T. Gibson. the Rev. W. Kerry, the Rev. T. G. Williams, Dr. Hector Gavin, Mr. Samuel Byles, and Mr. Thomas Dean, had an interview on Wednesday with Visct. Morpeth.

King's College Hospital.—The vacancy occasioned in the surgical staff of this institution by the resignation of Mr. Simon, consequent on his acceptance of the chair of pathology at St. Thomas's Hospital, has been filled up by the appointment of Mr. Henry Lee (the former house-surgeon) as assistant-surgeon; and Dr. Brinton has been appointed demonstrator in the anatomical theatre of the college.

The Hospital for Consumption.—In reference to a paragraph which announced the presentation of a silver salver by the committee of management of the Hospital for Consumption to Mlle. Jenny Lind, we are requested to state that this testimonial of gratitude, though presented in the name of the committee of management of the charity, was the result of a private subscription among the individual members of the committee, wholly unconnected either with the funds of the charity or the proceeds of the recent concert.

German Hospital, Dalston. — The annual meeting of the governors and subscribers of this excellent institution was held at the London Tavern; his Royal Highness the Duke of Cambridge (the president) in the chair. After the usual preliminaries, Dr. Sieveking read the report, which stated that during the past year the number of in-patients was 467, and of out-patients, among whom were many Englishmen, 1918, amounting altogether to 2385. From the financial statement it appeared that the receipts from the 1st of June, 1847, to July, 1848, amounted to £4100; the expenditure amounted to £1846. 4s. 8d.: leaving a balance of £1228. 12s. 6d.

DEVIZES—Tuesday, Aug. 15.

Charles Penruddock Fitzgerald was indicted for the manslaughter of Eliza Liddell, at Marlborough.

Mr. Slade and Mr. Challoner Smith conducted the case for the prosecution, and Mr. Cockburn and Mr. Hodges that of the prisoner.

This was an indictment against the prisoner, who was a surgeon at Marlborough, charging him with having caused the death of Eliza Liddell, the wife of a baker. The prisoner had been called in to attend the deceased at the time of her confinement, and it was alleged that in consequence of the want of skill and caution in the conduct of the prisoner the poor woman had lost her life. The details of the case are totally unfit for publication.

The case broke down upon the evidence of the first medical man called for the prosecution, it being admitted that a person of the greatest skill, exercising the greatest possible care, could not prevent an accident.

The learned Judge said, under such circumstances the jury could not convict any person, and therefore they ought at once to acquit him.

Verdict—"Not guilty."

Mr. Cockburn then stated that he had not only the highest testimonials in favour of Mr. Fitzgerald, but a great body of medical evidence to show that he had acted with skill and care.

Germany.—The *Gazette d'Augsburg* states that several cases of cholera have been observed at Vienna, but the disease only presented symptoms of the sporadic form.

The Climate of Malta.—Dr. G. B. Schambri, in a pamphlet entitled "Sulla Temperatura dell'Atmosphera nell' isola di Malta," has given an analysis of a series of thermometrical observations which have been conducted at the General Military Hospital of Valetta during a period of twenty-one years. The definitive mean annual temperature is proved by these to be 67°. 3. The extreme range of mean annual temperature does not exceed 3°. The month of May presents in its mean temperature the nearest approach to the mean annual temperature. August presents the highest mean monthly temperature —81°. 2, and February the lowest—56°. 3. On an average the hottest day was never less than 82°, and never more than 90°. The mean temperature of the coldest day was never less than 46°, nor greater than 55°. The mean daily temperature, therefore, in any extreme, never varied beyond 8°. or 9°. The mean temperature of the winter is 56°. 9; of spring, 66°. 1; of summer, 72°. 5; and of autumn, 66°. 7. The difference between the mean temperature of summer and winter is 22°. 6. Spring and autumn are marked by nearly the same mean temperature. The difference of 22°. 6 between summer and winter, in correspondence with the difference between the hottest and coldest month, which is only 24°. 9, proves the climate of Malta to be constant, presenting neither excessive heat nor cold, nor any irregular intervals between the one and the other, and on the whole give sufficient reason to state that the climate is mild, notwithstanding that it has been too commonly the habit of classing it with those deservedly called hot.

Brodribb *v.* Maddock.—West Malling Asylum.—(Before the Master of the Rolls.)—This was a motion by the plaintiff for an injunction to restrain the defendant, Dr. Maddock, from interfering with the management of the West Malling Lunatic Asylum, Kent, which the plaintiff and defendant entered into an agreement in April last to conduct as partners. The ground on which the injunction was applied for was, that the plaintiff had entered into the agreement under the impression, and on the faith, that Dr. Maddock had an English qualification to practise as a medical man, and that he would be able to give medical attendance to the inmates of the asylum in accordance with the provisions of the Lunatic Act, 8 and 9 Vict., c. 100, and that he had been misled in this particular by the conduct of the defendant, who it appeared had only a diploma from the University of Giessen. The Master of the Rolls, at the conclusion of the argument on the 1st inst., observed that it was satisfactory to him to find that no complaint was made of the management of the asylum by Dr. Maddock, so far as regarded his medical skill, or that there was anything improvident on his part in a pecuniary sense. The objection was of a technical character, that the defendant did not possess the technical qualification of a diploma. He should defer his judgment for a few days, in order that the parties might have an opportunity to settle their difference, which he strongly recommended. The parties not having come to any arrangement, his lordship again mentioned the case, and refused the injunction, repeating his recommendation to the parties to settle their difference.

The Cholera.—From a late number of the *Military Medical Gazette* of Russia, it appears that, since the appearance of the epidemic, there were seized at St. Petersburg from the 30th of June to the 21st of July, 19,772 persons, of whom 4834 recovered, and 11,068 died. In the whole of Russia, since the first appearance of the cholera, the 28th of October, 1846, to the 5th of July, 1848, 290,318 persons were seized with the epidemic, and 116,658 died. On the 28th of July there were at St. Petersburg 2396 cholera cases: in the course of the day 137 fresh cases occurred; 211 recovered, and 82 died. On the 29th there were 2240 sick, 132 new cases; 188 recovered, and 68 died. On the 30th there remained 2116 cases under treatment. We learn that at Berlin four cases of cholera have appeared. At Munich the Ministry is taking active preparatory measures in the event of the appearance of the cholera in Bavaria. At Konigsberg two cases have occurred; in consequence of which a committee of health was sitting in that city to take measures against the spread of the epidemy.

Russia.—The German papers publish letters from St. Petersburg of the 3rd inst., stating that the cholera has gradually disappeared in that town. The cholera hospitals have been shut up by order of the Emperor.

At the date of the last advices the cholera was fast decreasing, and it was expected that its total disappearance might be soon looked for. The average of cases was reduced to one hundred a day, and several of the hospitals opened exclusively for the treatment of the disease had been already closed.

Posen.—The *Kolner Zeitung* has a letter from Posen of the 5th inst., stating that a case of Asiatic cholera occurred in that city. The patient—a woman—was at one transported to the Cholera Hospital, where, it is asserted, she is doing well, and likely to recover. Cholera hospitals have, by order of the Government, been prepared in all Prussian towns and large villages, and every care is taken to lessen the horrors of the approaching pestilence.

Nuisances and Contagious Diseases Bill.—The bill introduced by Lord Morpeth, "To renew and amend an act of the 9th and 10th Vict., for the removal of nuisances and the prevention of contagious diseases," contains some provisions not in the former act, amongst which the 5th clause enacts that the application of the provisions of this bill to districts and places in which the Public Health Act of 1848 is in force, is to be subject to the decision of the General Board of Health. The 7th clause makes the drainage or sewerage of offensive matter into any open ditch, &c., so as to be a nuisance or injurious to health, from any new dwelling-house, building, privy, &c., a misdemeanour, liable to a penalty. The 8th clause empowers the Privy Council to issue orders for putting in force the provisions of this bill, relative to the prevention of epidemic diseases, &c.; and (9) after such order, the General Board of Health may issue directions and regulations; and (10) the poor-law commissioners may compel the guardians to execute the regulations and directions of the General Board of Health, (12) the expenses thereof to be paid out of the poor-rate. 13 enacts that all the orders, directions, and regulations of the Privy Council and the General Board of Health are to be laid before Parliament, and gazetted. 14 imposes penalties for obstructing the execution of the act, and 15 provides for the recovery and application of such penalties. 16 gives power to proceed against one or more of several joint owners; and the other clauses are merely formal ones.

Hanwell Collegiate School.—There is not a more responsible office devolving upon a journalist who addresses himself to the Anglo-Indian community than that of recommending any particular school to the attention of parents residing abroad. It is naturally a matter of the greatest anxiety with those who send their children 15,000 miles away, that their offspring should be comfortably placed and cared for; for friends cannot always find time to see to them, nor are they always scrupulous in their selection of a proper academy. Under these impressions, we have made it our business to visit the establishment of Dr. Emerton, at Hanwell, and are prepared to vouch that the whole of Great Britain does not contain a school better suited in every way to the purposes (and purses) of Indian residents. Beautifully situated, spacious, cleanly, with every possible convenience for the instruction and amusement of youth, in the shape of lecture-rooms, play-grounds, gymnastic apparatus, music, &c., close to the Great Western Railway, it offers a thousand advantages, independently of the principal, Dr. Emerton himself; and we are most desirous of impressing upon our distant readers that we are familiar with an establishment to which they may safely consign their children.—*The English Mail, July* 7, 1848.

Death from the Bite of a Man.—A few weeks ago, when the 4th Royal Irish Dragoons were stationed at Nottingham barracks, two of the privates quarrelled, and one bit the other in the finger. The wound festered, and at length the man's whole body became affected; the bones, denuded of flesh, protruded through the skin. The man lingered till morning, when he died. A despatch has been sent to Manchester (where the regiment is now stationed) for witnesses, and with orders for the man who so savagely attacked the deceased to be taken into custody, preparatory to an inquest being held on the body. The case has excited great interest in a medical point of view.

A drunken man, named Ryan, twenty-seven years of age, was killed, recently, at Manchester through sitting on two chisels, which penetrated the femoral artery: he bled to death.

Obituary.—On the 14th inst., at Crewkerne, Somerset, after a long and painful illness, Mr. Edward Silvester Burnard. His loss will be severely felt and deeply regretted by his numerous patients, to whom he was ever a kind friend as well as a most skilful surgeon.—At Kingston, Jamaica, on the 20th of June, William Arnold, Esq., M.D., F.R.S., &c., aged 58.

MORTALITY TABLE.

For the Week ending Saturday, August 12, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	1059	972
Specified Causes...	1055	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	452	257
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	29	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	106	120
Diseases of the Lungs, and of the other Organs of Respiration	53	80
Diseases of the Heart and Blood-vessels.....	25	28
Diseases of the Stomach, Liver, and other organs of Digestion	64	79
Diseases of the Kidneys, &c.	8	8
Childbirth, Diseases of the Uterus, &c.	7	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	7
Diseases of the Skin, Cellular Tissue, &c.	4	1
Old Age	26	50
Violence, Privation, Cold, and Intemperance.....	19	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

TO CORRESPONDENTS.

"Inquirendo"—We have heard nothing of the appearance of cholera at Bristol. Our correspondent must be misinformed.
"Utopia."—The instruments are worthless.
"Distressed."—We cannot break through our usual regulation of not prescribing through our columns. We are sure that our correspondent will find medical gentlemen who have the requisite talent and benevolence to treat the case.
"M. B."—The professorship is filled up.
"Amicus."—The mere acknowledgment of the debt is not enough; there must be a written document, signed by the debtor.
"J. L., Birmingham."—Apply to the National Vaccine Establishment.
"Mr. Gilbert."—1. Yes. 2. It is not known.
"A Subscriber of Five Years."—According to professional etiquette our correspondent is entitled to the fee.
"Aliquis."—The annals of medicine furnish many similar cases.
"A Surgeon."—The qualification will be received by the Army Medical Board.
"Zeta."—We cannot publish the "remonstrance."
"P. W., Manchester."—The coroner's warrant entitles our correspondent to the usual fee, which can be recovered in the County Court.
"Mr. Lewis" is thanked for his offer.
"A Subscriber, Dover."—The charge is two guineas.
"M. D."—Without the licence of the London College of Physicians no person can lawfully practise within seven miles of London.
"T. B., Cork."—It is impossible to form a correct opinion on the nature of the disease, as no *post-mortem* examination was instituted.
"Pater."—We will make inquiries on the subject.
"Juvenis."—We cannot recommend any particular medical practitioner. The disease is one which any educated surgeon understands.
"S. F. M. D."—We cannot believe the statement.
"Brentford."—The sum might be legally charged for setting the fracture.
"Alethia."—A private communication was forwarded last week.
"Mr. T. Wilson."—There are no penalties for selling arsenic.
"Redress."—The office of house-surgeon in the hospital alluded to has always been filled by a senior dresser.
"Oceanus."—Apply to any of the ship-brokers in the City.
"D.."—The questions shall be answered next week.
"Vindicator" should have forwarded his name, as he speaks so sharply against another practitioner.
"Guyensis."—Yes.
"A Cambridge Student."—"Cooper's Surgical Dictionary."
"An Observer of the Times."—We shall, probably, publish the letter.
"A Reader and Friend."—There are no opportunities for dissection in the East Indies.
"A Retired Surgeon."—We have not seen a draught of the bill.
"A Country Practitioner."—Licences for practising dissections are granted by the Secretary of State for the Home Department to any legally qualified member of the profession. The application must be countersigned by two justices of the peace, acting for the county or place wherein the applicant resides. The charge for the licence is about £3.
"Verax."—Communication received.
"A Borough Student" is recommended to comply with the regulations of the College and Hall.
"Scotus."—The London College will admit to examination, on our correspondent producing the certificates mentioned.
"Chirurgus, Leeds." — The dose of the hydrated peroxide of iron must be large in a case of poisoning by arsenic. We have doubts of its efficacy.
"A Union Medical Officer."—The account should be sent us without delay.
"R. H., Brompton." — The letter has been accidentally mislaid.
"Critic."—We do not think that the publication of the letter would be productive of any good.
"A Pathologist" may be assured that his paper has not been overlooked.
"A Young Student."—The lectures cannot be had separately from the numbers.
"A Legal Practitioner" asks if a person with a foreign diploma can recover in a court of law reasonable demands for advice and attendance? No.
"Anti-Quack."—We do not know by whom the work is published.
"J. Robins, M D."—Certainly not.
"Mediculus."—We have been unable yet to make the requisite inquiries.
"Gallipotius."—A formula is given in the "Paris Codex."
"L. L. D."—The pure surgeon does not obtain all his fees from attending purely surgical cases.
"Mr. G." should write to the secretary of the Apothecaries' Society, who will give him all the information he asks.
"M. D. Cantab."—The suggestion shall receive our best consideration.
"A Surgeon and M.D., Edin."—No reliance should be placed on the advertisement referred to.
"Mr. S. Ryan."—Sulphur fumigation is generally accomplished by the use of a special apparatus, consisting of a box in which the patient sits, with an apparatus at the top out of which the head projects.
"L A. C., 1814."—There is no law to prevent a licentiate of the Apothecaries' Company who is not a member of the College from being a medical attendant of a benefit society.
"A. B."—The case ought to be carefully investigated by a competent practitioner.
"Querist, N.B."—Candidates who have received a regular education in approved foreign universities or schools will be admitted to examination by the Army Medical Board.
"Londinensis."—Dr. Kidd is librarian of the Radclyffe Library.
"Dr. Cole."—Communication received.
"Optao."—We shall be glad of the promised communication.
"R. P. J. Feckenham, Bromsgrove."—The report of the Poor-law Medical Covention is published in such a form as to be easily transmitted by post. Our correspondent had better apply to the secretary, Hanover-square Rooms.
"Mr. F. R. Cripps, Soho-street, Liverpool."—Communication received.
"A Northern Poor-law Officer." — Communication received.
"Dr. Moses, St. Asaph."—A private letter has been sent.
"Querist" asks, "Can you tell me who has written those stupid articles in 'The Voice of Jacob' about Dr. Knox?" We cannot.
"Mr. P. Bell, Garstang," shall receive an answer next week.
"Mr. Breary."—Communication received.
"Dr. Ch. Kidd, Limerick."—Communication received.
"A Subscriber, M.R.C.S. and L.A.C.," on "Poor-law Medical Remuneration," received.

Letters and communications have also been received from Inquirendo; Utopia; Distressed; M. B.; Amicus; J. L., Birmingham; Mr. Gilbert; A Subscriber of Five Years; Aliquis; A Surgeon; Zeta; P. W., Manchester; Mr. Lewis; A Subscriber, Dover; M. D.; T. B., Cork; Pater; Juvenis; S. F. M. D.; Brentford; Alethia; Mr. T. Wilson; Redress; Oceanus; D.; Vindicator; Guyensis; A Cambridge Student; An Observer of the Times; A Reader and Friend; A Retired Surgeon; A Country Practitioner; Verax; A Borough Student; Scotus; Chirurgus, Leeds; A Union Medical Officer; R. H., Brompton; Critic; A Pathologist; A Young Student; A Legal Practitioner; Anti-Quack; J. Robins, M. D.; Mediculus; Gallipotius; L. L. D.; Mr. G.; M. D. Cantab; A Surgeon and M. D., Edin.; Mr. S. Ryan; L. A. C., 1841; A. B.; Querist, N B.; Londinensis; Dr. Cole; Optao; R. P. J. Feckenham, Bromsgrove; Mr. F. R. Cripps, Soho-street, Liverpool; A Northern Poor-law Officer; Dr. Moses, St. Asaph; Querist; Mr. P. Bell, Garstang; Mr. Breary; Dr. Ch. Kidd, Limerick; A Subscriber, M. R. C. S. and L. A. C., &c.

No. 465. **SUMMARY.** Aug. 26.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 263
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 264

ORIGINAL CORRESPONDENCE—

Reports on the Diseases of Females, by EDWARD RIGBY, M.D. 265
Contributions to the Medical Topography of the Mediterranean, by WM. THOMPSON KAY, Esq. 266
Observations in the Paris Hospitals during the Revolution of June, by C. KIDD, M.D. 268
On the Power by which the Tears are absorbed from the Surface of the Eyes and conveyed into the Nose, by J. W. MOSES, M.D. 269
Chloroform in Cholera, communicated by J. B. STEDMAN, Esq. 271

PROGRESS OF MEDICAL SCIENCE—

Poisoning by Fowler's Solution 271
On Tying the Carotid Artery above the Omohyoideus 271
Pericarditis, Bronchitis, and Pleuritis occurring as Complications of Typhoid Fever 271
Pneumonia, Pleuritis, and Bronchitis occurring as Complications of Typhoid Fever 272
On the Artificial Production of Local Anæsthesia 272
Kreasote in Erysipelas 272
Hernia of the Uterus 273
Fracture of the Neck of the Femur 273
Medico-Chirurgical Society of Edinburgh—Discussion on the Employment of Chloroform in Midwifery and Surgery 274

REVIEWS—

An Essay on the Epileptic Form of Puerperal Convulsions, by J. Thompson, Esq. 275
On the Nature and Treatment of Stomach and Renal Diseases, by Wm. Prout, M.D. 276

LEADERS—

The Provincial Medical Association and Reform.. 278
The Liberality and Beneficence of Poor-law Guardians 278
The Doings at University College 279
James Bird, Esq., on Medical Reform 280

GOSSIP OF THE WEEK 281
The Cholera 281
The British Association 281
MORTALITY TABLE 282
TO CORRESPONDENTS 282

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 233.)

QUESTION OF RACE: ITS PROGRESS.

The question of race is no longer a mere philosophic question, an ethnographical question of affiliated languages or geographical position. It has suddenly become the great problem of the day: the pivot on which hinges the fate of mighty empires and well-established monarchies. It shakes to its centre the existing social condition of Europe, and must ultimately revolutionize the world. A careful consideration of, and reflection on, the physical character and social position of the Central Germans—by some called, but erroneously, North Germans—induced me, fully fifteen years ago, to foretel the approach of a war of race in Central Europe. It appeared to me impossible that the continental German or Saxon could long remain enthralled by the despotisms of the houses of Hapsburg and Brandenburg. Nationality is a strong social and political tie, no doubt; but there exists a stronger — it is the tie of race. Loyalty and ancient institutions, social order, guarantees, acts of congresses, balance of power, legal and recognised constitutions, are good enough terms in themselves; their happy vagueness adapts them for those numerous successive changes which a strong and facile pen may ring upon them, or a ready speaker mould to the fashion of the day. But nothing of this alters Nature. Political independence, as defined by Mr. Disraeli (in a speech delivered lately in the House of Commons) to be the principle of nationality, is an excellent thing in itself; but a nation may happen to be composed of more races than one; it may be a heterogeneous jumble of ill-assorted races, like Prussia or Austria, or like the late kingdom of the Netherlands, adjusted and thought to be united by some congress or series of protocols; but what if the races should disagree? What if they refuse to mingle? What if the principle of "physical analogy" oppose the union? Men are constantly misled by terms. The distinguished romancist whose name I have just quoted was, I believe, the first popular writer to introduce the question of race to the novel-readers of Britain; I fancied he understood the question fairly, but it seems not. Already he confounds it with *nationality*, which is, in fact, the antagonistic principle.

That the insular position of Great Britain, which early gave to its mingled race the strength of a compact nationality—a security from foreign intervention in her affairs, a security from intestine broils, and from invasion by a foreign foe—should exert great influence over the minds of her people was a circumstance to be anticipated; a strong nationality, for example, engrafted on the national character of her somewhat mixed race was obviously one of the results. But, reviewing the history of Europe for some centuries with a reference to this question of race, it has always appeared to me that the most important event which ever happened to the insular, and I may even include the continental, Saxon, upon whom ultimately must depend the liberties of mankind, was the invasion and conquest of England by the Normans; the establishment of a Government at open variance with the character of the Saxon people of England—the establishment of a feudal tyranny, laws of primogeniture and entail, a grasping privilege, a court patronage rampant by its nature and destructive of all true liberty, of all talent, of all freedom of thought.

Against this subjugation of the Anglo-Saxon by the Norman Government in England the race has ever warred; the contest still continues, and can never cease but with the discomfiture of the Norman. How cheerfully would the various Celtic, Sarmatian, and Sclavonian tyrannies of continental Europe have lent a hand for the extinction of liberty in England; how cheerfully would they have aided in reducing the Anglo-Saxon to the level of his less fortunately situated continental brethren of the Saxon or Scandinavian race, trampled on alternately by Croats, and Sclaves and Huns, and Celts; sold to Russia; broken up into miserable dukedoms, and electorates, and petty principalities; fragments of an empire which was of itself a delusion, a mockery, and a sham—the German empire! But now the continental Saxon understands the question thoroughly; so does the Sclavonian. These races desire to add *nationality* to the principle of *race*. A Sclavonian republic—a German republic: there is ample space in Europe for both. Mr. Disraeli affects not to understand this; the simply adding nationality to race; a Sclavonian race—a Sclavonian republic; a German or Saxon race—a German republic. True to his race, the romancist, as usual, mystifies the question.

These remarks I have thought it right to make on passing events; the daily press is deeply interested in mystifying the question. Should the iron despotisms of Brandenburg and Hapsburg succeed in recovering their hold of Central Europe, the progress of mankind towards civilization may be arrested for centuries. But the Germans, as the continental Saxons chose to call themselves, must not forget their Scandinavian origin—must not forget that the best, the noblest of their race, live under hateful tyrannies: in Holland, Denmark, Sweden, real liberty has no existence. These are strictly German states; they are the purest of all Germans, as I shall endeavour to show in my lecture on the Saxon race of men.

But were I to presume to offer an opinion as to the measures hitherto adopted by the continental German or Saxon for the recovery of his liberty from the most abhorred of tyrannies, the Brandenburg and Hapsburg dynasties, I would venture to suggest to the free and liberal men assembled in Frankfort that a large portion of Germany (Deutchland) was comparatively free prior to the wars of Napoleon; the Seven United Provinces of Holland, the Republic of Batavia, still figure on some maps, and are not altogether lost to the recollections of men. The Central German—the man of Frankfort, of Cologne, of Munich, of Potsdam—is not precisely the person to comprehend true liberty; he has mingled too long and too intimately with the Sarmatian and Sclavonian blood; he had better fraternize with the purest of his race, the Scandivanian Saxon, the Hollander, the man of Holstein, of Jutland, of Norway; they will convince him, as they did at Lutzen and Jutterboch, that it is not by supporting the Tedeschi in Italy; it is not by crushing down the Sclavonian race in Posen and in Bohemia; it is not by singing songs about that faderland whose precise locality they have never been able to discover, that they, the Central German or South German, as he is sometimes called, will secure the sympathies and the esteem of the free all over the world. The fantastic tricks and mountebankery of Cologne argue a something seriously wrong in the South German mind. Let them recal every German from Italy on pain of being for ever deprived of the name; surrender Posen to its native and predominating race; decline all union with Holland until she drive out the revolutionary dynasty of 1815: the monarchy established by fraud and violence, — the monarchy of the bayonet; offer your Scandinavian brethren a solid and real assistance in their approaching struggle to throw off the hateful enthralment of Prussia and Russia. By these and similar movements you may at last succeed in creating in Central Europe a Saxon power; a land of liberty and of civilized men; a continental Saxon union strong enough to cope with the Celtic and the Sarmatian races—the really aggressive races in war, as the Saxon is the aggressive power in peace. See what progress England makes during peaceful times; observe her true Saxon policy. She never fights but for a material interest. Machiavelli was a mere driveller compared to the statesmen of England. Above all, give up your pretensions to the Sclavonian or Tedeschi states. And if it should happen that the Tedeschi, the Sclavonian, or Gothic race prefer the rule of the imbecile house of Hapsburg and the accursed Metternich, the man who told the illustrious Scarpa, when he complained to him of the fallen condition of the universities in Italy, that "His Most Sacred Majesty the Emperor of Austria, his imperial master, did not want great and able men, but good men (flunkies, not men)," suffer them by all means to accept bad government; interfere not with a falling race; their fate interests you not further than this, the rescuing them, if possible, from the grasp of the Muscovite, into whose hands they and their territory, with the connivance of England, will

ultimately fall. Endeavour to lay aside for a time the insufferable arrogance, at all times an offensive trait in the Saxon character, but especially so when coming from the half-Sarmatized Pruss, the men who fought and ran at Jena; no true Saxon, by-the-by. Lay aside, if you can, the selfishness of your character, and concede to the Sclavonian race their due. To them you owe nearly all that is spiritual, transcendental, and highly intellectual in Germany; your music, your metaphysics, your first historians, your first anatomists and physiologists. Without them you could have invented nothing. Let the races of men be just towards each other; all races have their good qualities—all have their bad: no race is perfect as a race. Individuals may attain a perfect form; may reach, and no doubt have reached, the standard of the Greek canon; may realize the ideal—the grandest conception or type of Nature; all this has happened, as we know by the discovery of the sculptured works of ancient Greece. But there is no such thing as a perfect race, nor ever can be, until a new order of the material world arises. Were it not better, then, that the various races of men which now exist with unalterably opposing feelings understood each other, disposed to give credit for what they find excellent in each; scanning with a gentle hand the differences in temper which exist, than selfishly claiming a super-excellence for institutions and constitutions which, after all, are, or may be, strictly acceptable to no one race on the face of the earth.

These observations are intended as a reply to some remarks which have been made in various quarters respecting the tendencies of the theory I defend; for it has been remarked that a *war of race*, foretold in these lectures some years ago as a probable and, indeed, ultimately a certain result of the present position of mankind,—that a war of races is a dreadful thing to contemplate. So it is, no doubt; but, as *it has come*, what use is there in denying its existence? Those who think that I have handled the character of the Anglo-Saxon somewhat roughly, I beg leave to refer to a speech of Mr. Gladstone, delivered in the House of Commons on the evening of Friday, the 18th inst. In that speech, worthy of a nation's deep consideration, and entitling its distinguished author to the thanks of every free man throughout the world, the reader will find proofs demonstrative of the real Saxon character *when withdrawn* from *the pressure* of *public opinion*. The sooner Mr. Gladstone is Colonial Secretary the better it will be for the safety of British colonies and for the honour of the country. My countrymen who do not yet comprehend the German and Sclavonian question I beg to refer to the speech of M. Bunsen, delivered lately in London; they will find it, I think, a confirmation of some lectures I delivered nearly three years ago.

The lectures required to complete the second section of the course are as follows:—

1. History of the Dark Races concluded.
2. The Sclavonian Race: its physical and psychological character; its influence over the human mind in Southern Germany; demand of the race to be separated from a German union; present position and future prospects of the race.
3. The Sarmatian Race, or Muscovite.
4. The Celtic: continental (French); insular (Irish and Highland).
5. The Saxon Race: continental, insular, and American.

The concluding section, comprising—

I. The Human Form: theory of physical beauty or of perfect form; antique Grecian sculpture; true canon of beauty discovered by the ancient Greek artists;

II. Origin of organized bodies; laws of formation and of deformation; of unity in time and space; of diversity in time and space; signification of specific animal forms;—

will appear in the numbers of the *Medical Times* from the 1st of October to the 31st of December inclusive.

A COURSE

OF

LECTURES ON SURGERY.

BY

SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXXI.

(Continued from page 248.)

Gentlemen,—There is one subject which it is proper at this part of our discourse to advert to in some of its features. I refer to tetanus, which, as an occasional consequence of wounds and injuries, comes within the province of surgery. Tetanus may be defined to be a disease in which the voluntary muscles of certain organs are affected with rigidity and spasms. Whilst the disorder continues you have no complete relaxation or remission of this regidity, contraction, and tension, to the extent of allowing the antagonist muscles to draw back the parts in question; in this respect the convulsions which arise in tetanus differ from those which accompany hydrophobia, and from ordinary convulsions. In hydrophobia convulsions may cease entirely for a time, and come on again; but in tetanus there is more or less a continuance of contraction. Tetanus is divided into two kinds, *traumatic* and *idiopathic:* the former, which, arising from wounds, will alone be here spoken of, as falling more properly within the limits prescribed to these lectures; the other form, called *idiopathic*, is that which arises from cold or other causes not included in the former, and which falls more properly within the province of the physician.

We have also another division into acute and chronic; the first being much more dangerous. In some respects traumatic tetanus resembles hydrophobia; it is, therefore, necessary that this disorder should be well understood by the young surgeon. Traumatic tetanus follows the local injury which gives rise to it much sooner than hydrophobia. I told you that that came on between the thirtieth and fortieth day after the bite of a rabid animal; but in tetanus the longest period known to elapse from receipt of a wound is twenty-two days, and it comes on very often in a few hours; it may, therefore, be regarded as a settled fact, that it is a much earlier consequence of injuries than hydrophobia. Persons who die of tetanus do not die so soon as in hydrophobia; many live several weeks. One patient I knew who survived five weeks after tetanus came on; he was a soldier who had been wounded in battle, in the thigh, which had been amputated in a French hospital; five or six inches of bone protruded through, and large abscesses were formed: he died of tetanus the fifth week. I have said that patients live longer; but this is only to be received as a general remark, as you will find it is recorded that a negro died of a scratch of the finger within an hour.

I have seen a patient in this hospital die in forty-eight hours of tetanus, after a bad compound fracture. The disease, generally, begins with uneasiness in the muscles of the neck, which region is sore and less supple than ordinarily; the jaw is more difficult to move; the tongue is uneasy at its root, it is hard to move; mastication, and especially deglutition, grow more impracticable; presently the patient is attacked with spasms and convulsions about the neck, tongue, jaw, and throat, and from these great pain arises. By-and-by there is pain about the region of the epigastrium, and from this point the pain shoots in the course of the diaphragm down to the spine. The diaphragm gets attacked, and such is the oppression of breathing that the patient expects to die of suffocation. At length more muscles get implicated — those of the back, spine, and neck. Sometimes the head and trunk are drawn backwards with great violence, drawing the body into the form of a bow; this is called *opisthotonos*, and is the worst kind of tetanus. When the action of the abdominal muscles predominates the body is drawn forwards, and the disease is called *emprosthotonos*. Many are the forms into which the body is drawn, depending on the muscles affected; and sometimes one side of the body is drawn down, and this is called *pleurosthotonos*. The situation of the wound governs, to some extent, the form which tetanus will assume. Larrey states that in Egypt, where tetanus follows slighter wounds than it does in this country, when his men were wounded in the back, opisthotonos commonly followed; but if the wound happened to be in the front of the body, tetanus followed as emprosthotonos. Sometimes nearly the whole length of the muscles of the body are affected, so as to countervail each other and prevent the body being drawn more in one direction than in another; when this is the case tetanus is said to be *complete*. Sometimes the disease is confined to the organ of deglutition; it then takes the name of *trismus*, or *locked-jaw*.

The first thing commonly noticed in persons attacked by tetanus, I said, was a sensation of stiffness and rigidity about the neck, making it difficult to move the head; an uneasy feeling at the root of the tongue soon follows, and the patient can scarcely chew or swallow. Shortly the patient finds that the attempt to do so brings on most violent convulsions; the repugnance to drinks thus engendered has led this disease to be sometimes confounded with hydrophobia. The patient soon begins to complain of pain about the ensiform cartilage, and pains shoot thence towards the spine in the direction of the diaphragm; the spasms from this cause become more violent, and the muscles of the lower jaw particularly affected, so that the two jaws become firmly closed. With the continuance of the disease the diaphragm becomes more susceptible of contractions, which succeed each other with great rapidity, and cause extreme rigidity of the muscles of the back and lower extremities. The abdomidal muscles and those of the lower extremities at length are seized with spasms, each contraction is attended with excruciating pain, and the pulse is hurried and irregular; the patient breathes quickly and under great oppression. During the whole of this disorder there is most obstinate constipation, and no evacuations take place from the bowels.

It is remarked that the tongue and fingers escape for a longer time than any other part, but when the tongue is attacked with spasms they are so violent as to drive it against the teeth with great violence, producing contusion and laceration, and sometimes breaking the teeth. The patient is generally carried off in a violent fit of spasms. Through the whole of this disorder and to the end the patient's intellects are not affected, but the mind is clear; in this respect differing from hydrophobia, where the patient is suspicious.

With respect to the causes of traumatic tetanus, we find that some kinds of wounds more generally produce it than others, particularly contused and lacerated wounds. Punctured wounds also, extending through fasciæ of great density, compound fractions and compound dislocations of the thumb, also lacerations of the hands and fingers, and of the feet and toes are exceedingly liable to be followed by tetanus. In hot countries very trivial causes suffice to bring on this disease. Surgical operations are especially exposed to it, particularly that for *fistula in ano* and the removal of the testicle. A very rational question is, how is it that, of two persons receiving precisely similar injuries, one produces tetanus, and the other no serious consequences whatever? It must be that the constitutions of the two are in a different state. The fact that in hot countries tetanus is fifty times more common than in temperate climates like our own shows that the state of the constitution has much to do with the production of this disease. Another question arises, whether the partial division of the branches and irritation of the trunks of nerves has not much to do with exciting tetanus? From certain cases which have been related, it

would seem as if it were so; still we must make a large allowance for the state of the constitution in these cases. Larrey relates a case of tetanus where a ligature had been placed on the femoral artery, and the branches of the crural nerve had been embraced. It was believed that tetanus was caused in this manner, and he went so far as to cut down and expose the artery and remove the ligature; the tetanus, however, was only stopped for a short time, to return with increased violence. With respect to the prognosis, I may say the disease is generally fatal; but it is worthy of notice, that persons who have had great experience have observed, that if the patient live beyond the ninth day, the chances of recovery are much improved. Then as to treatment, although originating in a wound, yet, as we have seen that tetanus has some connection with the state of the constitution, it will be necessary to adopt both local and constitutional measures. With respect to amputation in tetanus, although it has been proposed under the sanction of Larrey, I do not feel called upon to say much of it, because subsequent experience does not confirm his opinion in favour of the practice. In fact, if we look over the cases he published, we shall find that where amputation was successful the disease was of a chronic character, which is least difficult to cure by ordinary treatment, and which, being less dangerous, does not justify such an extreme measure. Some surgeons have endeavoured to renew the suppurative discharge from a wound which is stayed at the commencement of tetanic symptoms by means of blisters; others have stimulated the wound with tobacco, turpentine, and other applications; but very few indeed of all these cases in which tetanus was acute were cured by these means. Shall we take away blood? Not by venesection I think; as far as my experience has gone I can say nothing in its favour, and some members of our profession whose experience has been very great say that it greatly heightens danger. If the patient was strong and athletic, with a full, quick pulse, and it was deemed advisable to take blood, I would have recourse to local bleeding, applying cupping-glasses near the spine, or leeches to the throat and neck, as it is there that inflammation is most prevalent. I observed that obstinate costiveness is an invariable accompaniment of this disease, and this is a symptom difficult to combat, especially as we are often administering opium, which strengthens the tendency to costiveness at the same time. The purgatives formerly in use were such as calomel and potass, sometimes mixed with treacle, as by Mr. Abernethy. The purgative now almost universally employed is castor oil, the most powerful purgative we possess; one or two drops may be given most conveniently in gruel, and these will be sufficient to produce abundant evacuations. I think by thus keeping the bowels open, and retaining the system under the influence of opium, we do all that medicine can accomplish. The insensibility of the system under this disorder to the influence of medicine has led to the employment of very high doses; you should, however, be cautious in giving your patient these large quantities at once. The better plan is to proceed gradually increasing the dose as it is found necessary, instead of administering much at first.

ORIGINAL CONTRIBUTIONS.

REPORTS ON THE DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

In continuing my observations on oophoritis as a cause of sterility, I will select a case where one of its prominent effects was profuse and long-standing menorrhagia, of a character very similar to one which I formerly described (*Medical Times*, Feb. 15, 1845). I know of no form of menorrhagia where the discharge is more profuse or the disease more obstinate than when it is dependent on an inflamed state of one or both ovaries; and here again I may observe that in by far the majority of cases it is the left ovary which is affected—indeed, it is quite an exception to the rule when we find that it is the right one. It is difficult always to account for these peculiarities, and we are apt to theorize in attempting their explanation; but it has frequently struck me that a loaded state of the sigmoid flexure of the colon, from the pressure which it must exert on the neighbouring parts, would render the left ovary more liable to congestion by obstructing its returning circulation. As in the case above alluded to, which had also been for many years of her life one of obstructive dysmenorrhœa, the history of the symptoms and the examinations distinctly prove the existence of ovarian inflammation; and its relief by appropriate treatment also shows that this affection was the cause of the menorrhagia, which ceased as soon as the oophoritis was relieved. The following case not only shows that sterility must result under such circumstances, but also that impregnation may occur even after long-standing oophoritis and menorrhagia, when once those conditions are removed.

E. L., aged twenty-two: tall, gaunt, and emaciated; pale and anemic.

July 25, 1845. Complains of frequent attacks of vaginal swelling and flushing; bowels habitually costive; has a barking cough; tongue pale and glossy; throat relaxed; bad taste in the mouth, and much gastric derangement; pain of sacrum increased by the passage of solid fæces; pain of left thigh, which is slightly swelled down to the foot, requiring her to wear a larger shoe.

She first menstruated at the age of seventeen, from which time she has been constantly subject to menorrhagia. She also dates from this period the acute pain which she feels in the hollow of the sacrum on the passage of solid fæces. In Oct., 1843, she consulted a practitioner, who leeched the os once, and blistered the sacrum. After being under his care for six months the discharge stopped, and appeared only at irregular intervals of about three months, until May, 1844, when it continued in an irregular manner until the 20th of July. These catamenial discharges were attended with severe pain of back and pelvis, and slight exudations. In January, 1845, she consulted another physician, who considered that the menorrhagia depended in great measure on a torpid liver, for which he accordingly treated her, and produced some relief.

Examination per Vaginam. — Os externum small and intensely tender; the vagina is evidently swollen; os uteri is situated more backwards than usual, it is soft but not round; the cervix is short, and the anterior surface of the uterus is felt firm and hard, and inclining towards the bladder; no part of the uterus within reach is peculiarly tender to the touch.

Examination per Rectum.—The finger produces no pain until it reaches the left ovary, which seems nearly in the upper part of the hollow of the sacrum; it feels like a large nut, and is exquisitely painful to the slightest touch, so that I could not ascertain its real size, or how far it was moveable; no pain is felt in the direction of the ovary by pressing on the left groin, nor is any motion communicated to it by doing so; nothing abnormal is to be detected on the right side of pelvis.

℞. Pilulæ hydrarg. chloridi co., extr. hyoscyami, aa. gr. v. o.n.

℞. Acidi nitrici dil., tinct. hyoscymi, aa. ʒij.; infus. sennæ co., ℥iijss.; infus. gentianæ co., ℥iv. M. ft. mist. cujus sumat. cochl. magn. ij. ter die. Hirudines vj. ovario sinistro.

July 28. Leeches were applied on the 26th, and bled well, with much relief; bowels have been opened three or four times daily, and the evacuations are much improved in appearance and odour; pain and swelling of the left thigh and foot have subsided; tongue better; her general appearance is much improved; the face has lost its sallow tinge; the pulse is good; there is no discharge. Pergat.

Aug. 2. No discharge; health improved. As there is still considerable tenderness of the ovary when felt *per rectum*, some leeches were again applied, of which only three took and bled well.

℞. Pil. hydr. extr. coloc., ext. hyos., aa. ℈j. M. ft. pil. xij. sumat. ij. horâ somni.

℞. Essentiæ sarzæ comp., ʒj. ter die ex liquore calcis c. lacte.

℞. Liq. plumbi diacet., liq. opii sedativ., aa. ʒij.; aquæ destill., ʒviij. M. ft. lotio.

4. The subsequent bleeding was less than before. She remarks that the pressure of the tube against the ovary did not produce half the amount of pain which it had done hitherto. Until now she has not had a healthy appetite for plain food. The bowels are opened by one pill only. Rep. mist. sarzæ ex liq. calcis c. lacte. Rep. lotio.

℞. Ferri sulph., gr. ij.; extr. coloc. co., gr. iij. M. ft. pil. ij. h.s.s., mitte. xij. Seidlitz powder in the morning.

8. Very much improved in health, and good looks; no pain or discharge; the glossy state of the tongue is fast disappearing; she walks with ease; is about to return home. In case the pills should act too much upon the bowels I have also given her the following prescription:

℞. Ferri sulph., gr. ij.; extr. gentianæ, gr. iij. M. ft. pil. j. o.n.s. Rep. alia.

27. Writes word that she has continued the sarsaparilla in milk and lime-water daily, and one pill every night of those prescribed Aug. 4. Her appetite is excellent; bowels open twice or three times daily. She expected the catamenia last week, but thirty-five days have elapsed since they ceased; had occasional sharp pains in the back and both groins last week, but is quite free from them now, and does not think they will return until next month. Rep.

Sept. 11. (By letter). Had much pain of back and groins on the 5th, "with swelling of the body and legs." The catamenia appeared on the evening of the 8th: the discharge was free and the pains abated; the discharge has appeared exactly at the end of seven weeks, which is probably at a menstrual period, the former one having been missed from her anemic state. The period has passed comfortably, but she complains of great "shortness of breath," and a "troublesome short cough," at which time her heart beats quickly. Rep. pil. ferri sulph. cum coloc.

℞. Potassæ sulph., pulv. rhæi, aa. ℈j.; mannæ opt., ʒij.; sp. myrist., ʒss.; aquæ carui, ℥jss. M. ft. haust. omni mane sumend. Rep. sarzæ, c. lacte, et liq. calcis. Hirud. vj. ano. Vesicatorium sterno.

Feb. 9, 1846. She writes as follows:—"I applied the leeches you recommended in your last note, and put a small blister to my chest; these set me up, and since then I have had no return of cough or difficulty of breathing. I find exercise necessary to prevent fulness of habit, and to the astonishment of all my friends can walk three miles without resting, and feel refreshed rather than fatigued at the end of it—I am so much stronger than when you last saw me. The catamenia did not appear again for nine weeks, and, after a duration of seven days, went off nicely. It next appeared on the 11th of December. I do not think it too profuse, as it generally abates on the fourth day, and stops entirely by the seventh day. Five weeks then elapsed, and on Jan. 22 they appeared after a good deal of pain in the lowest part of my bowels, which went off on the appearance of the discharge. I continued poorly for a week; I do not think I was too much so, and it stopped in proper time; but since then have been troubled with a great tenderness of my bowels; it feels as if the skin was slightly inflamed; it is extremely sore if touched, and too tight to allow of my standing quite upright. I thought to remove it by aperient medicine, but, as my bowels have been freely acted upon without relief, I am at a loss to know

what to do; it does not interfere with my general health. I fancy it is on the right side of my stomach, and increases towards evening."

I wrote word (suspecting the possibility of pregnancy) that, besides fomenting the abdomen with hot water morning and night, I should do nothing beyond keeping the bowels open; but, if the pain were to increase, I should advise her to apply six leeches to the anus.

June 20. She called about a month ago, merely to show me how well she was. She now writes that the catamenia did not appear on the 30th of May, but the abdomen and back were in constant acute pain until the 15th, when a slight discharge appeared, browner than usual, and towards evening she was in severe suffering. On the 17th she passed what I presume was an ovum; there is still a considerable discharge.

June 28, 1847. Her husband called to say that she became pregnant last Christmas; that she had gone on satisfactorily until the beginning of this month, when symptoms of miscarriage showed themselves, and a male fœtus (after severe pain) was expelled.

It is difficult to trace the cause on which this state of oophoritis depended, but there is good reason to suppose that it was contemporary with the appearance of the catamenia at the age of seventeen. The symptoms of oophoritis varied somewhat in this case from the ordinary course, and depended upon the position of the ovary, being much more backward than usual, and almost approaching to the hollow of the sacrum; hence she had none of the inguinal pain which is so frequently observed in these cases, but it was confined to the region of the sacrum, as is usually seen in cases of retroversion, and was necessarily greatly increased by the passage of fæces down the rectum. This displacement of the ovary downwards and backwards into the recto-vaginal pouch, when in a more marked degree, forms one of the most agonizing affections with which I am acquainted; the paroxysms of suffering are really frightful, and whilst they last the patient is nearly wild with torture. In the three or four cases which I have seen (and of which, I regret to say, I have taken no notes except of one) the ovary has been found lower than usual, and approaching very nearly to the central line of the sacrum. The slightest touch produces severe pain, of that sickening and intolerable character which pressure on the corresponding organ of the male produces, especially when inflamed. For want of a better name, I have called it prolapsus of the ovary, but a more correct appellation might probably be found. In the present case, therefore, no movement of the ovary was produced by pressure in the left groin, while the finger of the other hand was examining *per rectum*, but the anterior wall of the uterus was felt inclining more than usual towards the bladder, as in anteversion, from the uterus being probably pushed somewhat forwards by the ovary behind. The attacks of heat and swelling of the vagina, and the great tenderness of the os externum, were connected with considerable derangement of the assimilating organs, and form part of a series of affections which I have endeavoured to describe under the term of uterine gout—the general state of the circulation indicating a close resemblance to that of it in a gouty diathesis, but the affection localizing itself on the uterus and organs belonging to it.

I think it will be found to be of not unfrequent occurrence that, in relieving a case of menorrhagia like this, the patient is apt to pass over the next period without any appearance of the catamenia, the system having been too much reduced to furnish the periodical secretion, except under the abnormal excitement of an inflamed ovary; the application of the leeches will probably have also contributed to it. Nor does the system always readily settle itself down to the change which has been produced, especially if the menorrhagia has been of long standing; for then the circumstance of its being confined within its proper natural limits is apt to be followed by congestion to other parts, as in cases of a suppression of ordinary discharges. This was manifest to a certain amount in a report of Sept. 11, where she complained of great shortness of breath, cough, &c.; and fearing pulmonary congestion, now that the menorrhagia had stopped, I ordered six leeches to be applied to the anus and a blister to the chest.

This case and the previous one are good illustrations how far the ovary can be restored to its natural function even after having been in a state of inflammation to a considerable extent.

CONTRIBUTIONS TO THE MEDICAL TOPOGRAPHY OF THE MEDITERRANEAN.

By WILLIAM THOMPSON KAY, Esq., Assistant-Surgeon of the Plymouth Division of Royal Marines.

"THE GRAND OBJECT OF ALL TRAVELLING IS TO SEE THE SHORES OF THE MEDITERRANEAN: ON THESE SHORES WERE THE FOUR GREAT EMPIRES OF THE WORLD—THE ASSYRIAN, THE PERSIAN, THE GRECIAN, AND THE ROMAN. ALL OUR RELIGION, ALMOST ALL OUR LAWS, ALMOST ALL THAT SETS US ABOVE SAVAGES, HAS COME TO US FROM THE SHORES OF THE MEDITERRANEAN."—*Samuel Johnson.*

SYRIA.—*Its Situation, Name, Extent; Divisions, Ancient and Modern; Physical Characters; Productive Industry; Manufactures; Civil and Social State; Climate; Diseases; State of Medicine and Surgery; Works on the Topography, Natural History, &c., of Syria.*

(Continued from page 237.)

COSTUME GENERALLY.

Of the Men.—The dress of scribes, merchants, and men of sedentary occupation, is a flowing habit, consisting of a shirt, made of linen, of a loose open texture, or of cotton stuff, or a mixture of silk and cotton, with ample drawers of linen or cotton, tied round the body with a running band. Over these is worn a long vest or tunic of striped silk and cotton, generally figured and flowered, descending to the ankles, with long sleeves, extending a few inches beyond the fingers' ends, open at the wrist, (a) with numerous conical buttons and loops for the purpose of fastening the dress. Round this vest or tunic is wound a girdle (b) (the only ligature in the Oriental dress), which is a shawl, or a piece of striped silk, from three to four yards long. In this the scribes and merchants, as well as learned men, carry a silver, brass, or copper *dewayeh*, (c) or inkstand, with its receptacle for reed pens.

The upper classes usually wear a dagger, placed obliquely in the ceinture. The outer garment is of cloth, with fur collar and cuffs; the sleeves being shorter than the other allows a part of the striped silk and cotton tunic to hang down gracefully at the wrist.

The headdress consists of a small close-fitting white cap, over which is the red cloth cap, or *tarboosh*, with a tassel of dark blue silk at the crown, bound round with a long piece of white figured muslin or shawl stuff, forming the turban; (d) the *tarboosh* is also worn without the shawl. The turban serves to distinguish sects, families, and dynasties. For example: the upper classes wear a light gay colour, very wide and formal in their shape; the doctors of divinity, snow white; the *shereefs*, or descendants of the Prophet, are alone privileged to wear *green;* the Christians and Jews are restricted to black, blue, and grey turbans, and are expected to wear sombre-coloured clothes, though of late the Christians have been allowed to wear a white turban.

Stockings are now generally worn by the most respectable men of the great cities, as much for a protection to the legs as from a desire to look well.

The shoes are of thick red morocco leather, pointed and turning up at the toes, the heel part of the upper leather being usually turned down. It is usual among the upper classes to wear an inner shoe of soft bright yellow morocco, because on going into the presence of a superior, or into a holy place (for example, a mosque), it is customary to remove the thick shoe at the outer door, and retain only the yellow or inner one; the lower class approach barefooted. (a)

The costume of men of the lower orders is very simple and uniform, consisting of a pair of drawers, and a long and full shirt or gown of blue linen or cotton, descending below the knees, and open from the neck nearly to the waist; the legs and feet are also exposed; over this a white or red woollen girdle is worn; their turban is generally composed of white, red, or some flowered woollen shawl, wound round a *tarboosh*, or else the *tarboosh* with only the white cap underneath. In winter they wear a coarse woollen cloak, striped vertically brown and white, or all black, called the *abbayeh;* sometimes it is of one square piece, with holes for the arms, and without a seam. (b) In the summer many of the peasants along the coast wear all white. (c)

The peculiarities of the dress of each sect or class have been noticed elsewhere.

Of the Women.—The dress of the women of the middle and higher classes is extremely handsome and elegant, and resembles in many respects that of the men. The shift, which is full, is made of fine silk, gauze, or crape. A pair of very wide trousers, drawn tight at the waist by means of a running band, and tied just above the ankle; and a long vest fitted tight to the body as far as the waist, leaving, however, a part of the bosom uncovered, except by the shift, and hanging down to the ankles. A square cashmere shawl, doubled diagonally, is put loosely round the waist as a girdle: the two corners hanging gracefully down at the side. Over the short vest is worn a jacket of cloth, velvet, or silk, generally richly embroidered with gold or coloured silk.

They very seldom wear stockings, but substitute in lieu the yellow or red morocco boot, embroidered with gold; over these, when they step off the carpet, they put on slippers or wooden pattens, five or six inches in height, ornamented with mother-of-pearl, &c.

The headdress consists of the cotton cap and *tarboosh*, the same as the men, except that the crown has a metal plate (silver or brass), to which the tassel is attached: over this a square kerchief is wound tightly round.

The hair, except over the forehead and temples, is permitted to hang down in numerous plaits; (d) to each of which is usually added black silk cords, with ten-piastre pieces or *gazees* (e) attached to them.

(a) The Eastern nations wear the sleeve thus, for the purpose of enabling them to use the arm more freely, when required for any exercise of strength; this explains the passages in Isaiah (lii. 10; liii. 1), where the arm is mentioned as being laid bare.

(b) Girdles are often highly ornamented, and form, as in the time of Solomon, an important article of commerce. Thus, in Proverbs (xxxi. 24) we find mention made of the girdles being delivered to the merchant; and in Exodus (xxviii. 8) is the description of Aaron's girdle, or the curious girdle of the ephod. Allusion to this article of Eastern dress is frequently made in Holy Writ: Acts xxi. 11—13; Ephes. vi. 14; Luke xii. 35; 1 Kings xviii. 46; 2 Kings iv. 29. Elijah and John the Baptist are mentioned as having simply a girdle of *leather*, or one of the commonest description: 2 Kings i. 8; Matt. iii. 4.

(c) Ezek. ix. 3.

(d) Ezek. xxiv. 17.

(a) "Loose thy shoe from off thy foot; for the place whereon thou standest is holy."—Josh. v. 15; Exod. iii. 5.

(b) "Now the coat was without seam, woven from the top throughout."—John xix. 23.

(c) "Let thy garments be always white."—Eccles. ix. 8.

(d) 1 Tim. ii. 9.

(e) A *gazee* is twenty piastres, worth about 3s. 9d.

The riding or walking attire consists of a large gown of silk or white cotton; next is put on the face-veil,(a) which is a long strip of white muslin, concealing the whole face except the eyes, and reaching nearly to the ground. Over this a linen sheet, large enough to cover the whole habit from head to foot, is worn. The Koran particularly enjoins the use of the veil, and admonishes all true believers, "that they speak unto their wives and daughters, that they cast their outer garments over them when they walk abroad."

The Toilette.—Ladies of high rank wear rings on their fingers, to which little bells are attached; bracelets and anklets,(b) eardrops and necklaces of filagree-work, richly set with jewels. The people of the middle class wear an inferior kind, and the poorer class have bracelets and anklets of coloured glass.

The females of the higher and middle classes, and many of the poorer women, stain the tips of the fingers and toes and certain parts of the hand and foot with the leaves of the henna-tree(c) (*Lawsonia inermis*), which impart a yellowish red or dingy orange colour.(d) When a deep blackish brown is desired they mix the henna-powder with lime, and form it into a paste with vinegar: this is laid over the part in the desired form or pattern, and allowed to remain there for ten or twelve hours. The use of this plant as a dye is of very remote date: many mummies have been discovered, whose nails still retain the yellow colour it imparts. The women abstain from its use at the death of their husbands and parents.

None of the ladies consider themselves completely dressed till they have tinged the hair and edges of their eyelids with the powder of lead ore. This is performed by dipping first into the powder a small wooden bodkin of the thickness of a quill, and then drawing it afterwards along the edges of the eyelid. That this custom is of great antiquity there can be no doubt, for the prophet Jeremiah(e) says, "Thou rentest thy face with painting;" and it is said, "When Jehu was come to Jezreel, Jezebel heard of it, and she painted her face," &c.(f) "The original words," says Shaw, "run thus: 'She adjusted her eyes with the powder of lead ore.'" The prophet Ezekiel also mentions it(g) in describing the adulteries of Aholah and Aholibah, when he says, "For whom didst thou wash thyself, paintedst thy eyes, and deckedst thyself with ornaments?" In addition to the instances mentioned above I need only refer such readers as feel an interest in the subject to the work of Sir G. Wilkinson on the "Manners and Customs of the Ancient Egyptians," and also state that during a visit to Cairo in February, 1844, Dr. Abbot showed me a small vase and bodkin that he found in a tomb in Upper Egypt, which contained at that time some of the kohòl(h) (as this powder is called by the Arabs): thus proving beyond doubt that the Egyptians must have used this dye at least 1000 years B.C., which is further proved by the frequent occurrence of the figure of an eye and eyebrow, thus ornamented, on the mummy-cases and monuments of Egypt.(a)

Language.—The general language of Syria is the Arabic, which, akin to the Hebrew and Persian, ranks among the classic languages of the East. In Syria it is much harsher than in Egypt. The Syriae language is a dialect of the ancient Chaldee, formerly used by the Christians of Comagene, and those provinces bordering upon Syria.(b) It is now considered as a dead language, although employed by the Maronites in their liturgy and mass. The alphabet contains twenty-two letters, of which fourteen are consonants.

The Arabic language abounds with synonymes, and is remarkable for the precision of its phrases, the ambiguity of its expressions, and the abundance of its words; for there are more than 80 words signifying honey, 200 which mean a serpent, 500 to designate a lion, and 2000 distinct words for a sword.(c) The Arabs say that no man uninspired was ever a complete master of the language; in fact, no person now living in Europe or Asia can read without study a hundred couplets together, in any connection of ancient Arabian poems; and we are told that the great author of the "Kamus" learned by accident from the mouth of a child, in a village of Arabia, the meaning of three words, which he had long sought in vain from grammarians and from books of the highest reputation.(d)

There are peculiarities in the pronunciation of the Arabic pertaining to Syria, and these again are changed with the district. Thus, the Jîm in Syria is pronounced soft, as the *J* in *Jove*, while in Egypt it is hard, as the German *g*; and the Kâf like the *k* in *king*, while in some parts, as the Haurân and Jerusalem, it is like the *ch* in *church*.

Subjoined is a comparative table of the language of the Syrians and the Egyptians, which is condensed so as to suit the pages of this journal.

English.	Syriac.	Egyptian.
One	Wâ-hârde	Ouâ-héd
Two	It-nane	Et-néin
Three	Tla-tà	Telâ-tah
Four	Arâ-bàh	Arbàa
Five	Hâm-psí	Hham-sah
Six	Sèt-tàh	Sette
Seven	Sâb-bàh	Sábáa
Eight	It-ma-ne	Temâna
Nine	Tis-sàh	Tèssaa
Ten	Ash-â-ràh	Achcra
Eleven	Hârd-âsh	Had-âcher
Twelve	It-nâsh	Et-nâcher
Thirteen	Tlet-tâsh	Tela-tâcher
Fourteen	Albâ-tâsh	Arba-tâcher
Fifteen	Hâmps-tâsh	Hham-es-tâcher
Sixteen	Set-tâsh	Set-tâcher
Seventeen	Sâb-bâh-tâsh	Saba-tâcher
Eighteen	It-men-tâsh	Teman-tâcher
Nineteen	Tis-sah-tâsh	Tessa-tâcher
Twenty	Ash-reen	Eucherîn
Thirty	Tla-teen	Tela-teen
Forty	Arâ-been	Ar-braîn
Fifty	Hâmpseen	Hhamsîn
Sixty	Sèt-teen	Settîn
Seventy	Sab-been	Sabaîn
Eighty	It-ma-neen	Temainîn
Ninety	Tis-seen	Tessain
One hundred	Mee-yàt	Mûjet
One thousand	Elf	Elf
1848	Elf itmane meeyeh itmane ou arâbeen	Elf temaîna mûyeh temaîna ou arbaîn
Abdomen	But-tón	Bâtn
Ant	Nèm-mel	Neml
Arm	Eed	Deráh
Ass	Hêm-mâ	Hhamâr
Back	Dâh hâr	Dâhr
Beard	Dàh-hn	Dagne
Blister	Hàr-râ	Hhàrrâ
Blood	Dem	Dàmme, dàm
Bones	Ar-dem	Ardàm
Boy	Wèl-hèad	Ouehhed
Brain	Ou-hkâr	Mòuhh
Bread	Hkeb bes	Aêche
Bullock	Phid-dáne	Bàqr
Camel	Jem-núl	Gèmel
Cat	Ps-sân	Qóutt
Cheese	Jib-bín	Gibn
Coffee	Kâ-hâ-wee	Qàhoua, ahwèe
Cupping horn	Quârn	Quárn
Dead man	Mei-eet	Mâyet
Dog	Kèlb	Kèlb
Dysentery	Sunt-tâ-ree-yah	Eshâl
Ears	Dèn-nane	Ouédn
Eggs	Ba-ate	Bate
Eye	Ein	Aïn
Eyebrow	How-wâh-jib	Hâgeb
Father	Ab-boo	Abou, âb
Fever	Sòh-kheen	Sohoûneh
Fingers	Rìs-beer	Soubâa
Foot	Ij-jèr	Qàddem
Fracture	Muc-sool	Mùksoúl
Frog	Dove-dâh	Dòfdaa
Girl	Bint	Bintce
Grass	Hàs-seesh	Hachîch
Hair	Sehâr	Chârr
Hand	Eed	Id
Head	Râs	Râz
Heart	Ulb	Quàlb
Hip	Il-fâ-khùd	Ouírk
Horse	Hós-sâun	Hosân
Kidney	Kil way	Kílouet
Knee	Rick-ly	Ròukcbeh
Leeches	Al-làh	Doût
Leg	Ij-rane	Rígle
Lightning	Bùr-rer	Bèrq
Liver	Mâ-lar	Mârlr
Lungs	Il-fùst-ee	Chihhâr
Man	Roo-geel	Râgl
Medicine	Dow-âr	Dàoua
Menorrhagia	Dèm	Dàm
Mole	Khúld	Khúld
Money	Moos-ree-et	Feloûs
Mother	Im	Oùmma
Mouth	Tim	Foum
Mulberry	Toot	Doot
Mustache	Schîver-ríb	Chénneb
Mutton	Lâ-hum	Làhhme
Nails	Duv-ver	Doúffr
Nose	Mòn-hkâr	Monàhheir
Ophthalmia	Wasj èil-ane	Wuj elain
Pain	Food-duck	Ouágga
Pepper	Tit-ful	Fêlful
Physician	Hàk-keem	Hèkîm
Pig	Hkúm-zeer	Hhansir
Poultice	Luz-zâr	Loozzer
Rain	Shìt-tee	Màttar
Salt	Mel-kèhk	Mèlhh

(a) Genesis xx. 16; Ruth iii. 15; Hist. of Susannah i. 31, 32.

(b) "Their tinkling ornaments about their feet." "The chains and the bracelets," &c.—Isaiah iii. 16—21.

(c) The ancient name of this plant was cypros. "The henna is a tall shrub, the leaves of a lengthened oval form, opposite to each other, and of a faint green colour. The flowers grow at the extremity of the branches in long and tufted bouquets; the smaller ramifications which support them are red, and likewise opposite; from their cavity springs a small leaf, almost round, but terminating in a point." The leaves are gathered in spring, dried in the air, and reduced to powder, in which form it is sold in the market. By distillation an extract is obtained from the flowers, which has an odour like that of chestnut or barberry, and is used as perfume in the baths, or during religious ceremonies, especially marriage and circumcision. The henna is also used to dye the hair, as well as the hands and feet; also the mane, tail, hoofs, and even a part of the legs of their favourite horses. I have seen dogs dyed with it.—("Sonnini's Travels," vol. i., p. 271; "Savary's Letters," vol. i., p. 277.)

(d) "While some bring leaves of henna to imbue
The fingers' ends with a bright roseate hue."
Veiled Proph. of Khorassan, in "Lalla Rookh."

(e) Jer. iv. 30. (f) 2 Kings ix. 30.

(g) Ezek. xxiii. 40.

(h) "And others mix the kohol's jetty dye,
To give that long, dark languish to the eye." *Lalla Rookh.*

(a) This custom has not always been confined to women, for Juvenal mentions it among the effeminate practices of certain of the Roman officers:—

"Ille supercilium madidâ fuligene tactum
Obliquâ produit acu, pingitque hementes
Attollens oculus." Sec. ii. 93.

And Pliny also says:—"Tanta est decoris affectatio ut tingantur oculi quoque."—"Nat. Hist.," lib. xi., cap. 37.

(b) Ezra. iv. 7.

(c) Gilbert's "Wonders of the World," p. 248.

(d) "Asiatic Researches," 5th edition, vol. ii., p. 6.

English.	Syriac.	Egyptian.
Sea	Bàh-hâr	Bàhhr
Seaweed	Hàs-seesh-til-bàh-hâ	Hachîch til bàhhr
Shark	Kelb-bah-hár	Kelb bàhhr
Sheep	Hkâ-roof	Hhâroof
Skin	Iíld	Gîld
Sponge	Sfin-gee	Soufìngeh
Stomach	Mâ-dee	Mâdeh
Surgeon	Phoos-ârd	Gerât
Syphilis	Bèl-wey	Bèlwèh
Teeth	Il-isnane	El sinân
Thorax	Sood-der	Sìdr
Throat	Zor	Zor
Thumb	Bàh-hîm	Bàhim
Thunder	Rârd	Râad
Toes	Sub-beer il ij-rane	Sobâa er'rigl
Tongue	Lis-sane	Lisâne
Toothache	Wasj-is-nane	Wuj sinân
Ulcer	Jèr-rèh	Gàrrh
Waste	Hùb-bee	Hhùbbî
Water	Moy	Môyct
Whiskers	Dàh-hu	Dahhu
Woman	Mâr-rah	Marràt
Wood	Hattup	Hhécheúb

Those who wish to follow out this subject more completely will find an admirable account of the "Arabic, as spoken in Syria," by Eli Smith, in "Robinson's Biblical Researches," vol. iii.; in a memoir by Karl Ritter, in the "Monatsbericht über die Verhandlungen der Gesellschaft für Erdkunde," in Berlin; also in some papers by Professor Roedeger, of Halle, published in the "Zeitschrift für die Kunde des Morgenlandes;"(a) and the valuable but unfinished work of Maidani, as well as those by Albertus Schultens, Gotius, Erpenius, Niebuhr, and Ibni Arabshath.

OBSERVATIONS IN THE PARIS HOSPITALS DURING THE REVOLUTION OF JUNE.

By CHARLES KIDD, M.D., M.C.S., Limerick.

The recent events in Paris are likely to prove eminently serviceable in the promotion of surgical science. Amongst a population so disturbed, in the midst of such fearful massacre, surrounded by such conflicting passions, it was not easy, perhaps, before the present time to come at any definite results. The succession of events in the French metropolis since the 23rd June is, indeed, without a parallel in the history of the world: a war without a name, almost without an object, bursting upon the inhabitants of that fated city at a moment when all seemed calm, when the last and dearest wish of their political philosophy had been obtained; a war against the very foundations of society, in the name, too, of that society which it would seek for its own particular purpose to build up, if not carry to the skies. These events are now, I need scarcely say, among the bygone pages of our history; it will be well, however, to keep them in mind, to understand some things connected with them, some anomalies especially in the rate of mortality at the different hospitals: the moral effect of a great defeat like that which followed the late insurrection having been found to have had an immensity to do with the general character of the wounds and their subsequent treatments. On one side, then, in this senseless conflict we perceive order, liberty, equality, a republic the last and finest abstraction of our neighbours. On the other, the outworks of a newer philosophy—communism, pillage, murder, and everything at which the senses instinctively recoil, with the crowning disaster of defeat! Fourteen hundred disappointed beings, torn and mangled in every imaginable way, left at the doors of these institutions less patients than prisoners; many of them anxious for death, as all their high-blown hopes had been confounded; and yet in France there is nothing strange, perhaps, in all this. You get, as it were, into a different social atmosphere, among a set of strange idiosyncrasies and habits, that at first astonish, but at which you soon cease to wonder. If we in this more commonplace side of the world may be accused of looking on such things with very especial horror,—12,000 people killed and buried out of sight, 1400 wounded in the most frightful manner,—our more lively neighbours, with a dash of sentiment very peculiarly their own, throw a golden halo about such matters, and the *blesses de Juin*, one day shot down in the inextinguishable rage of civil war, are the next buried amidst all the pomp and seeming sorrow of churches hung in black cloth, and processions and *catafalques* the most imposing. For instance, during my stay in Paris we had one of these great processions, and so eager was the feeling among the patients for this small bit of glory, that more than one of them wished he should be dead by the day to get into the procession! The people here, indeed, are quite different from those we are every day in the habit of meeting.

Much light is likely to be thrown on some obscure points of surgery by the late events. To M. Roux, I think, of the Hôtel Dieu, we are very much indebted for making the facts available for the advancement of science; Malgaigne, Baudens, and Jobert too, with Velpeau of La Charité, have assisted in the good work: a mass of facts of the most intense interest having been added to those already in possession of the surgical world. In addition to those which have already appeared in the watchful pages of the *Medical Times*, some few which have fallen under my observation may not be unacceptable, perhaps, to your readers.

One of the chief points of interest has been the therapeutical indications in the treatment of gunshot wounds. We shall be better able, however, to understand the force and cogency of some new positions on this point, after we have said something of the general surgical management in the various hospitals. The hospitals, as I have had another opportunity of showing, are magnificently managed and well supported.

The surgery in France is simpler and better, I think, than in our own country; this is what first strikes you going round. Seneca long ago recommended his friend Lucilius not to be trying too many things on account of his health, "nor can a wound," he says, "ever get well that has many plasters" (nec venit vulnus ad cicatricem in quo diversa medicamenta tentantur): a legend we might, perhaps, hang up in many of our temples of Esculapius in this end of the world. Our error in this country, if it be fair to hint at errors so soon, is, perhaps, that of being generally in extremes. We find Cooper, for instance, advising our army surgeons against too much bandaging, stitching, &c., "from the bad effects of which," he says, "thousands of soldiers have lost limbs or lives which under more judicious treatment might have been saved!" while, on the other hand, we find, in some obscure and very troublesome spinal affections, the notable discovery made that the patients should not do anything! I shall say nothing of the quiet solicitude many people feel for the health of their friends, who dabble in infinitesimal doses, those big figures that used to frighten us, nonillions, decillions, &c., having long since gone out of the world.

The practice of the best French surgeons seems the rational mean, perhaps, between these conflicting points. Whatever art can or ought to achieve, these men appear quite prepared for; while, on the other hand, what Nature can or ought to do is studied with not less care. They do not seem to believe there are any orcades, as Boethius tells us, where the people live for ever because they take no physic; or, on the other hand, that our art is all a matter of scissors and thread, as we are assured in the "Cyropedia," they have studied the ancients, but it is to see what the ruder surgery of our elder antiquity effected, to learn what Nature, unimpeded by our modern appliances, was able to bring about. They have turned upside down Galen and his contemporaries, not, however, without very manifest advantage. "Whether we are to anticipate inflammation in the treatment of gunshot wounds by water-dressings, ice, &c., or permit the process as a thing set up by Nature for a specific purpose," is one of the questions which has startled the Academy as the result of the late observations in the hospitals, but seems not yet definitively settled. I shall have something to say again about it, when our friends have pronounced more satisfactorily.

The cases in which a necessity for "immediate amputation" exists is another question of a still more practical and general character, and one which has engaged the attention of all the medical men of Paris. I need scarcely say this is about one of the most perplexing questions with which the practitioner has to deal in the Paris hospitals; however, I think the thing is simplified a good deal: the problem is no longer whether amputation will be performed immediately, or deferred to the fourth, eighth, or fifteenth day: the question is—Can we save the limb or not? Taking all the circumstances of the case into account, can we leave it to the wonder-working efforts of Nature? or does it not come under a particular category devoted to the knife?

We have in this country, I need scarcely say, a series of cases chalked out for us in which the knife is the only cure: balls lodged in the ends of bones, in joints so as not to admit of extraction; gunshot fractures of the upper end of the long bones; extensive contusions from cannon-shot, and some others. I am not going to deny that such are not very grave injuries, in many instances calling for amputation; I have seen several such cases, however, in which the knife was not used at all, getting on quite wonderfully. Roux and the other men of Paris seem to me not so *impitoyable*—so dashing and careless (if I may hazard a translation)—as we are in this country, the very worst cases very often being left to the *vis medicatrix;* indeed, visiting the wards, you hear these men, with all the peculiarity of the French idiom in a thousand figurative ways, talking of throwing this or that wound on Nature to effect a cure, as if that mystic agent were a particular entity, some "assistant to the clinical clerk"—as if, in fact, in the words of Plotinus, Nature was "acquainted with nothing, but could do everything." To our more staid and sober thinkings, in this *boutiquière* age,—to our "pures" especially (it is for them, perhaps, I may say in a corner, I have been inditing this little homily),—much of this will be looked on as visionary and speculative. I must write my impressions, nevertheless. The old battle about secondary and primary amputations is done away. The question, except in cases of mortification, is, can the limb be saved or not? If it cannot, it is done at once; if it can, the murderous proceeding of "secondary" amputation is never thought of.

Even in cases where large arteries have been torn across, the process set up by Nature has been taken advantage of, the bruised inner coat of the vessel being encouraged to throw out more lymph, and thus block up the vessel. In other cases, too, where hemorrhage is excessive, in place of amputation, a double ligature on the artery, as in this country, is practised; or a single ligature, with pressure to produce coagulable lymph in the same way, and a permanent closure of the artery.

Many cases of this kind occurred during my visit; instances, also, were not unfrequent where the ball had, as it were, run along the track of large vessels without the slightest injury to them: all left to the reparative efforts of the system. The hospitals, indeed, were full of such.

Many exceptions occurred to the old position of the schools, namely, that the wound of exit is larger than that of entry; it was quite remarkable also that the process of sloughing about the latter was much more extensive, the wound in many instances being very manifestly larger. Shiverings and nervous symptoms were also not

(a) Band ii, heft i., s. 77—93; and heft ii., s. 314. 1838.

uncommon, boding anything but good. Malgaigne, in particular, I think watched this symptom.

The course of balls in many instances were not a little singular, in accordance, no doubt, with those very complex laws of projectiles so difficult of explanation. At La Charité, for instance, in one case the ball entered in front at the right side of the abdomen, got among the layers of the abdominal muscles, travelled round the back across the spinal column, and came out at the opposite side, without in any way injuring the peritoneum. In two others the bullets went in at the top of the shoulder, fractured the clavicle, went round the scapula, and came out at its lower angle. In two others the balls went right round the posterior part of the chest. At one of the ambulances a ball went in at the external angle of the right eye, and came out near the left ear. At St. Louis a ball went in at the right groin over the caput coli, went round the iliac bone, and came out at the spine, without doing any injury. A case also is reported, under the care of M. Vidal de Cassis, in which the ball went in at the right side of the chest, and made its exit at the groin of the left side, without doing any injury.

With respect to dilating gunshot wounds, the best French surgeons seem to hold it in no particular favour, except, indeed, to facilitate the removal of foreign bodies, to afford an outlet for the extravasated fluid in the circumference of wounds, to do away with the very manifestly fistulous character of others, or to divide tissues bound down by tendinous or ligamentous aponeuroses; they never interfere with the original wound. I had opportunities of observing crowds of cases of this nature, with even one opening, and where the ball seemed not far from the surface, yet where everything was left to the *vis medicatrix*. Even where there is what we have been in the habit of calling constriction of parts, M. Baudens at Val de Grâce, as well as Malgaigne at St. Louis, and other men of science, consider it an error to have recourse to the bistoury; curiously enough the mischief likely to arise from such a mode of proceeding was pointed out as early as the time of Botallus, but has since been gradually forgotten. In complicated wounds, where it is necessary to remove foreign bodies, pieces of bone, &c., careful incisions are, of course, of very eminent use, and accordingly practised.

In some of the worst injuries to bones, in place of amputation, the practice is growing into favour to cut away the piece of bone engaged; thus M. Baudens says, if he had to choose between cutting away the head of the femur and taking away the leg, he would prefer the former. Any, the slightest, fracture in the lower end of the femur, however, with Larrey, he looks upon as requiring immediate amputation. At the Hospital of Val de Grâce, three sections of the head of the humerus, in place of amputations, were done by him with success; his only case of amputation of the leg, however, that of poor General Damesme, wounded at one of the barricades, terminated fatally. Malgaigne, at the magnificent Hospital of St. Louis, is for feeding the patients well and leaving a great deal to Nature. One case in particular I find among my notes, as it struck me at the time, and Malgaigne has since, I see, brought it more prominently forward: the man got a ball right through the mediastinum, lodging or, at least, wounding one of the lungs; there were dulness, crepitus, rusty-coloured sputa, and all the other marks of violent pneumonia; notwithstanding which, Malgaigne gave his usual order, "du potage et du vin!" The assistants, of course, looked at one another, and the pupils at the assistants. The man, however, has recovered. An abscess was formed in the lung, a glass of pus was thrown up, and there is every reason to believe that the process of cicatrization is now nearly completed! Malgaigne says he took the hint so far back as 1814, when Paris was full of Prussian and Austrian soldiers, the mortality among these being a great deal less than in the French hospitals, which he could only ascribe to the curious fashion the surgeons of these regiments observed of feeding all the wounded, from the first moments of their being brought in. In the Russian hospitals it was still more marked, he says; and here they never stopped stuffing their patients. Now, without delving into the novel views of Liebig for an explanation of the necessity of such things, I must say the practice struck me very particularly. The worst kind of cases I saw were at St. Louis, yet every one of them was getting wine and broth. The ultimate results, which it is yet too early to learn, will be amazingly interesting. Many of the patients in the hospitals, especially of the Hôtel Dieu, were quite youthful; for the most part members of the Garde Mobile, young healthy vigorous fellows, full of life, with none of that anxiety and care that one saw in the faces of the insurgents. At St. Louis there were very few of these, the major part being insurgents: this may, perhaps, account for much of the care bestowed by Malgaigne on keeping them up.

As a general rule, I believe the mortality will be much greater than during any other similar occurrence. Those who recollect the revolution of 1830 will remember that at that time the effect was quite different; men underwent operations and recovered in the general joy of the moment under circumstances that astonished everybody. 454 wounded of every kind have been brought into the Hôtel Dieu since June; of these 60 have died—a third more, notwithstanding our advanced surgery, chloroform, &c., than in the former revolution. 164 were brought to Val de Grâce; of these 28 have died—a still larger proportion. And into all the hospitals the immense number of 1619, of which 195 died within the first five days—a ratio considerably above the mortality of the former revolution, and one which will still be very much increased when all the returns are made out.

Roux, with a great show of reason, ascribes these different results to the moral influence of the success of the two revolutions: in one, joy and gratulation everywhere among the people, because one of themselves had been put on the throne; in the other, disappointment and dismay, because all their fine organs of communism and organized labour had been dashed to the ground. It must be the work of some other Lamartine, however, to describe the horrors of these fearful days.

The very manifest increase in the mortality is, however, one of those things that teach us that the surgeon has a great deal more to do than study the mere appearance and character of wounds, and the best and most approved methods of putting on bandages: that medical men must become more of the character of metaphysicians to be really useful; in a word, that we must extend the sphere of our observations in every available manner.

(To be continued.)

ON THE POWER BY WHICH THE TEARS ARE ABSORBED FROM THE SURFACE OF THE EYES AND CONVEYED INTO THE NOSE.

By J. W. MOSES, M.D., M.R.C.S.E., St. Asaph.

Different opinions have been entertained by physiologists concerning the power by which the tears are absorbed and conveyed from the eyes through the lachrymal ducts and ductus ad nasum to the nose; and no theory which has hitherto been advanced seems to have been received as anything more than mere conjecture. No existing vital power in the system has ever been applied, so far as my knowledge extends, to elucidate this interesting and important function. Majendie says, "The tears which do not evaporate, or are not absorbed by the conjunctiva, are absorbed by the lachrymal ducts, and carried to the inferior meatus of the nose by the nasal canal. How this takes place is unknown. Explanations have been given founded on the theory of the siphon, capillary tubes, vital properties, &c., but are uncertain. The absorption of the tears by the lachrymal puncta is evident only when the tears are very abundant, or streaming in the eyes. The explanation by absorption arising from the capillary nature of the lachrymal ducts unites the greatest number of probabilities."

Wilson, in speaking of the lachrymal canals, says, "They are dense and elastic in structure, and remain constantly open, so that they act like capillary tubes in absorbing the tears from the surface of the eye." And again, the celebrated Cruveilhier says, "The lachrymal canals are two in number, a superior and an inferior, each being somewhat larger than the corresponding lachrymal punctum" (which is worthy of attention in connection with the theory I am about to submit); "their coats are dense and elastic, so that they do not collapse when empty (?), and must therefore act as capillary tubes." I am inclined to doubt the correctness of the opinion with regard to the permanent patency of these tubes. When acting, neither the orifices nor the tubes can be seen; and that they have the power of contracting and dilating may be easily proved by touching them, and most writers on diseases of these parts mention the fact. According to Beer and Schmidt, when speaking of stillicidium lachrymarum, they say, "The puncta are widely open; but, in other respects, have quite a natural appearance. When touched with Anel's probe, they do not contract as in the healthy state." Mr. Travers says, when giving instructions with regard to the introduction of probes into the lachrymal canals, "If the punctum be constricted, it is readily entered and dilated by a common pin," &c. Dr. Roget says, in his "Bridgwater Treatise," "that the eyelids, in closing, meet first at the outer corner of the eye, and their junction proceeds along the line of their edges towards the inner angles till the contact is complete: by this means the tears are carried onwards in that direction, and accumulated at the inner corner of the eye—an effect which is promoted by the bevelling of the margins of the eyelids, which, when they meet, form a channel for the fluids to pass in that manner. When they arrive at the inner corner of the eye, the tears are conveyed away by two slender ducts, the orifices of which are called the puncta lachrymalia, and are seen at the inner corner of each eyelid, and are separated by a round projecting body, connected with a fold of the conjunctiva, and termed the lachrymal caruncle. The two ducts soon unite to form one passage, which opens into a sac situated at the upper part of the sides of the nose, and terminating below in the cavity of the nostrils, into which the tears are ultimately conducted."

How this conducting of the tears takes place, and how it is regulated, Dr. Roget does not advance an opinion.

Sir Charles Bell, in some of his writings, has given a similar description of the lachrymal apparatus to the one given by Dr. Roget.

Capillary attraction appears to have been, and is still, the favourite theory of the schools. It may be, therefore, as well to make a few remarks on this phenomenon, as the true nature of the power by which fluids rise in inanimate tubes of an exceedingly minute diameter appears to be involved in much doubt and obscurity. We are told that, in all probability, the lachrymal ducts act and absorb the tears like capillary tubes. The question then suggests itself—How do capillary tubes act? The cause of this remarkable phenomenon, which was first noticed by the Academy del Cimento at Florence, has hitherto been imperfectly understood. Some philosophers ascribe the suspension of the column of water to a diminution of its gravity, by its adhesion to the tube, or by friction. Dr. Jurin supposes that the rise of the water is produced by the action of the ring of glass contiguous to the top of the column. Dr. Hamilton maintains that the water in the tube is supported by the action of the ring of glass contiguous to the bottom of the tube; and Cavallo imagines that the whole surface of the glass which is in contact with the

fluid is concerned in supporting the water in the tube. Professor Leslie combats some of these opinions by stating that the ring of glass immediately below the surface of the water would destroy the effect produced by the ring immediately above it. Fergusson says, "that the rise of the water can in nowise be owing to the pressure of the air upon the water in which the tubes are dipped, because they are open at the top, and full of air above the water, which will press as much upon the water in the tube as the neighbouring air does upon any column of an equal diameter external to the tube. Besides, if the same experiment be made in the exhausted receiver of an air-pump there will be found no difference."

So much for the theories of ingenious men to explain the phenomenon of capillary attraction. I will now make a few remarks upon them. A perfect vacuum cannot be obtained even in the receiver of an air-pump; and no proof has been adduced that air contained in capillary tubes is of the same density or temperature as the external air.

Air confined and at rest in a capillary tube cannot act with the same force or pressure as the external air, which is constantly subjected to different impulses from different currents and the motions of bodies in the neighbourhood. Nor have we any direct proof that these minute tubes do contain air below a certain depth; there may be a limit, according to the diameter of the tubes, put to the entrance of air.

Water rises by capillary attraction in common bricks, and thus climbs up the wall of the house. But it is obvious that the confined air in a brick must have different physical qualities, whether appreciable or not, to external and freely-circulating air. The grease rises in a burning candle by capillary attraction. But what change does the combustion produce in the immediately surrounding air? I am not prepared to submit in the present paper any theory of my own on capillary attraction; I will therefore conclude this part of my essay on the lachrymal apparatus by observing that whatever has been advanced on the subject of capillary attraction or absorption was applied merely to inanimate tubes, which cannot, whatever the power may be, strictly bear analogy to tubes endowed with life and motion, which have a lubricating secretion of their own, and in which an arterial and venous circulation is constantly maintained in addition to the action of absorption and the supply of nervous energy. We must not regard the passage of the tears into the nostrils in a mechanical light: it is a complicated movement, and a most important one, being connected with the perfection of two senses—sight and smell. We cannot for one moment imagine that such a function as the passage of the tears from the eyes to the nose can be carried on without an appropriate vital apparatus.

I will give a slight sketch of the anatomy of the lachrymal apparatus, directing attention to some points in the structure which will assist in bearing out the theory I am about to bring forward.

The lachrymal apparatus is usually described to consist of the lachrymal gland, with its excretory ducts; the puncta lachrymalia and lachrymal canals, two in number, the lachrymal sac, and nasal duct. In addition to which I must add the eye itself as a spherical body, the muscles which give it its rolling motion, namely, the obliqui, and the eyelids, without which the lachrymal function would be imperfect. In ectropium, a prominent and distressing symptom is profuse lachrymation.

The lachrymal gland is situated at the upper and outer angle of the orbit, in the lachrymal fossa of the orbital plate of the frontal bone, and with its inferior or concave surface it is in relation with the eye. The tears which are secreted by this gland are conveyed by ten or twelve small ducts, which open by a series of pores a little above the upper border of the superior tarsal cartilage.

The lachrymal canals commence at the puncta lachrymalia, and proceed inwards to the lachrymal sac, where they terminate, according to Cruveilhier, *beneath a valvular semilunar fold of the lining membrane of the sac.* The superior duct at first ascends, and then turns suddenly inwards towards the sac, forming an abrupt angle. The inferior duct forms the same kind of angle by descending at first and then turning abruptly inwards. The two fasciculi of the tensor tarsi muscle (Horner's muscle, as it is called: "Dr. Horner is acquainted with two persons who have the voluntary power of drawing the lids inwards by these muscles, so as to bury the puncta in the angle of the eye") are inserted into these ducts and serve to draw them inwards. The lachrymal sac is lodged in the groove of the lachrymal bone, and is often distinguished internally from the nasal duct, with which it is continuous, *by a semilunar or circular valve.* I beg leave to direct particular attention to this valve and its situation between the sac and ductus ad nasum.

The duct itself is a short canal about three-quarters of an inch in length, and terminates by an expanded orifice in the inferior meatus of the nose. It is lined by mucous membrane, which is continuous with the conjunctiva above, and with the pituitary membrane of the nose below, and which is continuous with that of the larynx, trachea, and lungs.

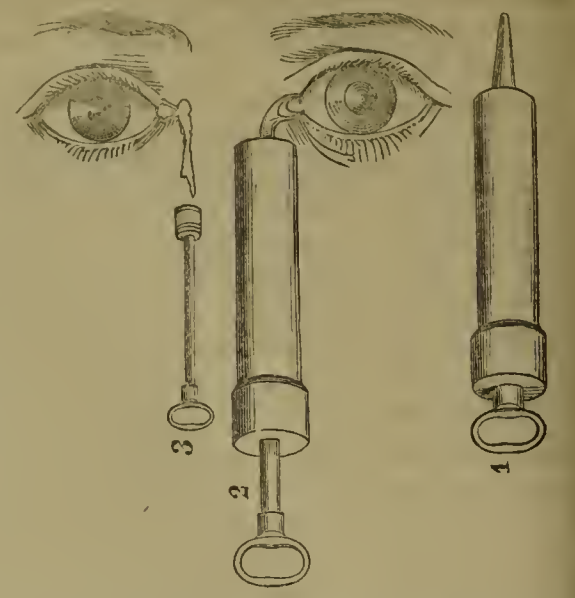
According to Müller, the lachrymal apparatus is absent in cetaceous mammalia, in amphibia, and fishes; and Blumenbach says, the cetacea want the lachrymal apparatus entirely, as their eyes are preserved in a moist state by the element in which they live.

The muscles of the eyeball are the same in number in the simiæ as in man; but other mammalia possess an additional one, termed the suspensorius oculi. In several of the carnivora and the cetacea it is divided into four portions; so that these animals may be said to have eight straight muscles. Sir C. Bell observes, from man down to the cuttle-fish, the voluntary motions of the eye performed by the recti are the same, and the origin, course, and insertion of these muscles are similar, while the other muscles vary with the change of apparatus which is round the eye. Experiments upon them, intended to illustrate the motions of our eyes, would therefore not be correct. Cruveilhier says, in speaking of the lining membrane of the nasal duct, "that it is of a fibro-mucous character, and adheres very slightly to the walls of the canal. This lining membrane is often prolonged for several lines beyond the nasal duct, so as to form a *valvular fold.* Where this fold exists, the inferior orifice of the nasal duct is always closed (I presume in the dead subject), and therefore difficult to be detected, even when the inferior turbinated bone has been taken away or displaced; so that, in order to discover it, it becomes necessary to introduce a probe through the lachrymal passages *from above.*

In catheterism of the nasal duct, from *below upwards*, according to the method practised by Laforest, this fold of mucous membrane must of necessity be torn.

The theory which I now submit, after directing attention to the anatomical and mechanical development of the lachrymal apparatus (more particularly to the valves, and the power exercised by Horner's muscle and the orbicularis), may be familiarly illustrated by the common syringe. By supposing this instrument to have two conical terminal pipes diverging from their bases, instead of a single pipe, the usual form of the instrument.

These two terminal pipes represent the two lachrymal canals. The nasal duct will represent the body of the syringe; and the sucker or piston, which draws the fluid into the machine, will demonstrate the suction-power of the lungs and diaphragm, which draws the tears through the lachrymal ducts during inspiration—a vital piston. It may be said that, if an inspiration performed by the lungs draws the tears into the nostrils, an expiration would



expel or drive a portion of them back again. I now direct attention to the valve placed below the termination of the lachrymal ducts and sac, as described by Cruveilhier and others.

This valve will prevent the return of the tears to the eye; and without it, every time we blew the nose or made a forced expiration, the tears would be squirted out over the face, if in sufficient quantity. Holding the breath, as it is termed, quickly suffuses the eyes with tears. The minute openings, the lachrymal puncta, act more efficiently than if the orifices were larger. The larger the opening is made in the pipe of a syringe, the greater the suction-power must be to fill the instrument.

Animals with an active respiratory apparatus, and which are swift of foot, will be found to have short and wide lachrymal ducts; or such as pass rapidly through the air, as birds. Whilst animals with a sluggish respiration, and inactive, will have longer and narrower ducts. Or they may be entirely wanting, as in the elephant, which is without the lachrymal gland, and moves its eye in a very deliberate and placid manner, which gives it the appearance of mildness and docility. There will, of course, be exceptions to this as a rule, and it must not be forgotten that most animals breathe through the nostrils, and man principally through the mouth. That the valves in the nasal ducts in man do not prevent the flow of tears from the puncta to the nose is evident. But we can easily imagine that, when air is forced from the nose towards the sac, this valve will be thrown up, and intercept the passage of air and tears. The passage of the tears from the eye to the nose is rapidly effected, as I have frequently witnessed when applying lunar caustic to the eye; patients soon complain of the disagreeable taste caused by this remedy being carried with the tears into the mouth; and M. Nicod, in the "Revue Médicale Historique," relates cases exemplifying that the ointment applied to the inside of the eyelids actually passes with the matter into the lachrymal sac and nasal duct, and thence into the nose, so as to act upon and cure the chronic inflammation of those parts, as well as that of the Meibomian glands and lining of the eyelids.

Mr. Pott, in speaking of perforating the os unguis, says, the accomplishment of the breach will be known by the discharge of blood from the nostril, and of air from the wound, upon blowing the nose. It is known that rupture of the lachrymal sac will cause emphysema of the neighbourhood.

I have, hitherto, merely spoken of the suction-power of the lungs during inspiration, as being the principal agent in the passage of the tears from the eyes to the nostrils. The winking motions of the eyelids, and the rolling of the globe of the eye, which is effected by the oblique muscles, are likewise indispensable, together with the action of the tensor tarsi muscle.

Sir C. Bell performed several experiments with regard to the action and use of the several muscles of the eye, and which are so well known as to be unnecessary to relate them here. By

these experiments, performed on a monkey, who bore the scientific martyrdom with great patience, it is proved, first, that the division of the oblique muscles does not in any degree affect the voluntary motions by which the eye is directed to objects; secondly, that the division of the recti does not prevent the involuntary motions. Sir Charles says, "It is evident that the oblique muscles are not for assisting the recti in directing the eye to objects, else there would have been four of them, but that they must have some other appropriate office." Every motion of the eyeball which appears requisite for vision may be, and is, performed by the four recti, and these movements take place when the eyelids are open, or of course they would be ineffectual; but the movements of the oblique muscles take place when the lids are closed, consequently such motions can have nothing to do with vision directly. Then what is the object of these actions, which are associated with the winking of the lids, and with what function are they associated?

I think these motions are indispensable to the diffusion of the tears over the eye, and to their passage into the puncta. What is the use of respiratory nerves distributed to the eyelids and superior oblique muscle—what connection can there be, or necessity for association of action, between the eye and respiration?

I will direct attention to the connection between the respiratory system of nerves and the lachrymal apparatus.

The lachrymal gland is supplied with nerves by the lachrymal branch of the ophthalmic and orbital branch of the superior maxillary. The fourth nerve, or trochlearis, when in the cavernous sinus, gives off some filaments to the ophthalmic nerve, and a branch to assist in forming the lachymal nerve.

Cruveilhier says the fourth nerve, which arises from the respiratory tract, accompanies the ophthalmic and communicates with it by several twigs; the pathetic nerve is then finally distributed to the superior oblique muscle. Swan describes this as the normal condition. The lachrymal portion of the ophthalmic branch of the trigeminus, by which principally the lachrymal gland appears to be supplied, is described by Amussat and others as receiving a filament from the pathetic through its nasal portion. Camper states that the vital functions of the pathetic survive those of the other nerves. This observation I have no doubt is correct. The voluntary muscles of the eye are supplied with motor nerves, and act harmoniously when under the direction of the will; but on the approach of death all the voluntary muscles flag, and their power becomes gradually annihilated, the involuntary muscles continuing to act for some time after those of animal life have ceased. The inferior oblique muscle is the antagonist of the superior, and derives its nerves from the third or motores oculorum; it is the shortest muscle of the eye, and rotates that organ in the opposite direction to the superior muscle. It must be remembered that the third nerves, when in the cavernous sinus, receive one or two filaments from the cavernous plexus, and one from the *ophthalmic nerve*, which latter nerve has a communication with the pathetic.

We may observe from the above sketch of the distribution and connection of the different nerves belonging to the respiratory system, that the muscles connected with the winking and rolling of the eye derive their power from, and are associated with, that class. I have likewise brought forward the opinion, on good authority, that those rolling motions of the eye are not performed when the eye is open, consequently do not contribute to the directing of that organ for purposes of vision, but, on the contrary, that they accompany the winking or rapid closing of the lids, and the snuffling, blubbering, and hurried gasping respiration of the crying child. In winking, the upper punctum lachrymale glides nearer to the circumference of the cornea than the lower, and meets the stream from the lower lid. The inferior punctum absorbs the tears directed along the margin of the superior lid more immediately in the angle of the eye, and dips into them at the caruncula lachrymalis. The cornea is at the same time directed upwards and outwards, and the globe of the eye acts in connection with the puncta, like a bullet-valve, pressing and directing the stream of tears.

The orbital branches of the portio dura, or respiratory nerve of the face, according to Cruveilhier, may be divided into superior palpebræ, which are remarkably long, and pass beneath the orbicularis palpebrarum to ramify in that muscle and the corrugator supercilii; the middle palpebral branches, which gain the outer angle of the eyelids, and are distributed between the upper and lower lids and the superior palpebral branches, pass horizontally forwards, opposite to the lower part of the orbicularis palpebrarum, and are reflected upwards to enter the substance of the lower eyelid between the palpebral aponeurosis and the palpebral portion of the orbicularis, in which they terminate.

I believe I have made it sufficiently clear that the winking of the eyelids and involuntary movements of the eye are under the direction of the respiratory system of nerves, and that the tears are drawn off from the surface of the eye by the suction-power of the lungs during inspiration, assisted by the above movements, and that the valves in the nasal ducts prevent the return of the tears during expiration; that the minute openings, the lachrymal puncta, act more efficiently than if the orifices were larger; that when the valves in the ducts are destroyed or injured, and a false opening made in the sac, air can be readily forced during expiration through that opening; that by ceasing to inspire for a short time the eyes become suffused with tears; that the nature of capillary attraction is not understood, and could not strictly apply to living animal tribes endowed with motion. And why seek for an unknown power to explain a phenomenon, when we have one sufficiently adequate to the purpose, acting continually, night and day, so long as respiration and life continue?

CHLOROFORM IN CHOLERA.

Communicated by J. B. STEDMAN, Esq., M.R.C.S. and L.A.S., Whittlesea, Isle of Ely.

Mrs. Smith, aged fifty-five, of bilious temperament, prone to diarrhœa, was on Monday evening last seized with all the symptoms of an attack of English cholera—vomiting, purging, excessive spasm of the body and extremities, small rapid pulse, and insatiable thirst. The dejections were of a frothy character, resembling yeast, and the matter rejected from the stomach of the same nature. Recourse was had to the usual remedies prescribed in this disease, with strong terebinthinate stupes to the abdomen and calves of the legs, and injunctions given as to diet, &c. Having attended her before for the like symptoms, I prognosticated a favourable and speedy result. About three o'clock on the following morning I was hastily aroused by her husband, as the patient had become much worse. All her symptoms had increased to an alarming degree; the spasm was universal and excessively violent, "as if knots were being tied in her bowels;" vomiting incessant; countenance livid and cold; articulation feeble, praying to be released from her sufferings. As all the medicines had been rejected, I thought it fruitless to continue them, but at once decided upon administering chloroform. A mixture composed of the following was prescribed:—

℞. Chloroform, gr. xiv.; aquæ vitæ (cogn)., ℥j.; aquæ destill., ad ℥vj. M.

A fourth part was given immediately, which had a partial but most satisfactory effect: an abatement of all her symptoms was the immediate consequence. In two hours a disposition to a recurrence manifested itself, when a second dose of the mixture was administered, which entirely controlled all spasms, vomiting, and purging. She expressed herself "very comfortable," and fell into a quiet sleep. At nine o'clock I again saw her, and found her suffering only from some febrile symptoms, accompanied with much exhaustion. She was ordered cold rice and mucilaginous drinks, and had the chalk mixture with nitric ether prescribed. A dose of ox-gall (gr. x.) was given in the course of the day, which produced three bilious evacuations and some disposition to vomiting, which soon passed away. In two days she was declared convalescent. In 1832, when the cholera visited this place, my patient was attacked, but she declares her sufferings then were nothing in comparison with her late disorder. The two remaining doses of the chloroform mixture were ordered to be carefully preserved in case she had any return of her symptoms. A daughter, grown up, who had assiduously attended upon her mother, was on Wednesday evening seized in precisely a like manner, except that the dejections were more abundant and frequent; and the mother, without hesitation or appeal for advice, gave her the two remaining doses of the mixture. The same magic result followed; the first dose was only partial in its effect, but the second completely subdued the disease. When I called on Thursday, the gratifying announcement was made to me of the success of my medicine in a second case.

Perhaps I am not justified in calling these decided cases of Asiatic cholera, but the disease in its latter stage, in the case of the mother, assumed a much more severe type than our English form usually bears.

Without offering any remarks upon the *fons et origo* of the malady in its worst form, and with prospective fears for its soon visiting our shores, I am but too happy (in conjunction with Mr. Brady) in being able to report so favourably of a remedy which I believe only requires to be more extensively tested to be appreciated.

PROGRESS OF MEDICAL SCIENCE

Poisoning by Fowler's Solution; Abortion; Mortal Fainting.—Dr. Castle relates, in "The Provincial Journal," the case of a widow, reported to have died suddenly from poison administered to her by a man with whom she cohabited. Fifty hours after death the body presented the following appearances:—Under parts of the body generally discoloured, from cadaveric extravasation; extremities of the fingers blue; abdomen tense. On opening the abdomen the stomach and intestines were seen distended with gas; inflammation of the former and of the small intestines was at once detected through their coats, and on exposing their mucous surface it was found to be general and intense. At the cardiac extremity of the stomach, and towards the lesser arch, several patches were seen of a deeper tint than the surrounding inflammation. Passing the colon the inflammation reappeared in the rectum, which had apparently suffered in an equal degree with the stomach. The uterus contained no fœtus, but was considerably enlarged; its internal surface was in colour Modena red, and copiously bedewed with mucus. The vagina was healthy. In dividing the ovaries, the scalpel had, in one, passed through the centre of (what was supposed to be) a corpus luteum; this body is a perfectly empty cyst, the walls consist of two or more membranes, and the cavity will contain a good-sized pea. A slight mark, as of a cicatrix, is to be seen on the surface of the ovary, corresponding with the position of the cyst. There was no appearance of recent disease in the chest or head. The heart was flabby, and contained a little fluid blood. In the stomach, and part of the liver, were found traces of arsenic. It appeared that the deceased had taken, between Saturday and the following Wednesday, half an ounce of "Fowler's solution," in unknown doses. On the Friday following she grew worse, complained of general illness and fever, but of no sickness, purging, nor particular pain of the stomach. On Saturday she had frequent "fainting fits," but on Sunday appeared to be a little better, till after eating a small quantity of pudding, and drinking some ginger-beer,

she had another fainting fit, and in a few minutes expired. The chief points in this case appear to be:—1. The small quantity of the poison that sufficed to prove fatal—perhaps the smallest on record, the (apparent) absence of vomiting and diarrhœa, and the unusual termination by mortal fainting. 2. The relation between the state of the intestinal mucous membrane and that of the uterus. Four months previous to her death the deceased had borne a child, which she had not suckled, and she was stated not to have been "unwell" since her delivery. There was also some reason to suspect that "herbs," to procure abortion, had been purchased for her only a fortnight before death. Assuming that emmenagogues had been taken, it is probable that the arsenic caused abortion.

On Tying the Carotid Artery above the Omo-hyoideus.—Mr. Bransby Cooper, in the "Medical Gazette," says, the patient should be placed in the recumbent position, with the neck extended and the head turned towards the opposite shoulder; an incision is then to be made, about two inches and a half long, commencing a little below the angle of the lower jaw, and continuing as low as the inferior edge of the cricoid cartilage—occupying the mid space between the anterior edge of the sterno-mastoideus muscle on the outer side, and the os hyoides and larynx on the inner: this first incision is to cut through the skin and platysma myoides, and expose the deep fascia of the neck, which is also to be divided to the same extent, and in the same direction, taking care to avoid as much as possible the venous trunks that may cross in the direction of the incision. The edges of the wound should now be drawn asunder by broad retractors, when the carotid sheath is exposed; and usually the descending branch of the lingual nerve will be seen crossing the sheath from without to within, in the upper part of the exposed space. The sheath is now to be opened very cautiously, by raising a portion of it on the laryngeal side with a pair of forceps, and, a small opening being made, a silver director is to be introduced, by cutting down upon which the opening may be enlarged for the purpose of laying bare the artery; this being effected, an aneurismal needle is then to be passed beneath the vessel, being directed from without to within; the point of the needle is kept close to the artery, so as to preclude the liability of including the pneumogastric nerve. The needle is usually armed with the ligature before it is passed under the artery, but I am in the habit of first passing the needle, as its passage is much easier without the silk, which I introduce when the instrument is beneath the vessel. After this nothing remains but the tightening and tying the ligature, having first carefully ascertained that the artery alone is included. The edges of the wound are now to be brought together, and maintained by one suture in the centre, and by strips of adhesive plaster. When the patient is placed in bed his head should be well supported, and maintained in such a position as to relax all the muscles of the neck. Much is said by surgeons of a difficulty arising in this operation from the distention of the jugular vein, but I have three times tied the carotid artery without having in either instance even seen the vein; indeed, I believe this may generally be prevented by making the opening into the sheath on its laryngeal side. Directions are also given to avoid the sympathetic nerve in passing the needle under the vessel; but as this nerve is not within the carotid sheath, but lies completely behind it, such precautions seem to me unnecessary. On tying the carotid in he inferior region of the neck, he patient should be placed in the recumbent position. The head and neck must be placed in much the same position as before described, but hardly so extended an incision is required; it should commence opposite the cricoid cartilage, and be continued downwards to within somewhat less than an inch of the sterno-clavicular articulation, taking the course of the inner edge of the sterno-mastoid muscle. The skin, platysma myoides, and superficial fascia are divided by the incision, and the edge of the sterno-cleido-mastoideus exposed, along which a vein of considerable size is generally seen: this must be avoided: the muscle and the vein are to be drawn outwards, and the sterno-hyoideus and the sterno-thyroideus inwards, by means of retractors. At the upper extremity of the wound the omo-hyoideus muscle is seen crossing the vessels, and is connected by the deep cervical fascia to the sheath of the vessels; this fascia being divided below the muscle, the carotid sheath, with the lingual nerve lying on its inner side, is exposed; the sheath is next to be opened, and the ligature passed around the artery in the manner before described. When this operation is performed upon the left side of the neck, there is certainly some difficulty, from the comparatively superficial situation of the jugular vein, which partially covers the artery, and therefore extreme caution is required to avoid injuring it. The internal jugular vein is sometimes subject to dilatation, so that the swelling presents itself in the carotid sulcus, and, indeed, may offer considerable difficulty to the surgeon to distinguish it from disease of the carotid artery itself, as, from the vicinity of the swelling to that vessel, it more or less partakes of its pulsating nature.

Pericarditis, Bronchitis, and Pleuritis, occurring as Complications of Typhoid Fever.—Mr. Steele exhibited to the Liverpool Pathological Society a specimen taken from a man, aged twenty-two, admitted into the Fever Hospital on the eighth day of the attack, which commenced with chills, pain in the limbs, cough, and shortness of breath. On admission he presented the usual symptoms of typhoid fever. The conjunctivæ were deeply tinged yellow; the pulse 140, incompressible; respiration laboured, and accompanied with an audible rhonchus. He had cough, with mucous sputa. There were indistinct dull red petechiæ on the trunk and extremities. The physical signs were dulness on percussion on the left side of the chest; clear on the right. The only sounds elicited by the stethoscope were loud mucous râles all over the chest. The treatment consisted in purgatives, followed by a pill containing calomel, gr. ij.; ipecacuan., gr. j.; extract of conium, gr. ij.; and a saline draught, with half a grain of tartar emetic; each to be taken every two hours. A blister was applied to the chest. This treatment was pursued until the fourteenth day, and afforded marked relief. The pulse fell to 120, and was compressible; the tongue became cleaner; the pain and cough were greatly relieved; the mucous râles much diminished; the gums slightly affected by the mercury. The remedies first prescribed were discontinued gradually, and he was ordered saline mixture, with nitric ether and ipecacuanha wine. He continued to improve until the eighteenth day, when he became much worse. The pulse was feeble; respiration much laboured; mucous rhonchus loud enough to be heard at some distance. He complained of burning heat all over. He died on the twenty-first day of the attack, and the thirteenth day after admission.—On removing the anterior parietes of the chest, several small collections of pus were observed in the cellular tissue in the anterior mediastinum. There were very extensive adhesions of both lungs; the surfaces of the pleuræ covered with effusion of recent lymph. There was also effusion of a very large quantity of yellowish serum, mixed with flakes of lymph, in both pleural cavities. The lungs were both much congested. The mucous membrane of the trachea and bronchi highly injected, and the bronchial tubes filled with frothy mucus. On opening the pericardium a considerable quantity of serous fluid escaped. It was not adherent, and its inner surface was completely covered with a deposit of lymph, presenting a network appearance, which covered also the surface of the heart. The valves and endocardium were not diseased, with the exception of a very slight vegetation on the mitral valve. The omentum was much congested, and of a dark reddish colour. The small intestines were also much congested, and presented patches of ecchymosis. All the remaining abdominal organs were much congested, and more friable than usual.

Pneumonia, Pleuritis, and Bronchitis occurring as Complications of Typhoid Fever.—Mr. Steel exhibited to the members of the Pathological Society, the inferior lobe of the left lung. It presented a well-marked specimen of grey hepatization. The subject from whom it was taken was admitted into the Fever Hospital on the fourteenth day of the attack, which commenced with pyrexia and slight cough. On admission he had cough, with but scanty mucous sputa. The pulse was 100. There were dull red patechiæ on the trunk and extremities. The only physical signs detected were loud mucous râles all over the chest. He was ordered calomel, ipecacuanha, conium, and tartar emetic, with vesications and turpentine fomentations to the chest. The symptoms were much relieved until the eighteenth day, the fourth after admission, when he became delirious; had hiccough; a profuse expectoration of very tenacious yellow sputa; and he complained of burning heat all over. On the twenty-first day a remission occurred, and he was much better; but on the twenty-fifth he again became worse, complained of urgent dyspnœa, and pain in the left mammary region, which was partially relieved by turpentine fomentation. He died on the thirtieth day of the attack, the sixteenth after admission. On examination after death the left side of the thorax was found to contain about three pints of yellowish serum; there were several old adhesions; the lung was greatly compressed, the lower lobe being, as seen in the specimen, solidified, of greater specific gravity than water, and presenting, on section, a greyish granulated appearance. The right lung was much congested throughout. The lining membrane of the trachea and bronchi was of a bright red colour. The air-cells were filled with a frothy mucus.

On the Artificial Production of Local Anæsthesia.—Dr. Simpson has arrived at the following conclusions after numerous experiments:—1. In animals belonging to the class of articulata, complete local and limited anæsthesia can be produced by the local and limited application of the vapour or liquid of chloroform to individual parts of the body of the animal. 2. In batrachian reptiles, the tail, or an individual limb, can be affected in the same way with local anæsthesia by the local application of the chloroform; but, in addition, general anæsthesia of the animals usually results in a short time in consequence of the chloroform absorbed by the exposed part coming to affect the general system. 3. In the smaller mammalia a single limb, or even the whole lower or pelvic half of the body, can be rendered anæsthetic by local exposure of these parts to the influence of chloroform. 4. In the human subject, partial and, perhaps, superficial, local anæsthesia of a part, as the hand, can be produced by exposing it to the strong vapour of chloroform; but the resulting degree of this local anæsthesia is not sufficiently deep to allow the part to be cut or operated upon without pain. 5. Any agent possessing a stronger local benumbing, or an anæsthetic influence, would probably be dangerous, by its acting too powerfully on the general economy, before the local anæsthesia was established to a depth sufficient for operating. 6. Artificial local anæsthesia, from any known anæsthetic agents, seems objectionable in any part intended to be operated upon, in consequence of the vascular congestion and injection which attend upon and accompany this local anæsthesia. 7. There are few operations in which there is not previously a local broken surface; and the application of chloroform, &c., to such a surface would be far too painful to be endured, no small degree of suffering sometimes arising from even the exposure of the unbroken skin to their action.

Kreasote in Erysipelas.—Dr. P. Fahnestock, of Pittsburgh, says, in "The American Journal," that, during a practice of many years, he had been in the habit of using kreasote in erysipelas of the face (as well as on all other parts of the

body), in both its simple and phlegmonous forms, confining his local treatment to this article alone. And such has been the success of this treatment, that there has been no case which has not yielded to it. In every case of local erysipelas the purest kreasote was immediately applied with a camel's-hair brush over the whole of the affected surface, which was extended some distance beyond the inflamed part, at the same time a dose of chlor. hydrarg. was given, followed by a sufficient portion of jalap to ensure free catharsis. This, in the majority of cases, is all that is necessary. But when the mucous membrane of the mouth and fauces is also affected, the parts must be pencilled with a strong solution of the nit. argent., say from ℥ ss. to ℥ j. to ℥ j. of distilled water. In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread-and-water poultice, applied nearly cold, and well sprinkled with water strongly impregnated with the kreasote, or a cloth, kept constantly wet with the solution, especially for the face. The kreasote, when applied, should cause the parts to become white immediately. If this does not occur, it is not pure. Thus, success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

Hernia of the Uterus.—This disease is stated by Mr. Bell, in "The Monthly Journal," to be a rare disease; it occurs under three forms:—1. Through the inguinal canal. 2 Through the crural ring. 3. Through a separation or rent in the abdominal walls. Two cases of the latter are recorded by him. 1. Mrs. P., delivered of her fifth child eight days previously. When seen she was exhausted, with quick small pulse. She complained of intense pain in the abdomen; on examining which the uterus was found protruding through a rent in the linea alba. It was reduced, but the patient died. No inspection allowed. 2. In a female, confined for the fourth time, after the birth of the child the uterus was felt to have escaped through a rent into the linea alba, and containing another fœtus. The membranes were ruptured after reducing the uterus, and the second child was speedily born. This woman did well.—Cases of inguinal and crural hysterocele are narrated by Sennert, Doringius, Lallemand, Chopart, and Thurat. The treatment of ventral hysterocele consists in replacement, bandaging, and the recumbent posture for some weeks.

Fracture of the Neck of the Femur within the Capsule—Bony Union.—Dr. N. W. Condit relates, in "The New Jersey Medical Reporter," a case of fracture of the neck of the femur occurring in a gentleman over eighty years of age. The accident happened in May, and the patient died early in the following November. The following were the *post-mortem* appearances:—The muscles and all the structure about the cervix femoris were more pale than usual, and scarcely gave out any blood upon being cut into. The capsular ligament was entire, giving no appearance of having been lacerated; its texture was somewhat thickened. The ligamentum teres was in a state of vascularity, which gave it about the colour of the muscles around the joint, though it retained its wonted firmness and strength. The acetabulum was normal in appearance. The neck of the femur was shortened, and on opening the capsule the fracture was discovered wholly within it. The head of the bone had been broken across transversely, exactly at its point of union with the neck, and about two lines from the bony edge of the acetabulum. The ridge characteristic of the seat of fracture had been thrown out, and the reunion was firm for rather more than three-quarters of the circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at their point of juncture, but they were as firmly united by osseous formation as if they had never been separated. On the upper side, where the fractured edges were not in apposition, union was not yet complete, but ossification was going on upon all the broken surface, and, had the patient lived a few months, would doubtless have been perfected.

Spina Bifida treated by Injection of the Tincture of Iodine.—Professor D. Brainard relates ("Illinois and Indiana Med. and Surg. Journ.") a case of spina bifida treated with injection of tincture of iodine. The patient, a girl of thirteen years of age, had a tumour at the top of the sacrum, nine inches in circumference and about three in height, with thin walls. She had been paralytic in the lower members, but within three years had acquired a partial use of them. She was idiotic, and passed both the fæces and urine without regard to place. From neglect of cleanliness, numerous ulcerations and large cicatrices had, from time to time, been formed upon the pelvis and thighs. Under these almost hopeless circumstances, it was determined to inject into the sac a solution of iodine, with a view of exciting inflammation and procuring absorption. This was done on the 2nd of December, 1847, in the following manner:—A small puncture was made with the lancet on the sound skin, about half an inch from the base of the tumour, and a trochar of the size of a common knitting-needle carried obliquely into the sac. Through the canula of this a solution of gr. j. of hyd. potass., with gr. ss. of iodine in f ℥ j. of water, was thrown into the sac and the instrument withdrawn. A sharp pain followed, which soon subsided. Compresses and a bandage were applied to prevent the escape of the fluid, and the child was laid in bed. There succeeded redness, heat and tension of the tumour, with tenderness to the touch and some febrile symptoms, for which a cathartic was administered and evaporating lotions applied to the part. In the course of a week these symptoms subsided, and the tumour became soft, yielding, and diminished in size. Compression by means of a roller around the pelvis was then applied, and kept up with as great degree of force as could be borne, but the filthiness of the patient and her indocility prevented this from being applied with regularity. It was frequently removed for twelve hours or more at a time. Still it diminished, and on the 27th of December was about half its former size. At this time a second injection was used of half the strength of the first. This produced but little heat or pain, and the compression was continued. On the 15th of January, 1848, the fluid was so far absorbed as to render it easy to press it down almost to a level with the surrounding skin. A spring truss was then substituted, and at the present time the sac lies in wrinkles, the bony opening can be distinctly felt, and there is no increase of swelling when the pressure is removed. Recently there has been manifested a decided improvement in the intellect of the child; the other difficulties remain the same; but with the removal of the cause, the partial paralysis will doubtless gradually disappear. The retention of the natural evacuations must depend upon the development of the intelligence, and the gaining of a control over the voluntary muscles. In its present condition, this case shows that the injection of a solution of iodine, followed by suitable treatment, is capable of curing an ancient case of hydrorachitis, and (so far as a single case can be taken as a guide) with but little danger. Further experience will be required to determine the strength and quantity of the medicine to be used, the frequency of the repetitions; in younger subjects than this, it is obvious that the dose employed should be not more than a fourth of that used at first in this case.

Carbonic Acid Gas as a Therapeutic Agent.—Dr. Kuster remarks that the mineral springs of Cronthal contain, in addition to soda and magnesian salts, a large proportion of free carbonic acid gas, or nearly one cubic inch and a quarter of gas for every cubic inch of water. For introduction into the stomach, it may be drawn into the mouth through a flexible tube, and then swallowed as if it were a liquid. Injection into the rectum forms another and a very effieient mode of using the gas internally. A large quantity of it may be thus introduced into the intestines without giving rise to irritation. Externally, the remedy is employed in the form of local and general gas-baths, or a stream may be directed against a particular organ, as the eye or ear, forming a gas-douche. The bath, after some minutes, produces a strong feeling of tingling and warmth of the surface, which is usually followed by copious perspiration. In torpid patients it is sometimes necessary to raise the temperature of the bath, by mixing a quantity of vapour with the gas. The patients remain from fifteen to thirty minutes in the bath, which may be repeated once, twice, or even oftener, daily. These baths have been used very extensively in the treatment of various diseases, and have been found especially useful in rheumatism, gout, St. Vitus's dance, and intermittent fever. In the last-mentioned disease, their success appears to have been very decided, a complete cure having been generally obtained after the third bath. As a local remedy, the carbonic acid gas has been used chiefly in diseases of the ear and eye. It was introduced into the external meatus in cases of deafness with occasional advantage. Applied to the eye, the gas-douche occasions pain, increased vascularity of the conjunctiva, and a copious flow of tears. In rheumatic, catarrhal, and scrofulous ophthalmia, the douche alone, or combined with the general bath, has been followed with marked benefit. It is said also to be serviceable in dissipating opacities of the cornea.

Abnormal Distribution of the Thyroid Arteries.—Professor James Blake describes, in "The St. Louis Medical and Surgical Journal" the following case of abnormal distribution of the thyroid arteries, which is interesting from the circumstance that in the subject in which it occurred neither the operation of tracheotomy nor laryngotomy could have been performed without great danger of sacrificing the life of the individual. The subject in which it occurred was a male, about forty years of age, brought into the dissecting-room of the St. Louis University during the past session. The first anomaly that presented itself on dissecting the arteries going to the head and neck was that of a considerable artery, about the size of a quill, arising from the anterior and superior of the innominata, passing upwards and crossing the trachea about three-quarters of an inch above the sternum. After proceeding about two lines beyond the mesial line, it again turned to the right and crossed the mesial line about a quarter of an inch before the isthmus of the thyroid body, and proceeded to divide into branches along its lower edge on the right side. On dissecting the superior thyroid arteries, it was found that the artery of the right side arose from the external carotid at the place where it is generally found; but here it was seen to be much larger than usual; it proceeded downwards to the upper and outer angle of the thyroid body, but instead of dividing into its terminal branches, as it generally does, it turned forwards and to the left, running along the upper edge of the cricoid cartilage, or between it and the thyroid cartilage, and lying on the crico-thyroid muscle; it continued this course until it passed rather beyond the mesial line, crossing the crico-thyroid ligament. During its course, it sent branches downward to the upper edge of the right side of the thyroid body, and the isthmus and its terminal branches were distributed to the left lobe of the thyroid body. The artery where it crossed the crico-thyroid ligament was as large as a crow-quill; there was no large anastomotic branch uniting with the superior thyroid artery of the opposite side, which was rather smaller than natural. The inferior thyroid arteries were natural, but that of the right side rather larger. The thyroid body was rather above the natural size, and somewhat more dense in its structure, and less red than it is generally found; the isthmus was broad, extending as far as the lower edge of the cricoid cartilage. From the above description it is evident that neither the operation of tracheotomy nor laryngotomy could have been performed in this

subject without incurring the greatest risk of wounding an artery, the bleeding from which might, under the circumstances, even have led to a fatal result.

Iodide of Potassium a Cure for Nurses' Sore Mouth.—Dr. H. D. Holt states ("New York Journal of Medicine," that every case he has treated of this disease has yielded within forty-eight hours to the use of iodide of potash in gr. v. doses three times a day.

Geranium Maculatum a Cure for Mercurial Salivation.—Dr. George M. Maclean, New York, has used in one case of mercurial salivation an infusion of the geranium maculatum as a lotion, with speedy and entire relief.

Case of Chronic Tetanus successfully treated by Ether Inhalation.—Dr. Isaac Parrish read to the Philadelphia College of Physicians an interesting case of phlegmonous erysipelas, commencing in the finger and extending up the hand and arm. Rigidity of the jaws supervened on the sixth day, followed by shooting pains up the limb to the neck and jaws. The preparations of opium assafœtida, &c., having failed to make any impression, the inhalation of ether was tried on the seventh day, and it produced a most favourable anodyne effect, causing several hours' refreshing sleep. The inhalation was repeated on the eighth day also with a favourable effect. Convalescence from this time was confirmed, and the patient recovered.

Cause of the Fatality of Inflammation of the Upper Lobe of the Right Lung.—M. Hervez de Chegoin has for some time had his attention drawn to the peculiarity of the symptoms, and the especial danger, of pneumonia attacking this part of the lung. Such patients speedily exhibit all the signs of exhaustion, a very small pulse, a death-like pallor of countenance, peculiar disturbance of the intellectual faculties, nausea, and diarrhœa. Some complain, too, of intense pain in the clavicular region; the expectoration and cough are very slight, and crepitation is speedily exchanged for a dull *souffle*. The general and local signs of the inflammation are in fact very slightly displayed, although it almost always proves fatal. An autopsy of such a patient, which recently occurred to him, he thinks throws some light upon the matter. Examining the organs exactly *in situ*, he found, although the patient had lived thirteen days, the upper lobe was only in the first stage of hepatization, and that this now firm body exerted great compression upon the vena cava superior. This, he conceives, may explain the slow progress of the disease, the small pulse, the peculiar cerebral disturbance, &c. If this view be correct, instead of being deterred from bleeding these patients by their apparently exhausted state, our measures should be only the more vigorous; as the only chance of relief is the removal of the engorgement of the lung, which, by compression of the vein, impedes the circulation.

On the Treatment of Typhus Fever.—M. Rostan (quoted in the Monthly Journal, from the Gazette des Hôpitaux) is a believer in the existence of a special morbific cause for typhus fever, affecting primarily the blood, and independent of any local lesion. Where such lesions exist, the fever is seldom found to correspond in intensity with the gravity of the local affection; nor are the pathological appearances of that invariable character which the doctrine of the symptomatic and inflammatory character of the fever would lead us to expect. Typhus fever occurs in three principal forms, in which the cerebral, thoracic, and abdominal complications respectively predominate. The latter is identical with the *fièvre typhoïde* of Paris, and is characterized pathologically by the tumefaction and ulceration of the intestinal glands. The typhoid, like the typhus, attacks the same person only once, is accompanied by a state of the blood opposite to that in inflammations, and is never cut short by antiphlogistic treatment; being in this respect exactly like the whole class of exanthemata. These remarks bear directly on the treatment, which must be directed not so as to suspend an inflammation, but so as to neutralize the effects of a morbid poison. According to the nature of these effects in the individual cases, and according to the accidental concomitants, the remedial means should vary. The gastro-intestinal form will require the moderate use of purgatives; the cerebral form, local bloodletting; the thoracic form, bronchitis, or typhoid pneumonia, may require even general bloodletting; while the presence of great prostration may contraindicate each or all of these measures. The treatment of typhus at the present day ought therefore to be addressed exclusively to the symptoms. If, at some future period, it should appear (as is not at all impossible) that we have a specific remedy for the typhus poison, such as we already have for the intermittent, we shall then have a basis for a treatment applicable to all cases. Such a remedy, however, has not yet been discovered; and it is therefore obvious that nothing can be more absurd and pernicious than a routine treatment. Indeed, it may fairly be asserted, that if an unvarying treatment, say the antiphlogistic, be found to save two-thirds of the cases, there will be found in the remaining third some who have fallen victims, not to the disease, but to the treatment; as, for example, highly adynamic cases, which would have been saved by a tonic regimen, but had no chance of recovery according to the method pursued. Some have denied the efficacy of remedies in typhus fever; alleging, on the ground of hospital statistics, that the proportion of deaths is always the same, whatever be the treatment employed. But such reasonings apply only to the results of routine practice in large series of cases, and are therefore entirely inapplicable to the general question of the treatment of this disease. The administration of remedies can, in truth, only be safely neglected when the symptoms are so slight as not to demand interference.

Cynanche Pharyngea from Disease of the Mucous Follicles.—This disease, of which Chomel has observed 22 cases, although it is by no means of rare occurrence, has hitherto been overlooked. It consists of hypertrophy of the mucous follicles of the pharynx, soft palate, and uvula. It has been seen much more frequently in males than in females, chiefly at the age of from five to seventeen years. It often occurs along with a peculiar form of the upper jaw, in which the palatine arch is elevated, the cavity of the nose rendered smaller than natural, and nasal respiration to a great extent prevented. The upper lip in such persons is short, and the mouth is habitually kept open. Hence they are peculiarly liable to this disease from the perpetual tendency to dryness of the pharynx. Certain professions, as that of public singers, act as occasional causes of this disease. The first symptom complained of is a sense of uneasiness in the back part of the throat, with constant effort to get rid of the mucus which collects in that quarter. The patient has also a constant craving for water, which produces temporary relief. There is guttural cough and expectoration of small pellets of tough mucus, sometimes streaked with black. The voice of singers is contracted in range and impaired in quality, and patients in general have great difficulty in speaking aloud for any length of time. These circumstances are apt to induce a suspicion of phthisis. On examination of the throat, the arch of the palate is seen to be covered by small red points, which are more thickly disseminated on and near the uvula. These become more numerous and larger as the disease advances, till at length they run into each other, forming ridges and raised patches, between which only a small part of the mucous membrane retains its natural appearance. The affection is essentially chronic in its progress; it does not endanger life, and sometimes disappears without treatment. It should be observed, that a hypertrophy of the mucous membrane and follicles often exists in public speakers and singers, quite independently of disease, which produces no symptoms and demands no treatment. Gargles with borax or alum are generally sufficient to cure this malady in the earlier stages; should these fail, or should the morbid changes be considerable before treatment is commenced, cautious cauterization by the solution of the nitrate of silver, or of nitrate of mercury, or by nitric acid diluted with three parts of water, and applied by means of a small piece of sponge, must be had recourse to. Baths, the douche, and the use of mineral waters containing sulphur, are also useful. Loud or continued speaking or singing must be avoided. The food must be well masticated, and must consist of articles perfectly free from acridity or acidity.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

DISCUSSION ON THE EMPLOYMENT OF CHLOROFORM IN MIDWIFERY AND SURGERY.

Dr. Simpson read a long and detailed report on the use of chloroform in midwifery. He stated that since November last he had used it constantly, and with the very best results, and mentioned some of the rules to be attended to in its exhibition. He read, also, numerous reports on its employment from Dr. Grigor, of Nairn; Professor Dyce, of Aberdeen; Mr. Laurence, of Montrose; Dr. Paton, of Dundee; Dr. Anderson, of Glasgow, &c., showing that a vast number of persons had already been successfully delivered under its influence, and thus a vast amount of pain and suffering saved.

Drs. Moir, Malcolm, Keith, Carmichael, &c., presented to the society very favourable reports of their success with it, stating, also, that they employed it constantly in their practice, and in all cases of labour.

Mr. Crisp, of London, stated that he was induced to rise, were it for no other purpose than to say that till that night he had never once attended a meeting of a medical society unanimous upon any one point. He had come to Edinburgh a fortnight ago, and now entertained a totally different opinion about chloroform from what he did when he arrived, for he had now seen it constantly and most successfully employed in the hospital and elsewhere. At the same time, although this had been the result of additional experience on his own mind, he was not disposed to blame, but, on the contrary, to commend the scepticism which had been shown by many most eminent men in London and elsewhere on the subject, which he thought was no more than justified in relation to an agent of such a novel kind, and so important in its practical application. He believed that this scepticism had not its origin in any exclusive or bigoted feeling, but would be overcome as soon as the facts came to be as well known in London as they are in Edinburgh.

Dr. Bennett considered it probable that one of the reasons chloroform was not much used out of Edinburgh was the impurity of the article administered. It was not long ago that Dr. Clay, of Manchester, had stated to the society that, although he had frequently seen it given in that town, he had never witnessed its proper effects produced until he came to Edinburgh. Mr. Crisp, from London, had just made a similar statement. He (Dr. Bennett) conceived that the purity of the chloroform was not sufficiently attended to by those who had tried it, and that those who would not had better, like Dr. Clay and Mr. Crisp, come and see it given in Edinburgh.

Dr. Simpson remarked that he believed the want of success in England was owing also to another cause. From what he had learned, he was quite convinced that our English brethren, in using chloroform, often stopped altogether at that point which really constituted the true commencement of the soporizing effects of the inhalation. Immediately before the chloroform produced anæsthesia, more especially if there was any noise or disturbance, it not unfrequently excited the patient, who would talk incoherently for a moment or two, beg the inhalation to be suspended, perhaps struggle to get free from it,

and have his arms and legs thrown into a state of strong clonic spasms. In Edinburgh we all sufficiently know that these symptoms indicated merely that the patient was about to come under the full influence of the vapour, and that in a minute or so these symptoms would pass off, and he would immediately be completely anæsthetic and unconscious. But in England these premonitory symptoms seemed to have been often regarded as very alarming, and all attempts at further inhalation stopped exactly when the dose of the vapour should have been increased; and in the English journals such cases had been repeatedly and gravely recorded as instances of delirium, and spasms, and convulsions, and failure. They were not more anxious, or deserving of attention, than the same symptoms would be in a case of hysteria, and were quite transient if the inhalation was only persevered in. Dr. Simpson added that now, amongst many hundred patients, he had never yet met with an instance in which any person was insusceptible of the full effects of the chloroform. He knew that the experience of many of his brethren around him went to the same effect. Nor in any one case had he seen any marked bad effect from the full use of the chloroform. Deaths will occur after operations, and sometimes even during them; but every death during an operation was not, as some of late in the south have argued, from chloroform. A gentleman near him, Dr. Paterson, some weeks ago opened with his lancet a large abscess in a child's neck. There was no hemorrhage; but in a minute or two at most after the incision was made the child was dead. An English jury might possibly have anxiously tried to bring it in as a case of death, probably, from chloroform. But it certainly was not so, for the very simple reason that no chloroform whatever was used, the incision being considered too slight to require it. He believed that a vastly greater number of deaths was caused by the medicinal use of agents believed to be much more safe than chloroform, as opium, morphia, &c.; and that, because some deaths were accidentally produced by these, they were not therefore to be entirely laid aside. Deaths by accident were frequently occurring on railways, and from the use of opium, calomel, &c., but no one would dream that railways should be stopped or the use of these medicines given up on that account. Dr. Simpson asked Professor Miller and Dr. Duncan to state the extent to which they used chloroform in their public and private surgical practice.

Professor Miller observed that, in the hospital and elsewhere, the surgeons of Edinburgh had used chloroform in all their operations, with the exception, perhaps, of any such within the cavity of the mouth as were expected to be attended with much hemorrhage; and he could speak of its perfect success, and perfect certainty, and perfect safety, in the most unequivocal terms. There had been no misadventures, no failures, and now no fears of those spasms and other preliminary symptoms to which Dr. Simpson had alluded. In saying all this, he believed he was simply stating the opinion and experience of all his surgical brethren here; and that no one amongst them would deem himself justified, morally or professionally, in now cutting and operating upon a patient in a waking and sensitive state. Every professional principle, nay, the common principles of humanity, forbad it, seeing that surgery was now happily possessed of sure and safe means by which it could avoid the necessity of such cruelty. There were strong opinions, strongly expressed, but, in answer to Dr. Simpson's question, it was impossible for him to say less.

Dr. Duncan stated that he sincerely coincided in every part of the statement made by Professor Miller, and that in his hospital and in his private practice he constantly, like his other surgical brethren, used chloroform in all his operations, and even when making any painful examination for the purpose of diagnosis. There was only one case in which he had found a difficulty in its application, viz., when operating for internal hemorrhoids, the patient not, of course, having the capability of protruding the bowel when anæsthetic.

REVIEWS.

An Essay on the Epileptic Form of Puerperal Convulsions; being an Attempt to elucidate the Nature and Treatment of the Disease by an Appeal to Anatomy, Physiology, and Pathology. By Joseph Thompson, M.R.C.S., London; Consulting Surgeon to the Union Hospital, &c., Nottingham. Nottingham: B. S. Oliver, 1848. Pp. 74.

The author informs us that the essay was read before the members of the Nottingham Medico-Chirurgical Society, and was published at their request. Mr. Thompson's attention was first particularly directed to the subject of puerperal convulsions in consequence of having attended a woman in labour of twins, and who immediately after the birth of the first child became the subject of that disease. From the interesting nature of the case it was the author's intention to have written a report of it; but this was abandoned in favour of the present essay.

The form of convulsions which is generally denominated epileptic is that to which especial attention is directed in this little work; the other two varieties being only alluded to occasionally, in order that a proper diagnosis may be drawn.

The author's first section gives an account of the symptoms, and these he properly divides into the premonitory and those which are witnessed during the attack. The opinions of various authors of note, as obstetricians, are given, not only in this section but throughout the essay, to elucidate the subject upon which Mr. Thompson treats.

Puerperal convulsions have been supposed to occur from the operation of various causes, and any one of these, when present, seems to have a greater tendency in first pregnancies to bring on convulsions. Thus, of nineteen cases recorded by Dr. Joseph Clarke, sixteen were first children; of the thirty-six by Dr. Merriman, twenty-eight were first children; of thirty by the author, twenty-nine were first children. From statistical returns we may infer that when the presentation is preternatural there is little cause to dread the attack.

The author observes, in reference to the pathology of puerperal convulsions, that up to the present time it has been but little understood. Dissections appear to have afforded very little information on the subject. Some accoucheurs have declared that *post-mortem* examinations have not given results sufficiently decisive to enable those who superintended them to even hazard an opinion on the subject. This is a true estimate of the present amount of knowledge on the subject. Mr. Thompson, in the midst of the difficulties which morbid anatomy is unable to overcome, looks to what he denominates "a living pathology." He remarks—

"To illustrate this, let me invite you to contemplate the healthy functions and condition of the mucous surfaces,—indeed, of the whole of the viscera contained in the thorax, abdomen, and pelvis—more especially in the two latter: the manner in which they are connected with the cerebro-spinal system below, by nerves from the lower part of the medulla spinalis, above by the par vagum, from the medulla oblongata, and elsewhere by the ganglionic system—the healthy functions of these two systems. You will then perceive with what order and regularity everything is carried on under the superintendence of those laws which were written upon these parts at the beginning by the finger of nature. From this let your consideration be directed to the phenomena of the epileptic seizure, and you will at once perceive how the physiology has become changed into pathology; where the former terminates the latter begins. This is equally true of all diseases, and every symptom which the physician observes can only be considered as a living manifestation of disease. There can be no question that the proximate cause of puerperal convulsions consists in a morbid irritation of the whole centre of the true spinal system, more especially of the medulla oblongata propagated *to it* from all the parts which have so frequently been mentioned, more particularly the mucous surfaces and viscera contained in the abdomen and pelvis, along excitor nerves, which proceed directly—first, to the lower part of the spinal marrow—second, to the medulla oblongata, along the pneumogastric—and third, more indirectly, to the intervening part along the excitor fibres of the ganglonic, which reach the centre through the roots of the spinal nerves, and reflected *from it* upon the muscular system, including the heart, intestinal canal, bladder, uterus, &c., along the reflex motor fibres, so as to enable us to give a rational explanation of all the phenomena and circumstances connected with the disease. It will enable us to account for the twitching of the muscles of the face, the contractions of the muscles of the neck, the sphagiasmus, the laryngismus caused through the par vagum, the total suspension of respiration, the frightful convulsions of the whole body, the odaxismus. When it is recollected that the reflex power travels through the roots of the spinal nerves along the fibres which are given off to the sympathetic, and proceed to the contractile viscera, the expulsion of the urine and fæces, the tetanic contraction, or rupture of the uterus, is easily explained; so also is the empty state of the heart, which has been mentioned as a *post-mortem* appearance, more particularly when we know that the latter organ is also supplied from the pneumogastric. The fact of a patient dying of suffocation during a fit, of nothing being found on examination in some cases, and such variable lesions in others, now admits of an easy solution. The *post-mortem* appearances must be regarded as the effects, and not as the causes, of the disease, and will be found to depend upon, and vary according to, the violence, number, and duration, &c., of the convulsive paroxysms. Before the proximate cause comes into full operation, there can be no doubt that the whole nervous system, cerebro-spinal as well as ganglionic, has been, by the influence of certain powerful predisposing and exciting causes, brought into a state of great excitability, and ready to be acted upon by any morbid irritation. But I must forbear to prosecute this part of my inquiry, and proceed at once to settle the question whether the cerebral symptoms, the loss of consciousness, &c., precede, accompany, or follow the convulsions; and whether sphagiasmus, laryngismus, and odaxismus, occur in the order in which I have named them. Odaxismus is not always present, but when it is, it is always last in the sequence. Laryngismus is always present when the attack is fully developed, and always occurs second, except, perhaps, in some other diseases, such as the laryngismus of infants, in which I believe an irritation may be so suddenly reflected upon the larynx as not only to take precedence of the general convulsions, but also of sphagiasmus. Sphagiasmus is the first to occur, but the disease, as I shall afterwards show, may be cut short before complete laryngismus takes place. I more particularly wish you to notice this, because convulsions of the kind I am now describing never happen until laryngismus has ensued; and, although it is easy to answer affirmatively that loss of consciousness always precedes convulsions, it does not, therefore, follow that it does not succeed to the first spinal act which takes place in this disease. I believe that it does, but I must explain:—When the disease commences, and the morbid irritation of the spinal marrow is being reflected upon the muscular system, the muscles of the neck are amongst the first to contract in consequence of receiving nerves from the upper part of the spinal marrow, and the medulla oblongata, which I have said is more especially the seat of this disease. The veins of the neck are compressed, the blood is prevented by this, and other causes, from returning from the head, abolition of con-

sciousness, &c., follows. But some persons may argue, that loss of consciousness is the result of congestion of the cerebrum, and that this may be so great as to compress the medulla oblongata, and cause not only an abolition of the mental functions, but the convulsions also. To this I answer, that although a congested state of the brain might cause a loss of consciousness, it is itself an effect, and not a cause of the disease, as I have elsewhere proved. And again, that all necroscopic investigations are adverse to such an opinion: and still further, that such violent pressure would be more likely to produce a paralyzing effect."

In speaking of the treatment of convulsions Mr. Thompson says—

"As a general rule, forty ounces of blood ought to be abstracted at the first bleeding; and if this should not be productive of relief, and more especially if the insensibility should be in no degree abated, and the countenance should become more swollen, and the pulse increased in force and violence—from twenty to thirty ounces more blood may be taken with advantage; after this, if the further loss of blood should be indicated, I believe it will be safer to have recourse to cupping than venesection. The blood ought to be removed as quickly as possible; and I wish to observe, that it is neither easy nor safe to produce syncope in these cases Immediately after the venesection delivery, the rules for which I shall bring you acquainted with by-and-by, if practicable, ought to be accomplished without loss of time, if not the head must be somewhat elevated, shaved, and refrigerated by means of a bladder filled with iced water, or by a stream of water poured over it into a vessel below. The feet must be kept warm, and mustard cataplasms, applied to the nape of the neck and the calves of the legs, will have a beneficial effect.

"The state of the alimentary canal should next be the object of our solicitude; and as soon as the patient can be made to swallow with safety, twenty grains of calomel and two drops of croton oil should be administered by the mouth, and a very copious injection of warm water, from three to six pints, thrown into the bowels; half a grain of tartar emetic may now be administered every half hour, as it will rather assist the action of the purgatives than otherwise, and if the bowels are not soon moved, enamata, composed of compound extract of colocynth, dissolved in water, may be given every half hour. When the bowels have been evacuated, if nothing occurs to contraindicate it, the tartar emetic must be continued, and, if the convulsions have not by this time subsided, an ounce of spirits of turpentine and three drachms of gum assafœtida, blended together in the form of an injection, may be tried with reasonable hope of benefit. Should the above means fail, then opium may be given, in my opinion with great advantage, provided very free venesection has been practised, and the tartarized antimony will form another safeguard against any ill effects it could possibly produce. I have generally prescribed a drachm of liquor opii sedativus to be injected *per anum*, and thirty minims, if necessary, to be taken by the mouth; and I can confidently assert that I never saw any other than good effects from this practice, particularly in those cases where great nervous irritation exists with but little congestion of blood in the vessels of the head. Camphor, in large doses, is strongly recommended by Dr. Hamilton in this disease, and in this he is joined by Dr. Copland. 'Some difference of opinion exists as to the propriety of exhibiting emetics in this disease. Denman is in favour of them, but Mauriceau, Chaussier, and Hamilton condemn them, unless after bloodletting, and when the seizure has been excited by improper ingesta—the only circumstance under which, in my opinion, they should be given, and in which Dr. Blundell now recommends them.' The bladder must from time to time be the object of attention, and, if the convulsions continue, a blister applied to the nape of the neck may be useful. If the labour has been completed, the above treatment will generally be found successful; nevertheless it must not be concealed that symptoms resembling those from loss of blood are occasionally liable to arise, such as absence of mind, headache, pallor, insomnia, &c., and this will render it necessary at once to relax the severity of the treatment. The emetic tartar, &c., must be omitted, simultaneous with which, beef-tea, sago with cream and yolks of eggs beat up in tea, &c., must be administered; a mild anodyne may be required at bedtime, and a draught every four hours, composed of twenty drops of sal volatile, five of tincture of opium, fifteen grains of sesqui-carbonate of soda, and three table-spoonfuls of camphor mixture. This, with or without a small quantity of wine or brandy, according to necessity, continued for a reasonable time, will generally lead to the recovery of the patient. The tongue of the patient ought to be protected during the attack, and her movements should be gently restrained, lest she should tumble out of bed, or hurt herself; it is extremely injurious to secure her so fast as is usually done in these cases. If peritoneal inflammation should supervene during the case, it must be treated by blisters and poultices to the abdomen, small doses of calomel and opium, and such other antiphlogistic measures as are deemed expedient under the circumstances."

Connected with this treatment delivery must be effected as soon as possible, when it can be accomplished without violence.

The members of the Chirurgical Society of Nottingham exercised a sound judgment in recommending Mr. Thompson to publish his essay, as it contains some very useful observations upon a very important subject.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 191.)

From long experience, Dr. Prout considers excess of urea as comparatively a rare disease; "for, where I have seen one decided case of an excess of urea in adults, I have seen twenty cases of diabetes. There is reason, however, to believe that this unusual occurrence of the disease is more apparent than real, and that, in a great variety of instances, patients do not apply for medical advice till the complaint has merged into diabetes or some other disease, to which it often constitutes the transitive step. That the disease, if permitted to proceed unchecked, or if injudiciously treated, passes into diabetes or some other formidable disease (perhaps the disease to be next considered), I have the strongest presumptive evidence, both from observation and analogy."—Pp. 99, 100.

The treatment should be both dietetic and medicinal. The diet should be light and nutritious, but neither irritating nor stimulating. It should consist principally of animal and farinaceous matters; and, if accustomed to fermented liquors, the patient may be allowed a small quantity of generous wine or sound porter. All diluent and diuretic fluid should be carefully avoided, and the thirst, which is generally urgent, should not be quenched by drinking largely, which would only aggravate the disease. Moderate exercise, as walking or riding, will prove useful, but anything like fatigue, mental or bodily, will be hurtful. The following observations on the treatment are judicious and deserving of notice:—

"From the various forms which this disease assumes in different individuals, no plan of medical treatment can be laid down that will be found strictly applicable in all instances. The great principle to be kept in view is to do no harm by rough treatment. Calomel pills, black doses, and saline purgatives are calculated to do infinite mischief, and will probably render a manageable disease perfectly unmanageable. Hence, though the use of purgatives and alteratives is often indicated and even necessary, more especially in the earlier stages of the disease, they must be employed with caution, and their effects carefully watched. In both forms of the disease, and particularly in the second, sedatives are usually required, and of these opium is the chief. With the sedatives may be conjoined such tonics as seem to be suited to the individual habit; and as the complaint recedes, and the health becomes re-established, the sedatives may be gradually withdrawn. Such are the principles of the treatment I have usually found most beneficial; the details, of course, must be suited to the circumstances, according to the judgment of the practitioner."—P. 100.

Excess of urea in the urine is often associated or complicated with various other affections, which, of themselves, would never lead to the inference of such a morbid or unnatural state of the urine. Independent of its connection with certain urinary conditions, it has been observed to be associated with epilepsy and other nervous affections; and we, ourselves, have observed it in connection with certain forms of hysteria and nervousness, approaching, though not amounting quite, to insanity. Such secondary complications, if they may be so called, present an obstinacy of character more apparent than real; for if the urine be attended to, and its unnatural condition removed, epilepsies, hysteria, and many nervous affections, previously unassailable, readily give way. We, therefore, fully concur in the views of our author, as expressed in the following passage:—"Hence, in whatever circumstances an excess of urea in the urine may be found to occur, whether as denoting a peculiar state of disease, or as complicated with more urgent derangements, it is always a symptom of such importance that it ought to be known to the physician, who, if he has duly studied its pathology, will generally be able to apply his knowledge, either directly or indirectly, to the patient's advantage."—P. 103.

Having considered excess of urea, our author next proceeds to the consideration of those affections in which deficiency of urea is the more prominent characteristic. A deficiency of urea frequently gives rise to various anomalous symptoms which often puzzle and perplex the practitioner. Urea is a product of the secondary assimilation, and may be looked upon as the effete and useless, or perhaps injurious, elements of the decomposed tissues, modified or converted into a principle suited to elimination and evacuation from the system through the kidneys, as the most appropriate outlets. If, then, urea or its equivalent, carbonate of ammonia, be not secreted and eliminated, the blood will probably become deteriorated, and exert a deleterious if not poisonous influence upon the system, and "it is probable," as our author expresses it, "that there is no state of existence compatible with life in which urea or its equivalent, carbonate of ammonia, does not exist in the urine." This, in fact, is in accordance with our own experience, as no specimen of recent urine which we have ever examined was found entirely destitute of urea, or, what amounts to the same thing, carbonate of ammonia. Indeed, we hardly think it possible for life to continue beyond a few seconds if the urea were not voided; and it is by no means impossible but that certain apparently apoplectic seizures, terminating fatally, but which, on dissection, disclose none of the morbid phenomena, may be really instances of death from the circulation of the blood poisoned with urea. But although the complete absence of urea, or some other equivalent principle, from the urine is possibly incompatible with life, there are often instances in which the quantity is very much less than natural. Thus, our author observes:—"There are, however, several forms of disease, both in adults and in children, in which the proportion of urea is not only absolutely but relatively less than in healthy urine; and though these forms of disease are rarely of that distinct character as to be pronounced idiopathic, and, in

fact, are often referable to other forms of urinary disease, yet it may not be deemed superfluous to bring together under one head, and in a summary form, a few of the more remarkable of these forms of disease."—P. 104.

One of the most prominent characters, however, is *diuresis*. With, perhaps, but very few exceptions, we mostly find diuresis to a greater or less extent a symptom; and these diseases are found to present features varying somewhat as they occur in adults and in young children. Deficiency of urea accompanied by diuresis in adults, our author observes, "may be considered under the heads of *diuresis intermittens* and *diuresis continua*." Perhaps the nearest approach to a total absence of urea occurs in hysteria. Hysterical diuresis, however, is only occasional; and in the intervals the urine passed frequently contains a much larger proportion of urea than natural. The peculiar characters of hysterical urine are, a very low specific gravity, sometimes as low as that of spring water. It is limpid, odourless, colourless, and nearly devoid of sensible properties of every kind; but this is only in the very diluted state in which it is passed, for, if it be concentrated by evaporation, it develops both sensible odour and colour, and affords chemical evidence of saline principles, and even of urea. This urine very soon putrefies and acquires a smell like cabbage-water; becomes opaque and deposits crystals of triple phosphate, especially in warm weather.

Urine of these sensible characters is not confined to hysterical females. "It may also be remarked," observes our author, "that many nervous individuals who cannot be said to be hysteric, or to be subject to urinary disease, often pass large quantities of limpid urine on exposure to cold and to various other exciting influences; but such urine generally differs from hysteric urine in being only *very dilute* healthy urine, while in hysteric urine the relative proportions of the ingredients are always deranged."—P. 105.

The two forms, however, often run into each other so imperceptibly as to render distinction almost impossible. The intermittent diuresis so often connected with mental emotions does not occur in young children. The treatment is that for hysteria generally, and needs no detail.

In deficiency of urea, with diuresis, there are generally constitutional symptoms, but of almost every variety of character. The most constant are "great thirst, a dry state of the skin, and usually a constipated state of the bowels." In most cases there is an uneasy sensation referable to the stomach, accompanied by a morbid craving for food; at other times this sensation merges into nausea, and there is a perfect indifference to solid matters, which are almost immediately ejected by vomiting. There are also more or less of emaciation, depression of spirits, and great muscular debility, with all their consequences.

The causes seem to be enveloped in considerable obscurity. The disease, as already stated, seems to be in general associated with a *nervous* temperament, which, as observed by our author, has caused it "to have been viewed in the light of a perpetual state of hysteria." But this cannot be trusted as a correct view. "According to my own observation," says Prout, "which seems to agree with that of others, the present form of diuresis occurs in both sexes, and at different ages, though it seems to be more frequent in women, and in both sexes, about the middle period of life. Sometimes, as already stated, it appears to be the natural consequence of the form of diuresis connected with an excess of urea. At other times it cannot be referred to any distinct cause.(a) My belief is, that it is often connected with, or leads to, incipient disease of the kidneys; and, if this opinion be correct, it may occasionally pass into one or other of the forms of disease to be considered in the next section."—P. 107.

We certainly think, from our own experience, that the disease is very often not only the concomitant but even the forerunner of disease of the kidney, especially that form connected with albuminuria, usually known as Bright's disease. There is often also, in addition to organic disease of the kidney, a similar condition of the neck of the bladder, and which, probably, may be the cause of the diuresis. The morbid anatomy has, upon several occasions, furnished good grounds for such views. The urine, too, in these cases, as observed by our author, is often alkalescent, or even slightly serous.

The disease is not only obstinate, and mostly very unmanageable, but often ends in dropsical effusion of some kind, or in coma.

"Diuresis, with a deficiency of urea, from its deep-seated character, is generally a disease of great obstinacy, and yields with difficulty to medical treatment; even when for a time it appears to give way, it is apt to return from the slightest cause. As one of the most frequent terminations of the affection seems to be disease of the kidneys and its consequences, this form of affection generally proves fatal from dropsical effusion or coma."—Pp. 107, 108.

Hence must appear the importance of examining into the properties of the urine when diuresis to any extent, otherwise unintelligible, prevails. In cases of apparently an anomalous description, the practitioner should ascertain the condition of the urine, with respect to urea, and determine whether this principle be remarkably deficient or not. (a) Nor is it any answer that the disease being incurable, and hardly ever to be mitigated by remedies, renders the knowledge of its nature useless. If we remain ignorant of the nature of the disease under treatment we can never hope to improve our practice.

The treatment offers a most difficult problem, and, indeed, hardly to be solved. Much of the treatment has been explained in the therapeutical history of diabetes, and, therefore, needs no comment here. "One of the first principles to be attended to," the author observes, "is, as much as possible, to restrain the patient from drinking; for, if he be allowed to drink *ad libitum*, it is in vain to hope for benefit from any plan of treatment. Another point to be kept in view is to promote cutaneous action. For this purpose the vapour bath and friction, assisted by the internal use of Dover's powder, antimony, &c., or, if the patient's circumstances admit, removal to a warm climate, will be found highly serviceable. Tonics of every kind usually disappoint our hopes; and the more active tonics especially often increase the thirst. As in diabetes, I have seen more benefit derived from the means above stated, joined to the use of sound porter and a system of diet chiefly consisting of animal and farinaceous matters, than from any other means."—P. 108.

The bowels should be kept regular, but active purgation avoided. According to our author, "Active purgatives for a time, indeed, divert the fluids to the bowels, and the urine consequently is diminished in quantity; but, as soon as the effects of the purgatives cease, the diuresis returns in an aggravated form." But the varieties of form assumed by this disease in different individuals seem to preclude the notion of any specific plan of treatment. In further illustration the author relates concisely the history of two or three cases, for an account of which the reader is referred to the volume itself.

Albuminuria, or Albuminous Urine.—Albumen has been known for some time to exist as a morbid principle in urine. Urine containing this principle coagulates, like the serum of the blood, when the temperature has been raised to about 160° Fahr., or on the application of certain reagents(a). The coagulability depends upon the presence of one or other of two principles, albumen and chyle. "In the former editions of this work," says our author, "I considered the albuminous matters occurring in the urine as of two distinct kinds, viz., chylous and serous: in the first case, the albuminous matters of the urine were supposed to resemble the albuminous matters of the chyle; in the second case, the albuminous matters in the urine were supposed to be identical with the albuminous matters of the blood. I also remarked that distinctly defined instances of both these varieties of albuminous urine are rather uncommon, and that by far the most frequent form which the disease assumes seems to be of a mixed character; that is, the albuminous matters in the urine partakes more or less of both the chylous and serous characters. To these opinions, which seem to be corroborated by recent observation, I still adhere, because I do not consider that the true pathology of this important class of affections can be explained without some such assumptions. I shall, therefore, consider the subject of albuminous urine generally under the heads of *Chylo-serous Urine*, and of *Serous Urine;* premising only, that these two forms of disease are supposed to gradually run into each other, so that no well-marked line of distinction can be drawn between them; and that the second form of the disease is by far of the most frequent occurrence."—Pp. 111, 112.

We agree in the views maintained by our author; and in our comments upon this very important subject we shall follow the order adopted by him, and first, therefore, of

Chylo-serous Urine.—Urine, in certain states of disease, coagulates spontaneously into a sort of jelly-like mass, tremulous, and resembling very much *blanc-mange*. When first voided it is always more or less white and opaque. Urine of this description has been named by the author *chylo-serous urine*. His description is as follows:

"Chylo-serous urine, when first voided, is always more or less white and opaque. In different individuals, however, and even in the same individual at different times, the colour varies from a pale opalescent white or amber to milk white. Both varieties of the secretion usually coagulate spontaneously. When the urine is simply opalescent, the coagulum formed is generally small and partial, and occasionally occupies the centre of the vessel, as a contracted mass, like the coagulum of the blood in inflammation. When the urine is quite white and opaque, the whole coagulates into a tremulous mass like *blanc-mange*, and assumes the shape of the vessel into which it is passed. The coagulum in both instances, particularly if removed from the vessel and placed on a flat inclined surface, gradually separates into two portions—a fluid or serous portion, more or less opalescent or milky, like the urine itself, and which, when left at rest for a few hours, frequently throws up a creamy matter on its surface; and a very delicate fibrinous mass, small in comparison with the original bulk of the coagulated mass, of a flesh-like appearance, and generally tinged more or less of a red colour, from the presence of the colouring matter of the blood. Of these two varieties of chylo-serous urine, the first or opalescent variety occurs after long fasting; while the white and milky variety occurs soon after a full meal, as some hours after dinner. The serous portion of both varieties of urine contains abundance of albuminous matter, in various stages of development; that is, a large portion of the albuminous matter in the white variety of urine consists of albuminous matters in a hydrated or *incipient* state, precisely as it exists in the chyle; while the albuminous matter

(a) I have seen the disease occur several times in individuals residing in very damp situations surrounded by stagnant water, and who have, at the same time, been exposed to much mental anxiety.

(a) In determining the amount of urea, the reader should be apprised that, in consequence of this principle passing so readily into carbonate of ammonia, there may seem to be a total deficiency, which may be compensated by the relative pus.

(a) For some useful practical information upon the chemistry and general characters of albuminous and phosphatic urine we refer to a paper by Dr. Venables, inserted in No. 450 of this journal, May 13, 1848.

in the urine passed after fasting is in a more developed state, or less hydrated, and approaches in its properties to the albumen of the blood. In both varieties the principle that chiefly causes the opacity or whiteness is an oily matter in an emulsive form; or, in the white variety, the colour may in some way be partly associated with the *incipient* or hydrated albumen. The solid portion of the coagulum is fibrine in different states of development, or in combination with water, like the albumen; while the red colouring matter is identical with the colouring matter of the blood, but in a less perfect state of development. The specific gravity of the serous portions of chylous urine varies in different instances from 1·010 to 1·020, or upwards, and it always contains urea, and the saline matters usually found in healthy urine."—Pp. 112, 113.

The disease to such an extent is of rare occurrence, but degrees of it are not so very unfrequent, and it is necessary, therefore, to be acquainted with its characters. The constitution does not give evidence of any very great degree of disturbance—indeed, much less than might have been anticipated. In the slighter cases there is generally some feverishness, and a sense of uneasiness in the back and loins. The tongue also is dry and coated; there is thirst, a dry, harsh skin, and torpid state of bowels. The more severe cases approach more to diabetes in the severity of the symptoms—thirst more urgent, appetite inordinate, with emaciation and debility. There is also difficulty in passing urine from the formation of coagula in the bladder, which escaping block up the urethra; and this often constitutes the most troublesome symptom of the disease.

Although not so common here, it is not so unfrequent in hot climates. Thus says our author:—"The present disease may be said to be of rare occurrence in this country, but in certain hot climates is not unusual. Thus I have been assured that it is by no means uncommon among the negroes in some of the West India islands. It is stated also by M. Rayer to occur frequently in Brazil."—Pp. 113, 114.

(To be continued.)

THE MEDICAL TIMES.

SATURDAY, AUGUST 26, 1848.

THE PROVINCIAL MEDICAL ASSOCIATION AND REFORM.

The Provincial Medical and Surgical Association held its annual meeting at Bath last week, when, amongst other topics, the great subject of Medical Reform was introduced to the notice of the members. The president, Dr. Heygate, remarked, it was to be regretted that the parliamentary session had passed away without any adequate legal protection being afforded to medical men, though he hoped that, when the Imperial Legislature met again, something would be done to secure such a measure of reform as would conduce to the best interests of the profession. He also expressed an opinion that the conferences which had lately taken place would do much towards a satisfactory adjustment of this long-agitated subject.

With these remarks we agree, and we sincerely wish that it was in our power to speak in as high terms of praise of the conduct of the association in bygone days as the worthy president. We conceive that the council then misunderstood the wants and wishes of the majority of medical men and, influenced by an erroneous impression, committed such egregious mistakes as to endanger the stability of the association. Like the doughty champion who ran a tilt against a windmill, the council charged the fortress of the National Association, and broke a lance without inflicting a wound.

It was the great fault of the council, at a time when the profession was agitated to its centre, to adopt a line of conduct which sound reformers unanimously condemned. That body (the council), while it advocated certain abstract political doctrines, good in themselves, yet upheld abuses which must be destroyed before the day of our redemption can arrive. Time seems to have wrought a change upon the minds of those who are leaders of the Provincial Association, if we may judge from what took place at the Bath meeting, and now they are willing to resign to certain high contracting parties the work of adjusting the question of medical reform. We esteem it a happy circumstance for the prosperity of the association that the weapons of warfare are laid aside and the olive-branch taken; for we learn from the language of the president and the acts of the members, that an incorporation of general practitioners, such as the National Institute advocates, is no longer to be opposed.

In the course of the proceedings, Mr. Bottomley, of Croydon, moved the following petition to the House of Commons, which was seconded by Mr. Flower, of Chilcompton:—

"That your petitioners, in common with the great majority of the members of the Royal College of Surgeons of England, strongly disapprove of the terms of the charter granted to the college in 1843, which they consider injurious to the honour and interests of the members. That the grant of the fellowship without examination to a selected portion of the members places the remainder in an inferior position. That all gentlemen who became members of the college prior to the recent charter attained an equal collegiate rank, and that none of them ought to be deprived of any collegiate rank or status by an *ex post facto* law. That by the charter all surgeons residing in the provinces, or practising midwifery, are excluded from the council, and that such exclusion is altogether unreasonable, injurious to provincial surgeons, and discouraging to the study of midwifery, than which there is no more important branch of the medical and surgical profession. That the charter of 1843 has produced so just and general a feeling of dissatisfaction among the members, that harmony can only be restored to the colleges by its repeal, and the substitution of another charter, founded on a more equitable basis."

An amendment, proposed by Mr. Soden, of Sunbury, and seconded by Dr. Booth, of Bath, "That it is not expedient for this association, at present, to entertain the question," was carried by a large majority. The inference which may be justly drawn from this is, that the association does not intend to oppose the arrangements entered into between the two colleges — the Apothecaries' Company and the National Institute. But, while we commend the association for rejecting Mr. Bottomley's petition, we by no means wish it to be understood that, in our opinion, its statements are made without any just grounds upon which they may be based. Petitions of this sort have been used as side-shots at real reform—they are bullets cast in the mould of truth, that they may more effectually damage a good cause.

We believe there are few surgeons who do not "strongly disapprove of the terms of the charter granted to the college in 1843." The majority of members were then forced into a degraded position by the mere fiat of a corporate junto. This act was but a type of all their former misdoings, and a new accession of power was only used to inflict a new kind of injustice. In the first dubbing of fellows, the Lincoln's-inn Council followed their own caprice; and the members of the college would have scarcely been less indignant at the insult offered them if the fellows had been selected by a throw of dice.

By the operation of the new charter the provincial medical teachers are compelled to lecture to empty benches, the science of midwifery is checked in its progress, and experienced surgeons exposed to unmerited contempt. The charter of 1843 was a fraud upon the whole surgical profession;—but was this the first trick that was played upon it? Assuredly not. The original charter of the "pure" college was obtained by *finesse*. The old corporation of surgeons died from the mere neglect of a legal duty, and the profession never intended that one should be again established upon such a narrow basis. While the reformers were deliberating, a few hospital surgeons got the ear of the Minister, and he got from the hand of the King those significant words inserted on parchment which gave the Lincoln's-inn College a municipal existence. It has since been maintained by fraud, for it calls those who receive its diploma *members*, whereas they have no more corporate privileges after they have passed than the licentiates of the Apothecaries' Company. The College diploma is not worth the frame and glass in which the newly-fledged member so proudly encloses it, if we are to estimate it by the privileges it bestows.

The advocates of college reform have good grounds for complaint, but not the shadow of a prospect of success; if they had, we would say, persevere. Hear what the College says:—We—the council—are pure, and will remain so. Hear what the Government says:—We will sanction no alteration in any medical corporation to which it is opposed. This declaration has been made by two Home Secretaries, the one Tory and the other Whig. What chance, then, we ask, have they of obtaining their object who seek only to reform the College of Surgeons? None whatever, unless they seek it through the establishment of a new corporation for general practitioners. We admit there are more medical corporations than we know what to do with; but if none are to be destroyed, and none reformed, why should not Young Physic have another where its energies may be fostered, its honours preserved, and its usefulness increased? Such an institution would soon put to shame the close boroughism, the avarice, and the injustice of those which now exist, and they would be compelled, to save themselves from utter ruin, to adopt measures in accordance with the spirit of the times and the wants of the profession.

We entreat the surgeons of England to give the matter a further serious consideration; and we think they will then be ready to accept a measure which, if it is not all that can be desired, will assuredly lead to the attainment of much that we need. To continue an agitation, which has for its object merely the renovation of a corrupt old college, is to weaken the energies of the profession, and to postpone to a distant day the settlement of the question of medical reform.

THE LIBERALITY AND BENEVOLENCE OF POOR-LAW GUARDIANS.

Facts are daily coming to light which show the necessity of an alteration of the law relating to sick paupers and their medical attendants. A system injurious to both has for a long time been in operation, in which the dictates of justice and humanity are violated. We have ever main-

tained that poverty ought not, in our country, to preclude a person from having efficient medical attendance in sickness, and all those temporal supplies which are essential to his comfort and future restoration to health.

The laws relating to paupers sometimes press heavily upon deserving objects; and the manner in which these laws are carried out operates injuriously to the sick and their medical attendants. A poor-law surgeon has arduous and important duties to perform, and not unfrequently are his benevolent intentions frustrated by the grinding parsimony of union officers. He has not only to provide medicine for his pauper patients, for which he receives an inadequate stipend, but to see also that they are furnished with a diet in some measure suited to their wants. Oftentimes in the discharge of this latter duty he renders himself especially obnoxious to those who are miscalled "guardians," as they seem to imagine that sick paupers simply require plenty of physic to restore them to health. So long as demands only are made upon the medical officer the parochial authorities are satisfied; and, if the former should appear in any manner to stint his supply of physic or attendance, the benevolence of the latter immediately becomes remarkably exuberant.

An unjust parsimony is not unfrequently productive of the most serious results, sick paupers through it either becoming burdens for life upon the rates, or are hurried out of existence. A case has recently occurred in this metropolis which will serve to illustrate our remarks. On Friday last an inquest was held at the Roebuck Tavern, Leader-street, Chelsea, on the body of a child, aged five years, who died of smallpox. An opinion, however, had got abroad that the child had not received during its illness that amount of food which was necessary to sustain the operations of life. Before the coroner some melancholy facts were elicited, which are anything but creditable to the parochial authorities.

It appears that for the last nine months the father of the child, who is a mechanic, was unable to procure employment. Five of his family had at different times been laid up with the smallpox, and the mother, in order to procure food, had been compelled to pawn nearly all the clothes and articles of furniture which they possessed. A fortnight before the child died, upon whose body the inquest was held, the father procured employment; but the medical officer in attendance, finding that the members of the family were without common necessaries, gave the mother an order to go to the relieving officer for some nourishing diet for the sick child. The woman was told that nothing could be done till the next Tuesday, the order being taken on the Friday. When she appeared before the guardians, she was asked if her husband was in work, and how much he earned per week? and being informed that he had recently procured employment, and that his wages were 28s. per week, they refused to hear the poor creature further, and dismissed her without granting any relief. In a day or two afterwards the child died.

From the statement of the mother at the inquest, it appears that the relieving officer never came to the house to examine into the condition of the family, and that, had it not been for the medical gentleman, who kindly gave them money, they would have been without food longer than they were.

It will be seen by this case how trying are the duties of the medical man when called on to attend the sick poor. Not only is he badly paid, but there are such forcible appeals made to his charity that he cannot resist affording to his patients pecuniary assistance. What could this poor family have done without the aid of the surgeon, who, we doubt not, receives but a very moderate salary for his official duties.

We have arguments almost without number to prove that it is not only unjust but impolitic to engage medical men as officers in unions without adequately rewarding them for their labour, and yet no other parochial functionary is so badly paid. Contrast him with the relieving officer, and we shall see at a glance how much better the latter is treated than the former, without a tithe of the risk or labour. The relieving officer has his £100 per annum, and, should he neglect his duty, is defended and applauded by the guardians; while the medical man, for some £20 or £30, is expected to travel over a large tract of country at all hours and seasons. It is really humiliating to think that the members of our profession are placed below comparatively uneducated individuals in poor-law unions.

Every trick is adopted to entrap the *doctor* into service, and chicanery is ever in operation to increase his labours and diminish his pay. A Lynton correspondent informs us that the board of guardians of the Barnstaple union has lately put forth an advertisement, addressed to the members of the medical profession, to induce some of them to become candidates for a union appointment. The handsome stipend of £14. 5s. is promised the surgeon for his work, which sum appears to be so far from remunerative that the last gentleman who held the appointment was compelled to resign, having lost during the year from his attendance on the sick poor more than £20!

Such is the liberality and benevolence of poor-law guardians, that they act as if they cared not how many surgeons were ruined, or how many paupers died. It is imperative on the Government to interfere without delay. If they do not, before long there will be very few efficient medical men found accepting parochial appointments, and those who now occupy them will resign.

We regret that the reporters missed the Chelsea case; it is one which ought to be placed prominently before the public, as it proves the necessity of adequately remunerating medical men for their services, and of prompt attention being paid to their orders. A life has been sacrificed, apparently, through a board of guardians setting at nought the certificate of their medical officer. The jury, we hope, will by their verdict teach them that this cannot be done with impunity.

THE DOINGS AT UNIVERSITY COLLEGE.

Never has the proverb, "that God first deprives of reason those whom he destroys," been more fully verified than in the proceedings of those in whose hands rests the management of the institution known as University College. Founded on declarations of liberal principles and of enlightened views, at a period when those principles and views were in the ascendant—fostered by their advocates, and supposed to be directed by those same persons, at that time the idols of the crowd—the institution has, nevertheless, been a failure and a disappointment—results which the founders have acknowledged with surprise and regret.

It is not our present purpose to inquire into all the causes which have contributed to these results; we shall not with one party say, "See the effects of the absence of religious principles," or with another party shall we ask, "What has been done by those whose opinions render it their duty to aid the institution?" Leaving these and similar questions for the present, we shall more especially direct attention to events which have just occurred; in these we can find more certain elements of blight and destruction than in any machinations of enemies or desertion of fictitious friends.

We have seen recently those on whose goodwill the success, nay, even the very existence of the institution depends—the students—made to feel the deepest disgust at the expulsion of their venerated professor—him whom they proposed at the conclusion of his course to draw home in triumph;—exhibiting an open and unmistakable expression of their feelings towards "the two" professors whom they believed were the cause of his removal. The former students too, since that time, have had no slight indignity cast on them in having one much their junior placed over their heads as assistant-surgeon in the hospital, without the situation being even advertised as vacant. The professors likewise, what must be their feelings, when, struggling against the diminution of their fees brought about by the conduct of some of their colleagues, they see these very men guarding their own pockets by guarantees, or by pluralities? Thus disaffection and disgust are the grand causes of the decline of University College. We have the strongest evidence of the possession and exercise of an unjust and injurious influence, used by some persons and somewhere, for private purposes. This is the accusation which has been made, and has never been rebutted. This is the origin of nearly all the difficulties which beset the path of this unfortunate institution. Suffice it now to say that Dr. Sharpey, whose class fees fall short by more than half of what they were a few years ago, has, as we have already shown, his interests secured by a "guarantee" of £600 per annum, whilst Mr. Quain, whose class fees are diminished in the *same* degree, has contrived to get a second professorship, to which is attached the like sweet emolument.

These things are done, we are convinced, not only without the approval, but against the wishes, the feelings, and the interests of the colleagues of those professors. They are the results of the influence which led to the resignation of Mr. Cooper and to the appointments of Mr. Quain and Mr. Marshall,—changes which have excited out of doors nearly an equal amount of wonder and disgust:—wonder, that the Council of University College should be so blind to their own interests; disgust, that a member of an honourable profession should push his own interests or those of his *protégé* to the extent of injuring if not of destroying the institution to which he is indebted for his present position. We refer now to the propriety of Mr. Quain's "taking" possession of the chair of clinical surgery, while he is already professor of anatomy: his qualifications for this office may, on a future occasion, be made the subject of discussion, when the proceedings of the council, *per se*, are under consideration. Their conduct in passing Mr. Quain over when, in the first instance, Mr. Syme was invited from Edinburgh, and afterwards, when Mr. Arnott was placed before Mr. Quain in hospital rank, and their subsequently allowing him, Mr. Quain, to "take" the chair of clinical surgery,—may be well contrasted, but

with difficulty explained in connection with the subject of his fitness for the office. Again, let us look at Mr. Marshall's appointment—a comparatively junior student, whose chief recommendation seems to have been his connection with Messrs. Quain, Sharpey, and Atkinson, and of "whose surgical qualifications," a contemporary said last week, in puffing the appointments, "we know nothing."

Blindness or insanity can alone explain reckless conduct like this; a self-elective council could alone accomplish it, and a defunct proprietary has, alas! no power to control it. Other professors, men of character and honour, still connected with the institution, have neither the time nor the inclination to mix in such manœuvres, or to struggle against such underhand policy.

Thus an institution, founded to advance the interests of science, to put down close and illiberal systems, is in danger of becoming at last, through internal dissensions, a byword and an object to shun.

JAMES BIRD, ESQ., ON MEDICAL REFORM.

(Continued from p. 260.)

Your object was not to make the operation of the act retrospective?—Certainly not.

Do you believe that the surgeons themselves who may become members of the College of Surgeons of England in future, will be satisfied with those arrangements?—I rather believe they will.

You are aware of the effect this restriction must have?—I am.

A person who registers simply as a surgeon is to be a fellow of the college?—Certainly.

But if a gentleman were to desire to be a member of the college, and to practise as a member of the college, without being connected with the College of General Practitioners, he would not be able to register at all?—He would not be able to register at all.

Neither as a surgeon nor a general practitioner?—Certainly not.

In that case would not the number of persons registered simply as surgeons be very few?—The consulting branches of the profession must necessarily be few, while the majority of the profession must possess a double qualification, their practice embracing medicine, surgery, and midwifery.

Will not the effect of the latter clause, to which Mr. Wakley has referred, be this, that every surgeon, unless he be registered as a fellow, must be qualified by law to dispense or supply medicines?—He must be qualified to practise medicine; we do not consider that general practice consists in dispensing or supplying physic; it is the practice of medicine in its most comprehensive sense.

The power of dispensing and supplying medicines follows from his being registered as a general practitioner; and he must be registered as a general practitioner in order to be qualified to act as a general practitioner?—No person can hereafter become a member of the College of Surgeons, with the privilege of practising, unless he is also a member of the College of General Practitioners.

In other words, possessing simply the diploma of the College of Surgeons, he would not be able to practise at all?—No.

Neither as a surgeon nor a general practitioner?—No.

Did the president and vice-presidents of the college agree to that arrangement?—It is stated here.

Did they appear to understand that that would be the effect of the principles which they had adopted?—It was discussed most amply.

And after the discussion, and a statement of what the effect of such arrangement would be, it was agreed to by them?—It was agreed to by all parties.

The plan of registration which was adopted at the conference was in conformity with the one suggested last year by the president of the College of Physicians?—Yes.

That consists of a registration of the profession in three classes?—I think there would be four.

What would be the fourth class?—The general register.

Will you describe what you consider to be the classes?—The first class is physicians, the second surgeons, the third general practitioners, and the fourth is a recapitulation, an alphabetical list; there would be three classes, but the general practitioner would register in two of them.

Would he be in the second class?—In the second class as well as the third.

Was that agreed to?—It was.

Which would take the lead?—His name would appear in two columns; he would appear as a general practitioner, and he would likewise appear as a surgeon.

You observe it is stated in the passage to which I have already referred, "Those persons shall be entitled to be registered as surgeons who shall have been admitted as fellows or members by the Royal College of Surgons?"—Precisely; I beg to state that the provincial surgeons and the general practitioners were particularly anxious to retain the title of surgeon; no power could divest them of a title legally obtained and paid for; and the consequence was, that a great effort was made on behalf of the general practitioners to get for all future general practitioners the title of surgeons; the title of surgeon properly belongs to the members of the College of Surgeons, and in any arrangement which was intended to be made for the future it was thought necessary that every future general practitioner, in whatever department of the profession he might be, even if he practises as an apothecary and did not undertake surgical operations, should be competent to do so; that the line of practice he might adopt should be left to the individual; but it was considered essential that the general practitioner should be educated to meet all the emergencies of practice.

A person might take out a diploma from the College of Surgeons; but if he were to be registered under that diploma he would require to become a member of the College of General Practitioners?—The College of Surgeons does not institute any examination in medicine; it professes to be a college devoted entirely to the cultivation of anatomy and surgery as a science.

Even under this diploma he could not practise surgery unless he became a member of the College of General Practitioners?—No.

Therefore a gentleman might take out a diploma of surgeon from the College of Surgeons, without being entitled either to register or to practise as a surgeon?—Certainly; the object sought to be attained is the complete efficiency of the class of practitioners to whom the majority of the public must necessarily apply when suffering from accident or disease; to secure this, a special diploma in surgery is not considered to be sufficient, nor is it intended that the diploma of the College of General Practitioners, without a special diploma from the College of Surgeons, should be considered sufficient to entitle the holder to be placed on the register; both diplomas will be required.

Do you wish to make any correction in your former evidence?—I do. I was asked to explain what I meant by the phrase "returned their schedules;" the answer I then gave was, "That from 1500 to 1600 returned their schedules;" I wish to correct that by saying, from 2000 to 3000 returned schedules which had reference to the charter. There were two schedules: the first was the schedule referring to the franchise and constitution, under the heads of charter and laws; the second schedule was sent out, asking whether they were disposed to co-operate in the formation of a national institute; from 1500 to 1600 schedules were returned, stating their desire for the formation of a national institute, but that is a different schedule; and the answer that was given, that from 1500 to 1600 have returned their schedules, does not apply to the first schedule at all.

That answer applies to the second schedule, whereas you applied it to the first?—Exactly.

Have you the first schedule?—This is the schedule.

Is the circular also there?—The circular is there.

The circular and schedule both?—Yes.

Both, I believe, were included in one communication?—In one communication.

Will you have the goodness to read it?—The letter was addressed to every individual member of "The National Association of General Practitioners in Medicine, Surgery, and Midwifery," on the 30th of April, 1845, to this effect:—"Sir, That the committee may be in possession of the most accurate information possible during the pending negotiations, the members of the association are called upon, individually, to declare their opinions upon the subjects of the franchise and of the qualification for membership of the council;" this was the council under the proposed charter; "You will accordingly oblige by placing your signature in the accompanying schedule against those propositions which you wish to affirm, and returning the schedule, under cover, to the committee by the earliest post." Then it states, "A special general meeting of the association will take place on Tuesday next, May 6, at the Hanover-square Rooms, to receive a report from the committee, and to confirm their proceedings; also to receive a return of the opinions from the members of the National Association on the subject of the franchise, and of the qualifications for the membership of council, and to declare the result.—R. R. Pennington, Esq., President.—The chair will be taken at six o'clock precisely."

And then the heads in the schedule?—Yes; this is the schedule.

That is the form of the schedule?—Yes; "Gentlemen, I, being a member of the National Association of General Practitioners in Medicine, Surgery, and Midwifery, hereby beg to record my opinion as follows:—

		Signature.
1. That all members of council, after the nomination of the first council, should be elected by the members of the college whose diploma or licence bears date previous to the day of election.	Five years, as suggested by the Committee of the National Association.	
	Ten years, as suggested by the Apothecaries' Society, and the Manchester Committee.	
	Unrestricted, or for what term of years?	
2. That, after the nomination of the first council, every member of the college should be eligible to be a member of the council whose diploma or licence bears date previous to the day of election.	Twenty years, as suggested by the Manchester Committee.	
	Fifteen years, as suggested by the Apothecaries' Society, and the Committee of the National Association.	
	Ten years.	
	Unrestricted, or for what term of years?	

"I am, gentlemen, your obedient servant." Then there is a blank left for the signature, which the party applied to was to sign. It is addressed, "To the Committee of the National Association, 294, Regent-street, London." "*Nota bene*,—It is important that this schedule be returned to the committee by the earliest post." Of those schedules, from 2000 to 3000 were returned. The details are given in the reply to question 1067.

(To be continued.)

GOSSIP OF THE WEEK.

War-office, August 22.—42nd Foot: Assist.-Surg. Robert Henry King, from the Staff, to be Assist.-Surg., vice William Henry Macintosh, who resigns.—77th Foot: Assist.-Surg. Christopher Macartney, from the 88th Foot, to be Assist.-Surg., vice Manifold, appointed to the Staff.—88th Foot: Acting Assist.-Surg. Fergus Kerin, to be Assist.-Surg., vice Macartney, appointed to the 77th Foot.—To be Assist.-Surg.: Staff Assist.-Surg. John James Clifford, M.D.—Hospital-Staff: Assist.-Surgeon Michael Fenton Manifold, from the 77th Foot, to be Assist.-Surg. to the Forces, vice King, appointed to the 42nd Foot. Acting Assist.-Surgeon Frederick York Shegog, M.D., to be Assist.-Surg. to the Forces, vice Clifford, appointed to the 96th Foot.

Royal College of Surgeons.—Gentlemen admitted members on the 18th inst.:—Messrs. S. W. Aldred, R. H. Hotham, G. B. Sweeting, R. W. Gillespie, J. G. Thompson, F. G. Copestake, C. B. Bassans, J. Stevenson, W. E. E. Reynolds, W. A. Jacob, B. E. Holwell, D. Asbury, J. H. Jerwood, and W. Naismith.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, August 17:—Draper Mackinder, Barton-under-Needwood, Stafford; George Robert Cubitt, Norwich; Frederic Charles Cony, London; John Seager Gundry, London; George Grayling, Sydenham.

The British Association.—The proceedings of the British Association for the Advancement of Science commenced at Swansea on Wednesday week, with the holding of a general committee, Sir Robert Harry Inglis, Bart., M.P., in the chair.—The general report of the Institution was read by Professor Phillips; and the report of the Kew Observatory by Lieut.-Col. Sabine, R.A. The first general meeting of the society was held at the great room in Park-street, on Wednesday evening. Sir Robert Inglis vacated the chair, which was taken by the Marquis of Northampton, who delivered his inaugural address, and the company separated. On Thursday Sir Henry De la Beche presided in the Geological Section, at which several instructive papers were read, including one from Professor James Buckman. The ordinary at the assembly-rooms was attended by upwards of two hundred gentlemen. In the evening, Dr. Percy delivered a discourse in Park-street Chapel, on the metallurgical operations of Swansea. The association concluded its proceedings at Swansea on Saturday. The report of the treasurer showed the number of tickets issued at the recent meeting to be 847. It was announced that the next meeting would be held in September, 1849, at Birmingham, to which place Lord Northampton invited their attendance.

Precautions Against the Spread of Cholera.—The Government have determined to take every precaution to prevent the cholera from spreading to our shores in the event of any cases occurring in ships afloat. They have ordered the Benbow and Devonshire, old line-of-battle ships, to be immediately prepared as hospital ships to receive cholera patients from merchant vessels; and another ship, the Iphigenia, is also to be fitted as a cholera hospital ship, should necessity require additional accommodation.

Warned of the approaching cholera, the authorities at Manchester have resolved to establish cholera hospitals, with a medical staff for the attendance of patients in their own homes.

Malta, August 12.—The gradual approach of the cholera seems to have put the medical authorities, as well as those at the head of the health department, on the *qui vive*, and the most active measures are now being taken to keep the city clean, after disinfecting the houses of the poor of all matter of a tendency to create disease.

The Cholera in Egypt.—Alexandria, August 1.—The cholera has broken out throughout all Egypt with more or less intensity. It made its first appearance about the middle of last month in a town of the Delta, called Tantah, where an immense number of people, amounting to about 165,000, were assembled in pilgrimage from all parts of Egypt and Syria to celebrate the festival of a Mohammedan saint. In Cairo during the last week there have been about 300 cases daily; here, about 120; in most of the villages on the Nile there are daily cases, and it is much feared that the number will materially increase during the present month of Ramadan, which began yesterday, when the natives fast all day and commit excesses during the night. Before the people dispersed at Tantah, it is said that there must have been upwards of 3000 deaths from this disease. Ibrahim Pasha, who was expected to have shown more courage, took fright on the appearance of the cholera, and has sailed for Rhodes in a line-of-battle ship, taking with him the whole of the Egyptian fleet; Abbas Pasha, the Governor of Cairo, who is next in authority to Ibrahim Pasha, has taken refuge in Upper Egypt, so that the country is left to take care of itself. On the first outbreak of the cholera measures of quarantine were strictly enforced, but they have since been abandoned as useless; no quarantine whatever is now performed, and arrivals from Constantinople are admitted to free pratique. A great many of the European residents are leaving the country, and trade, which was before in a most languishing state, is now entirely stopped. Travellers to and from India are to traverse the country with as little contact as possible with the natives, and instead of passing through the city of Cairo they will start for Suez direct from the river's side. A new iron steamer, intended for the navigation of the Nile, arrived here yesterday, sent out from England by the Peninsular and Oriental Company. Mr. F. N. Gilbert, our newly-appointed consul, has arrived here, and his commission was publicly read to the British residents this morning.

Alexandria, August 9.—The cholera continues to rage with intensity in the town, and from 250 to 300 deaths are reported daily: the last two days, however, it has been on the decrease. Hospitals have been established in various parts of the town for those attacked by the epidemic, and medicines are distributed gratuitously to those who apply for them; but the proportion of those who recover is very small.

The Cholera.—A letter from Abo, in the Grand Duchy of Finland, dated the 1st inst., states that the cholera had appeared in that town for the second time on the 26th of July; 52 persons had been attacked, of whom 25 have died and 11 have recovered. Further accounts state that that fatal malady was making great ravages in Czernowitz, in Austrian Galicia. The inhabitants were quitting the town to take shelter in the mountains.

The French Government is adopting measures of precaution against the invasion of cholera. It had ordered for publication all the information forwarded by the physicians sent to St. Petersburg, to study the malady and the most efficacious means of preventing or curing it.

The Cholera at Berlin.—According to the official report the number of persons attacked with cholera symptoms since the 31st ultimo had not exceeded sixteen. Of these, however, fourteen had died; an enormous proportion. Up to the present moment no great apprehensions are manifested, and many of the medical men present are declaring the disease to be violent dysentery, and not Asiatic cholera. People are commencing to be more careful in their diet, and to indulge less in cucumbers, salads, and fruit, which are usually devoured in large quantities at this season. Fewer yards of white beer are also engulfed. Red wine instead of white is also recommended. In the hospitals camphorated frictions and every effort to produce perspiration are employed as soon as possible. Ice in the mouth is also made use of.

Mortality of Edinburgh and Leith for July, 1848.—The mortality of Edinburgh during the month of July amounted to 286—151 being males, 116 females, and 19 still-born. The mortality of July, during the three years 1845, 6, and 7, was respectively 337, 373, and 565. The mortality of Leith during the past month amounted to 76—30 being males, 42 females, and 4 still-born. The mortality of July, during the years 1745, 6, and 7, was respectively 36, 86, and 57. The mean temperature during July, 1848, was 57·88 degrees Fahr., being 3 and 3-10ths lower than the mean temperature of July last year. The range of temperature amounted to 44 degrees (or 3 degrees more than the range during July, 1847), 82 being the highest and 38 the lowest degrees noted in the shade during the month. The quantity of rain which fell amounted 1·36 inches, being within a hundredth part of an inch of the fall of rain during July, 1847. The prevalent winds were from the west, these blowing altogether 21½ days. After a period of unusual mortality, Edinburgh has attained a degree of healthfulness which it did not even reach during the very healthy year 1845. During that year the deaths, excluding still-births, averaged 10½ daily; but during the past month they only averaged 8½ daily. Typhus fever continues to decline in fatality, the deaths therefrom during July being, in Edinburgh, 13 fewer than during June. Scarlet fever still continues prevalent among childrem, but it is almost the only epidemic and contagious disease among them at present, measles and hooping-cough being comparatively rare. Bowel complaints have been very prevalent during the past month, but few have proved fatal; and the fatality of all other diseases is below the average of former years. In Leith the mortality has been kept above its standard by the continued prevalence of scarlet fever, which rages to a much greater proportionate extent than in Edinburgh. This is evinced by the fact, that during July scarlet fever has cut of 18 out of its small population of 27,000 inhabitants, whereas in Edinburgh, during the same period, only 19 have died from the same disease out of 140,000.

Central Criminal Court, August 22.—Old Court.—(Before the Recorder.)—Mr. Clarkson said he had to make an application to the court of rather an unusual character, but which he trusted under the peculiar circumstances would be acceded to. He was instructed to apply on behalf of two women, named Mary Anne Spry and Mary Anne Dore, who were charged with the offence of murder by poison, that the court should make an order that Mr. Taylor, the analytical chemist, should have an opportunity of examining the contents of the stomach, and also the stomach itself, of the child who was alleged to have been poisoned. At present the stomach, &c., were partly in the custody of the inspector of police, and partly in the custody of other professional men, who had already made an analysis of it and given evidence upon the subject. The prisoners believed it would be most important for them that Mr. Taylor, whose skill in these matters was well known, should have an opportunity of analyzing the stomach; and as Mr. Taylor, in a letter which he held in his hand, stated that he could not make a satisfactory examination except at his laboratory at Guy's Hospital, he now had to apply to the court for an order to that effect.—The Recorder said, the application was certainly an unusual one, and he almost doubted whether the court had jurisdiction in the matter; but in furtherance of public justice he considered the application ought to be granted. At the same time he thought the stomach, &c., ought not to be taken altogether out of the custody in which it was at present, but that the other professional men should have a joint possession and be present when the fresh experiments were made by Mr. Taylor.—Mr. Clarkson said, that the character and position of that gentleman were sufficient guarantees that nothing improper would be done.—The Recorder was quite aware that Mr. Taylor's evidence would be above suspicion; but, as he might differ in opinion with the other professional gentlemen as to the condition of the stomach, it would be more satisfactory to all parties that they should be in attendance when the experiments were made.—An order to that effect was then directed to be made out.

The Health of Towns Bill has passed both the Lords and the Commons. The smoke-prevention clause, introduced by the Lords, having been struck out by the Commons, the Upper House gave a reluctant assent to the omission.

It is a curious fact that the most carnivorous quadrupeds are more averse to devouring women than men. The bears of Kamschatka follow the women while gathering wild flowers into the woods, and, though most rapacious animals, seldom do more harm than robbing them of their fruit.

Physic and Divinity.—The Medical Society of Connecticut have resolved to abolish the old custom of rendering medical service to clergymen gratuitously.

It is stated that there are 14,328 deaf and dumb persons in Great Britain.

The number of wounded in the insurrection of June still lying in the hospitals of Paris on the 18th amounted to 392.

An inquest was held in London, on Friday, on a young man who had died suddenly. The case was stated by the medical witness to be one of cholera. Both the medical gentlemen advised a free use of spices, especially cayenne pepper, and that the stomach be well supplied with good wholesome food.

Obituary.—July 29, of fever, at Rosrea, H. Powell, M.D.—On the 3rd inst., at Woodford, Essex, aged 70, Thomas Morgan, Esq., surgeon.—On the 4th inst., at Great Malvern, Alexander Nasmyth, Esq., F.R.C.S., late of London.—On the 20th inst., Alexander Young, M.D., Tranent, second son of the late William Young, Esq., merchant, London.

MORTALITY TABLE.

For the Week ending Saturday, August 19, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	1019	972
Specified Causes...	999	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	384	257
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	35	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	109	120
Diseases of the Lungs, and of the other Organs of Respiration	80	80
Diseases of the Heart and Blood-vessels.....	28	28
Diseases of the Stomach, Liver, and other organs of Digestion	75	79
Diseases of the Kidneys, &c.	11	8
Childbirth, Diseases of the Uterus, &c.	5	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	7
Diseases of the Skin, Cellular Tissue, &c.	..	1
Old Age.....	29	50
Violence, Privation, Cold, and Intemperance.....	27	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

TO CORRESPONDENTS.

"An Old University College Man" informs us that the professor of materia medica is the next victim to the clique at University College. We knew that plotting to evict the venerable gentleman had been commenced, but we hope that the salutary exposure of such proceedings in our pages will shame the "professors" from proceeding further in this case.

"Yes, Sir! but what shall we do with Old Samivel?" is under consideration.

"M." remarks "that although Mr. Morton was not allowed to assist Mr. Cooper, on the plea of such assistance giving him a claim on the chair, Mr. Ellis has been appointed to assist Mr. Quain as professor of anatomy, and has even had the title of assistant professor conferred on him! Another proof of the undue influence at work."

"An Artist."—We are quite aware that the demonstratorship was promised to the gentleman named, although afterwards given to another. The beauty and correctness of the plates constitute the chief value of the work. Is there no jealousy in consequence?

"Mr. Mayne."—The case was recorded in "The Dublin Quarterly."

"Delta."—The diagnosis was most probably correct, as the disease referred to is neither attended with palpitation, dyspnœa, nor irregularity of the pulse.

'Langdon."—The treatment consists in completely dividing the nucleus by means of a subcutaneous puncture, taking care not to injure the internal surface of the skin. In this operation the most suitable instrument is either the dart-pointed director or the double-edged spear-pointed is botury.

"Henry B."—It depends upon the nature of the agents used.

"Mr. Camps."—The communication is an advertisement.

"A King's College Student."—The viscera named are affected by a large class of both medical and surgical disorders. We are not aware of any single work including all their special affections.

"M. D."—The strictures on certain London schools are too severe for insertion. Our correspondent appears to write with a very bitter spirit. If the facts be placed before us in a form with which we can deal they shall be inserted.

"A Member."—We do not know.

"A Medical Student."—We have made inquiries on the subject, and we doubt the accuracy of the statement.

"Beta" is thanked for his note, which will be of no service to us.

"A Rural Subscriber."—We must be furnished with all the circumstances before we can pass an opinion or make a promise.

"An Old Contributor."—There must be some mistake in the hospital report sent. Probably our correspondent will again communicate with us during the course of the week.

"A Cambridge Undergraduate."—Yes; and the opinion of Dr. Jenner seriously affected the popularity of his discovery at first.

"A Young Reader."—The particulars may be learned by applying at the College of Surgeons.

"Ajax."—Phloridzine is a peculiar principle found by Stass and De Rominek in the bark of the roots of the apple, pear, and cherry trees.

"Joseph."—A copy of the agreement in question should have been sent us.

'Philos."—The founder of the hospital we believe is living; but with whom the medical appointments rest we cannot say.

"Cato."—A list of the certificates had better be sent to the secretary of the College of Surgeons, who will inform our correspondent if they will be accepted by the examiners. We think they will not.

"Mr. Knight."—1. Yes. 2. Yes. 3. There is some doubts on the subject.

"Veritatem Peto" wishes to be informed of the difference between legitimate medicine and quackery. Perhaps some of our readers will be kind enough to enlighten our correspondent.

"An Old Practitioner."—The dose is generally from an ounce and a half to two ounces during the twenty-four hours.

"Mr. Brookman's" "Case of Phagedenic Ulceration" has been received.

"Medicus, Edinburgh."—We shall be glad to receive the papers.

"M. F. G., Trinity College, Dublin."—We will attend to the request.

"P. P. P."—It is not true.

"Omega."—We have no room at present for our correspondent's remarks on the potato disease.

"Curiosity."—It is said to be employed in China in the manufacture of bread, and in India in the preparation of alcoholic drinks.

"Chirurgus."—We believe so.

"Viator."—It is uncertain.

"A Union Surgeon."—We think the plan proposed by our correspondent is, upon the whole, a good one. It is better not to publish at present. A private communication shall be forwarded in a few days.

"An Old Friend, Leeds."—We are obliged for the compliment.

"Dr. Marlin" is thanked for his letter.

"Fair Play, Bow."—Sufficient notice has been taken of the matter.

"Discipulus, Worcester."—We do not know of any institution in London where standard medical works are lent to practitioners residing in the country.

"A Physician, London."—Foreign graduates are required to pass an examination before they can be elected fellows in the Edinburgh College of Physicians; but a fellow may move, that a candidate with a foreign degree be admitted without examination. If the motion be seconded, it is considered at the next quarterly meeting, and a majority of three-fourths of the fellows present is necessary to carry it.

"Veritas."—The nuisance, evidently so injurious to health, can be removed by the authorities.

"Psychologist."—M. Esquirol found that the moral causes inducing insanity were as four to one, as compared with the physical causes.

"Hopeful."—The rate of half pay for a medical officer of the army is determined by the service he has rendered upon full pay, and the circumstances under which he may be placed on half pay. Our correspondent had better apply to the Army Medical Board for the information he seeks in the other question.

"N. W."—We have frequently adverted to graveyard nuisances. The facts stated by our correspondent are interesting.

"A Subscriber from the Beginning."—Not at the pleasure of the candidates, but of the examiners, at the College of Physicians.

"An Assistant."—Communication received.

"Chemicus."—The combining proportions are not exactly known.

"Galen."—The fees cannot be recovered.

"B. A."—It appears to be one of those cases to which no effective remedy can be applied.

"An Auditor."—We do not know the address.

"N. B., Lymington."—Chelius, translated by South.

"A Member of the College."—The Society of Apothecaries will not prosecute.

"A Steadfast Supporter."—We cannot promise that the paper will be inserted next week.

"P. G."—The question is one which ought to be submitted with a fee to some medical practitioner.

"Mr. C. P. Fitzgerald, Marlborough."—The communication arrived too late for insertion this week.

"Mr. G. Hepworth, Staunton," writes as follows in reference to a case, the symptoms of which closely resembled Asiatic cholera:—"A man named William Lane, aged eighty-two, residing at Corse, in the county of Gloucester, came under my care on the 18th of August, stating that he had been suffering from diarrhœa for several days. The following day I was summoned to him hastily, and found him with all the symptoms of malignant or Asiatic cholera, viz., frequent vomiting and dejections of gruel-like matter; lividity, coldness, and severe cramps of the extremities; insufferable sensation of weight at the præcordia, hurried respiration, alteration of voice, and great prostration of strength. The next morning all these symptoms had become aggravated: the countenance was collapsed, the whole body livid, no pulse could be detected at the wrist, the tongue was cold, and copious hemorrhage from the bowels took place. Calomel, opium, stimulants, &c., were administered, heat applied to the surface, &c.; but nothing appeared to exercise the slightest control over the disorder, and on the 20th he sank, his faculties having remained unimpaired to the last. I should state that, although of so advanced an age, my patient was a hale and hearty man, and competent to daily work as a labourer.

"Mancuniensis."—1. Yes. 2. No difficulties on reaching Paris. 3. No fees demanded. 4. October.

"Mr. Wm. Brown, Callington," suggests that, should the cholera come into this country, creasote should be fairly tried:—"All medical men know its powerful antiseptic properties; also its power in certain cases of vomiting. We are likewise daily aware of its signal efficacy in arresting the most violent pain, when applied locally to the diseased pulp or nerve of a decayed tooth, &c. I have seen it strikingly successful in cases of sporadic cholera.

"Mr. Plimmer."—Communication received.

"A Member of the Royal College of Surgeons."—We know not how a practitioner assuming a professional title which does not belong to him can be punished except by our correspondent and others making known the deception.

"Mr. Jackson, Long Clawson, Melton Mowbray."—Communication received.

"A Northern Poor-law Officer."—We will endeavour to find room for the letter next week.

"Mathetes."—1. Yes. 2. We do not exactly understand the second question.

"Mr. Jno. Johnstone, 45, Ann-street, Birmingham."—The persons, we have reason to believe, are quacks. If they practise medicine under fictitious titles they can be prosecuted for infringing the Apothecaries' Act.

"Amicus."—Persons with foreign diplomas obtained by purchase will not be recognised as physicians by the London College.

Letters and communications have also been received from An Old University College Man; M.; An Artist; Mr. Mayne; Delta; Langdon; Henry B.; Mr. Camps; A King's College Student; M. D.; A Member; A Medical Student; Beta; A Rural Subscriber; An Old Contributor; A Cambridge Undergraduate; A Young Reader; Ajax; Joseph; Philos; Cato; Mr. Knight; Veritatem Peto; An Old Practitioner; Mr. Brookman; Medicus, Edinburgh; M. F. G., Trinity College, Dublin; P. P. P.; Omega; Curiosity; Chirurgus; Viator; A Union Surgeon; An Old Friend, Leeds; Dr. Marlin; Fair Play, Bow; Discipulus, Worcester; A Physician, London; Veritas; Psychologist; Hopeful; N. W.; A Subscriber from the Beginning; An Assistant; Chemicus; Galen; B. A.; An Auditor; N. B., Lymington; A Member of the College; A Steadfast Supporter; P. G.; Mr. C. P. Fitzgerald, Marlborough; Mr. G. Hepworth, Staunton; Mancuniensis; Mr. Wm. Brown, Callington; Mr. Plimmer; A Member of the Royal College of Surgeons; Mr. Jackson, Long Clawson, Melton Mowbray; A Northern Poor-law Officer; Mathetes; Mr. Jno. Johnstone, 45, Ann-street, Birmingham; Amicus.

No. 466. **SUMMARY.** SEPT. 2.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 283

ORIGINAL CONTRIBUTIONS—

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by G. CORFE, Esq. .. 285

An Account of a Case of Spasmodic Cholera successfully treated by the Use of the Spirit-Vapour Bath, and Stimulating Cataplasms to the Spine, with Remarks by F. A. BULLEY, Esq., Surgeon to the Royal Berkshire Hospital, Reading..... 286

Observations in the Paris Hospitals after the Revolution of June, by C. KIDD, M.D. 287

Emphysema of the Neck as a Termination of Hooping-cough, communicated by W. BIRD HERAPATH, Esq. 289

HOSPITAL REPORTS—

Hopital St. Pierre—Practical Remarks on Phagedenic Chancres, and on Buboes from Absorption 289

Perforation of the Duodenum, communicated by R. Gillard, M.D. 290

LEADERS—

The Necessity of Civil Surgeons Studying Gunshot Wounds 291

The Decline and Fall of University College..... 292

Neglect of Government to employ suitable Measures against the Invasion of the Cholera 293

The National Institute and Medical Reform 293

Report of the National Institute on the Present State of the Medical-Reform Question..... 294

The Poor-law Medical Convention 295

Poor-law Surgeons and Relieving Officers..... 296

The Midwifery Case at Marlborough..... 296

Foreign Graduates and the Royal College of Physicians at Edinburgh—Examination for the Fellowship 296

Poor-law Medical Officers 296

Poor-law Medical Remuneration 296

Books received during the last Month..... 297

GOSSIP OF THE WEEK..... 297

Royal Orthopœdic Hospital..... 297

Influence of Russian Vapour Baths on the Cholera 297

Mr. Baggs's Lectures on Cholera 297

MORTALITY TABLE 298

TO CORRESPONDENTS..... 298

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 264.)

SKETCH OF THE HISTORY OF THE DARK RACES OF MEN—CONCLUDED.

I am disposed to ascribe to the element of race a circumstance which has occurred oftener than once in the delivery of these lectures to various institutions — literary, scientific, and popular. The attention of the audience could not be so completely secured as when I spoke to them of the fair races. It seemed to me again a question of race. What signify these dark races to us? Who cares particularly for the Negro, or the Hottentot, or the Kaffir? These latter have proved a very troublesome race, and the sooner they are put out of the way the better. I will not say that this was expressed, but I think it was understood; it seemed to be felt that black and coloured men differ very much from fair men, like ourselves. This is the world's sympathy: they are good enough people, but not of our kind. Practically all men believe in the element of race; it is denied only theoretically; thus theory and practice seldom coincide: profession is not conduct; fair words do not always imply straightforward actions. Even the daily press, so powerful an agent for the exposure of such hypocrisy, must look to those who support it; Negroes and Red Indians, Hottentots and Kaffirs, neither read nor pay for daily journals.

On referring to the lectures on the dark races of men already published, I find that, in accordance with the plan laid down of confining myself to a mere sketch of the vast subject discussed, but little remains supplementary to what I have already stated. Avoiding as much as I can all tedious systematic methods, wearisome and nauseous as they often are, and both pedantic and erroneous when employed in the discussion of facts, whether moral or physical, of which we know so little, I shall, notwithstanding, endeavour to arrange under a few heads the remaining part of this discourse.

PHYSICAL CHARACTERISTICS.—The anatomical structure of the dark races of men is but imperfectly known; I may venture to say it is not known at all. The details have not been observed and described by anatomists of reputation: few anatomists go abroad to sojourn in tropical countries, and opportunities for the dissection of the dark races are comparatively rare in the seats of learning and science in Europe. The Hottentot Venus, who died in Paris, was examined there, and some most distinguished men took part in the examination. But I can find no detailed account of the structures deserving the name of a report. It is known that the Hottentot and Bosjeman race have, in as far as regards the female, the reproductive organs singularly formed; but these singularities are thought not to be peculiar to these races. I speak of them as somewhat different to each other, though strongly affiliated. In this respect I do not quite agree with my most esteemed friend Dr. Andrew Smith, the first of all authorities, however, in respect of the natural history of extra-tropical Southern Africa.

Were the examinations conducted on a more extended scale, I have every reason to believe that many other differences in structure would be found to exist. The nasal bones are narrow and short, they usually coalesce; the ascending branches of the upper maxillary bones are broad, and the breadth between the eyes correspondingly remarkable. The power of vision is most admirable, but it is lost by a single cross with the white race. So also are the elastic fatty cushions over the glutei muscles and on the haunches generally, so characteristically marked in the Hottentot Venus. If my memory be correct, it was M. de Blainville (my illustrious teacher, the first comparative anatomist of the present age) who pointed out the existence of similar elastic fatty cushions over the deltoid muscles, which he no doubt observed in the Hottentot Venus. I did not remark them sufficiently when in South Africa, but I do not question the fact of their occasional presence. The truth is, that such peculiarities are by no means universal amongst the race—at least so it appeared to me; and the same remark may be made, I think, in respect of the still more striking peculiarities of the reproductive system. Many other curious circumstances might here be added, from my personal knowledge of this race, the yellow, pigmy race of Southern Africa, but they would not compensate for the absolute want of scientific details, which no scientific man has yet furnished. Neither literature nor science can flourish in the colonies, and the disposition of the British Government is opposed to the true cultivation of science. Its utility, which is indeed often remote, is questioned by the utilitarian practical Government of a utilitarian practical race, looking directly and intently at immediate results and material interests. Accordingly, no attempt that I know of has ever been made to ascertain the extent of the Hottentot and Bosjeman race towards the north, that is, into the interior of Africa; a problem surely worthy a solution, for no more singular race of men exists on the earth than the Hottentot race.

The first Kaffir crania transmitted to Europe were by myself, and I may claim, I believe, the merit of having first pointed out to the learned of Europe the true nature of this fine race. They are not Negroes, but yet their skulls are not well formed,—they are deficient in elevation and in breadth. They differ vastly from the Hottentot, to whom, indeed, they bear no resemblance whatever, although it is quite possible that intermediate races between them may be found on the Gariepine streams or even in the Calihari Desert. Everything is mystery here.

Their limbs are of great strength, but not their arms, and their elongated narrow foot can at once be distinguished from all others. Let us hope that some scientific man will favour mankind with a correct history of the race before their final extinction. When Hanno the Carthaginian led his great colony along the shores of Africa, on the west, they met with beings so curiously made, covered with hair, that the Phœnician general was anxious to carry specimens of this race (of men?) to Carthage. Three were seized—females; but they proved so troublesome to the Carthaginians that they were forced to slay them, and carry their stuffed skins to Carthage, where no doubt they were looked on as great curiosities. Let us hope, for the honour of humanity, that these women, so named by Hanno, were not women, but chimpanzees, which still exist on that coast.

I have seen lately in England the stuffed skin of a Hottentot woman, a great curiosity, no doubt. Now, as the Kaffirs will in probability soon become extinct, it might be worth while to adopt this method of preserving a few specimens of the race. The stuffed skin of poor Hinsa, the noblest of the Kaffir nation by birth and courage, who was killed (Lord Glenelg, if I recollect right, seemed to think murdered) on the Kei, might have figured in the British Museum, forming an exciting object of attention to the sight-seers of London. But to return.

The scientific history of the Kaffir race is still to write.

2. A very general belief has prevailed from the days of Hippocrates, and long prior, no doubt, that by artificial means the form of various parts of the human body, the general shape itself, may be permanently altered. Stating the circumstances from recollection connected with this subject, I would observe that it was Hippocrates who said that the Macrocephali inhabiting the shores of the Black Sea applied pressure to the head, altering its form considerably, and producing a deformation which continued with the life of the individual. But Hippocrates, if my memory be correct, went still further than this; he allows that the practice of thus improving the form of the head had been long discontinued in his time, but that, from being originally an accidental or artificial deformation, it had become *congenital*, no longer requiring artificial means for its production. Theories like these merit little or no attention, whether invented by Hippocrates or by a less skilful hand. The same story has been told in modern times of the Carib of the West Indies; also of the Chenook; but I have seen crania from the isles of the Southern or Pacific Ocean, if possible still more depressed even than those of the Chenook, or inhabitant of the banks of the Oregon. The natives of these countries imagine that by applying a bag of sand to the forehead of the infant at or soon after birth, and by maintaining it there with compresses, they may thereby increase to an extreme degree the flatness of the forehead natu-

ral to their race. Now, it is just possible they may do so in a slight degree, but even this is doubtful. The American race has the forehead depressed naturally; it was the same with the Caribs, a race of men nearly extinct. When we speak of the American tribes or nations being all of one race, we merely state a probability; there may have been several, though strongly affiliated races; much information is still wanting on this point.

Accident placed in my hands, a few years ago, a memoir by a distinguished French anatomist, whose name I, at this moment, cannot recollect, unless it be M. Foville. The object of the memoir was to prove that the practise, still it appears prevailing in some parts of France, of swathing the head of the infant immediately on birth was a pernicious one, calculated to give rise to malformation of the cranium, and consequently of the brain, injurious to the health and intellects of the sufferer. The kind of malformation observed by him consisted in a remarkable depression, extending over the vertex, in the region of the parietal bones, sometimes more than an inch and a half or two inches in breadth, and obviously corresponding to the place over which the nurse or parent had placed a tight fold of the bandage. But it is difficult to imagine such results to flow from such a cause, for to it M. Foville traces many cases of idiocy and dementia. This form of head is by no means uncommon; I have described it in my "Physiological Lectures" some years ago; I have met with it frequently during life, but never could observe the idiotic state of the person as its accompaniment. This distinguished anatomist and observer must, I think, be mistaken in his views respecting this form of the head. It is the theory of Hippocrates, with some additions. No deviations in form, even when they can be produced, can ever become congenital or hereditary. Let the Chinese foot bear witness to this fact. For thousands of years has this non-progessive race been endeavouring to destroy the form of the foot in Chinese women, without any success further than the mutilation of the individual: nor has the act of marriage permanently altered the form of woman. *Expellas naturam furca, tamen usque recurrat*, is the pithy and true saying of Horace, verified from all antiquity.

The fragments existing respecting the physical structures are few, and in many cases not to be depended on. Those which have been observed are in most instances reducible to the laws of imperfect development, as partly understood by Harvey and the anatomists of his day, but best explained by the continental anatomists —Bojanus, Oken, Spix, and others. Thus, the fold of integument we observe in many persons, and particularly in the young, towards the inner angle of the eye, I have thought to be much more frequent and much larger in the Hottentot and Bosjeman than in the European. It has been also described as present universally, I think, by a careful observer, Mr. Edwards, amongst the Esquimaux, from whose interesting account of the race I make the following quotation: —

"I may here remark, that there is in many individuals a peculiarity about the eye amounting, in some instances, to deformity, which I have not noticed elsewhere. It consists in the inner corner of the eye being entirely covered by a duplication of the adjacent loose skin of the eyelids and nose. This fold is lightly stretched over the edges of the eyelids, and forms as it were a third palpebra of a crescentic shape. The aperture is in consequence rendered somewhat pyriform, the inner curvature being very obtuse, and in some individuals distorted by an angle, formed where the fold crosses the border of the lower palpebra. This singularity depends upon the variable form of the orbit during immature age, and is very remarkable in childhood, less so towards adult age, and then, it would seem, frequently disappearing altogether; for the proportion in which it exists among grown-up persons bears but a small comparison with that observed among the young."

The deformity here described exists probably in every human fœtus, and its continuance in after life is, therefore, a mere persistence of a fœtal or embryonic form. The fold of integument does not correspond, however, is not the analogue nor homologue of a palbebra or third eyelid; the third eyelid exists in all animals, being quite rudimentary, though sensibly present, in man, whilst it attains its maximum of development in the bird.

There are appearances in the reproductive organs in some dark races indicative of a persistence of fœtal forms to the adult or mature age.

The Chinese, Mongol, Calmuck, and Tartar, and all or most of those tribes and races which either inhabit the vast steppes of Asia, extend over the Himilayan range, or wander by the shores of the icy seas northward from Siberia, from the north of the Obi to the furthest land claimed in Asia by the Muscovite; of these races the Mongol was once the most powerful; his reign was that of terror and desolation for the rest of mankind. Twice, I think, he overran a great portion of the then civilized world; penetrated into Europe, and then retired. What has become of the vast races of the swarthy Mongol, whose tented field resembled a noble city? How were they destroyed? Why have they all but ceased to be? A few hundred years ago they once more threatened the liberties of mankind; now, absorbed as a mere item in the Muscovite's territories, they claim no separate distinction as a power. China, which is also occupied by a Mongolian race, must one day follow; the contest for its possession will probably lie between the Muscovite and the Australian, for by that name no doubt will its Anglo-Saxon inhabitants be soon known, when, like our sons and brothers in the Western World, they throw off our allegiance and set up for themselves. As a great and free and a democratic nation, as no doubt they will be, they will dispute Japan, and even China itself, with the Muscovite. The fate of the rest of the Mongol race is settled: Sarmatian or Saxon the Celestial Empire, and its sister of Japan, must one day become. But it will not be English: it will be Australian, and belong to the Anglo-Saxon population of Australia. How speedily does the Anglo-Saxon show his real character when relieved from the pressure of the Three Estates. In America he will not allow a black man to be a free man; in Australia he deems him entirely below his notice; in Tasmania he swept him, and at once, entirely from the land of his birth. No compunctious visitings about the "fell swoop" which extinguished a race.

A few years ago it was the fashion to speak of the vast population of China—300,000,000 or more; its armies, too, were described as immense; its resources ample. Now mark what happened. A Saxon nation of about twenty-two millions of population, and having a disposable force of a few thousand men at the most—never able to bring into the field, unaided by allies, a force entitled to be called an army—quarrels with this said Celestial Empire of three hundred millions, having at its disposal, as was said, an army of four or five millions of men. The result of this pretty little quarrel between the smugglers (English) and the inhabitants of the Celestial Empire is, that the former send a handful of *European* troops in ships some thousand miles across the ocean. This handful of troops, which could not have marched twenty miles inland from Boulogne without destruction, meets with no effectual resistance. It seizes the second city of their empire, and was prevented taking and plundering the capital itself merely by a bribe of six or seven millions of money,—the silver we had paid them for tea.

In the meantime the army of five millions never appeared; with the greatest difficulty (as was evident, seeing that their very capital city and political existence was threatened) they never mustered more than thirty-five thousand men; this was their largest army, and it was easily defeated by half their numbers. Surely it is time for geographical and other writers to leave off the extravagancies they have been in the habit of publishing in regard to China and Japan. In a sheet just published here in London, called "The World as it is in 1848," the authors have reduced the three hundred millions to one hundred and ninety-eight millions. How able statisticians are! They will undertake to prove you almost anything. But it may be as well to reduce their population of China by another odd hundred millions or so; for assuredly either the central provinces of China are deserts or the central Government is without strength. It is impossible to come to any other conclusion but one of these. That the most ancient nation on the earth; the most populous; with a population exceeding that of Europe; reported to have been highly civilized for nearly three thousand years; productive, rich, should yet not be able to muster forty thousand men to defend its capital from the invasion of a few thousand "barbarians," as they are pleased to term us, is altogether incredible, excepting on the suppositions I have made. But now, having mentioned the term civilization as applied to China, let us consider what it may amount to amongst a Mongol race.

Long prior to the Christian era the race inhabiting China, Nepaul, and many adjoining territories, were acquainted with the magnet, the art of printing, the making of gunpowder, and with most useful domestic and mechanical arts, yet they never could turn any of these inventions to any great account. On the contrary, they remained stationary, whilst the Greek and the Roman, following the Coptic, and next the modern European, successively arose, culminated, and, with the exception of the last, terminated. In the meantime China appears to have been completely stationary; she neither invented nor discovered; their arts must have belonged to some other race, from whom she borrowed without rightly comprehending them. Their religion is a puzzle; their morals of the lowest; of science they can have none, nor is it clear that they comprehend the meaning of the term. A love for science implies a love of truth: now truth they despise and abhor. I do not believe there is an individual Chinaman who could be made to comprehend a single fact in physical geography. So profound was their ignorance, their want of foresight and of common sense, that they could not send a single person to Europe so as to give any information about the armament which ultimately overthrew and plundered them. An English or French engineer possesses more practical knowledge than the united *savans* of their empire. Humboldt, the illustrious Humboldt, praises them, and thinks highly of them. Whilst we in Europe, he remarks, for so many centuries during the dark ages were outraging every principle of humanity and common sense, by *auto-da-fés*, and by the torturing and slaying of human beings as witches and dealers in evil arts, the Chinese, he remarks, were recording eclipses. These are facts, no doubt; they do not say much for the Saxons and Celts of former times; the savage nature of the elementary men of Northern Europe had not been tamed down; even yet, brutality, ferocity, frivolity, and a base and dreadful fanaticism are occasionally but too apt to surge up from time to time, in these so-called European countries, telling us of the presence of those elementary hands and minds which still abound in all races; but the recording eclipses is, after all, no great effort of the mind.

Schlegel thinks them highly civilized, and instances their canals, bridges, &c.; but this is a great error—the beaver, the bee, and the wasp and ant would, in this case, be civilized; the hillock of the African termites is a more remarkable labour comparatively than the pyramids to man; man builds, cuts canals, makes roads, instinctively, exactly like an animal; these are no proofs of intellect or pure reason; each race builds after its own kind; the Saxon is not disposed to build; the ancient Copts, Phœnicians, and Greeks were, on the other hand, remarkably so, and builders *par excellence*.

Mere mechanical art is no proof of high intel-

ligence. The Romans had no genius whatever, and yet they were remarkable as builders and for their excellence in the mechanical arts. Historians admit that the Chinese records furnish few materials for history. It is admitted on all hands that they are devoid of all principle, and essentially a nation of liars. How then can they progress? Without a military or naval force, they resorted to tricks more worthy of children than of grown men, in hopes of arresting the progress of the British armament. They set up an iron pipe on the deck of their vessels, kindling a fire inside the tube, in hopes that the smoke which showed itself at the top would terrify the barbarians! They mistook the big drum of the 18th Irish Foot for an unknown and dangerous implement of war, and kept firing at it during the greater part of the action; they in consequence killed nobody. Such are the Chinese.

I have, in this brief sketch, scarcely alluded to the Australian and Tasmanian; to the cannibal inhabitants of some portions of Oceania, if they really be cannibals (which I greatly doubt); to the Malay race; to the numerous dark tribes of Hindostan; to the Arabs, many of whom are very dark in their colour; to the natives of Madagascar; of Borneo, Sumatra, and the Eastern Isles. The reason is simple. Scarcely anything positive is known of them. The Tasmanians and Australians have never been carefully described. One thing seems to me certain, that in all the dark races the bones composing the upper jaw are much larger than in any fair race, with the exception, perhaps, of the Jew.

The reproductive organs in the Tasmanian are said to be quite peculiar in man and woman; and it has been further reported of them that the Australian woman ceases to be productive after intermarriage with one of the fair races. These would be curious facts if proved.

But the European has, in my opinion, erred in despising the Negro, who seems to me of a race of occasionally great energy. Amongst them we find the athleta as finely marked to the waist as the Farnese Hercules. Such were the head and bust of the prize-fighter Molineux, of matchless strength, could he have properly trained himself for the fight. Below the waist the limbs fell off, as they do in most Negroes. He was reported to be a Congo black. Other races on that coast show much intelligence and energy in commercial transactions. Most dark races are without any ear for music, yet the Negro seems to have some sensibilities on this point. He is certainly at least equal to the Dutchman, and perhaps to the very best of the Saxon race. But the grand qualities which distinguish man from the animal —the generalizing powers of pure reason—the love of perfectibility—the desire to know the unknown—and, last and greatest, the ability to observe new phenomena and new relations; these mental faculties are deficient, or seem to be so, in all dark races. But, if it be so, how can they become civilized? What hopes for their progress? Like all other races, they have a religion of their own: it is Fetichism.

Were they, the dark races of men, the original inhabitants of the globe? Were they the races which preceded ours, filling up the link in that vast chain of life extending from the period when first the materials of the globe were called into form to the present day? And have these races seen their day—passed through their determined course and period, hastening on towards that final exit when their remains must rank only as the remains of beings that were, like the mammals and birds of the past world, which now are no longer to be found? Or will their stock be replenished by the fair races, as Barton Smith and others supposed—the Saxon being in process of time converted into the Red Indian; the Anglo-Saxon into the Hindoo? the last descendants of the European, now flocking to Australia, into the wretched, jet-black Tasmanian and Australian? These theories we may discuss hereafter; in the meantime let us briefly consider an important question—Can the fair races of man become so acclimatized in tropical countries as to resist the pestilential climate of such regions? Can they become equal to labour; to till the earth; to act as soldiers; as aborigines, in fact? This important question will form the subject of our next lecture.

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from p. 236.)

In treating of tumours generally, it may be affirmed that those of the thorax are much less difficult to diagnose than are those of the abdomen; we can call in the aid of auscultation in the former class, whilst this helpmate affords but a trifling assistance in the latter; and even in *aneurismal tumours* of the chest, the collateral evidences afforded by the sense of hearing, are, oftentimes, so full of information that the diagnosis of the disease is rendered easy, whilst such a change in the arterial circulation of the abdomen may lie undetected for months, nay, for years, in consequence of the little derangement it produces to the neighbouring organs; and the loose viscera surrounding it may, for a time, wholly exclude it from notice.

I well remember the case of a patient in the surgeon's wards who was under treatment for an indolent ulcer on the leg, but who was much troubled with diarrhœa, tenderness in the cæcal region, a red, glazed tongue, and all other evidences of a dysenteric affection of the lower bowels. The right hypogastrium became swollen, hard, though less painful, but the dysenteric symptoms increased, uncontrolled by the various astringents and anodyne enemata which were exhibited. The man gradually sunk from exhaustion. At the *post-mortem* examination we were not a little surprised to find that the cæcal tumour proved to be a large aneurismal pouch of the external iliac artery, which had buried itself behind the loose cellular texture of the bowel, and had burst, discharging some of its contents into the peritoneum of the pelvis, whilst a large mass of blood had escaped behind this serous covering, and was dispersed here and there between it and the spinal and pelvic muscles. There was no pulsation in this tumour, nor any symptoms which could lead to the suspicion of aneurism during life.

An instance, however, of the valuable information derived from auscultation in a case of thoracic aneurismal tumour occurred amongst the out-patients some time since, and in a medico legal point of view it was of the utmost importance; the disease, though in its early stage, was nevertheless detectible, or at least there was the strongest suspicion that it existed, and the result proved the correctness of that suspicion. A robust, plethoric, but intemperate woman, aged twenty-eight, came to the hospital in consequence of a sudden attack of hæmoptysis. The expectorated blood was arterial, frothy, and profuse. She stated that her husband, in a quarrel six weeks before, had given her a severe blow on the left breast, since which time she had suffered from pain and an occasional "stitch" under the scapula of the same side. This was her first attack of hæmoptysis. On placing the ear over the chest there was the most perfect freedom in the respiration, and also in the action of the heart, but over the middle of the left supra spinous fossa of the scapula there was heard, with every third or fifth inspiration, especially when the act was performed deeply, a splashing or slight gurgling noise. No other morbid sound could be detected in the thorax except this, and the following diagnosis was therefore made:—"Aneurismal pouch either in the arch or in the spinal and adherent portion of the thoracic aorta." She was bled and I prescribed for her, after requesting that she would stop with us; but this advice was not listened to, and I therefore enjoined a quietude, abstinence from spirits, porter, &c., and meat. I, however, felt that I was talking in vain: her depravity and ferocious disposition spoke but too plainly that she would follow the bent of her own vicious propensities. She accordingly went away, and I expected never to see her again if the hemorrhage did not recur. Some two or three weeks after the above event, we observed a large crowd gathering one morning outside the hospital gates, and a female was hoisted on a shutter and carried into an adjoining public-house. It was shortly rumoured that it was one of the out-patients of the Middlesex who had fallen down in a fit, and a summons came to us to request some one would go to visit the poor woman. I immediately repaired to the public-house, and there recognised the above wretched female a corpse; bright arterial blood was still flowing from her mouth and nostrils, and it was stated by some friend that she had been coughing up blood during the morning, and was on her way to the hospital to seek admission, when she fell down at the spot above described.

The coroner issued his warrant for an inquest, and requested me to make the *post-mortem* examination, which was accordingly done in company with my kind friend Dr. Dyer, one of the officiating clinical clerks. Every organ of the body was healthy, with the exception of the arterial system of the thorax. Just as the aorta bends over to become fixed to the spine, there was found an aneurism the size of a pullet's egg, which had burst, and the whole left pleura was filled with one dense mass of coagulated blood. The ragged edges of the sac were partially adherent to the left bronchus, just after its bifurcation; and a small speck of ulceration could be distinctly seen on the mucous surface of this tube, through which, no doubt, the previous flow of arterial blood had taken place. It should be especially noticed here, for the sake of truth and equity, so important in a court of law, and where the life or liberty of an individual is at stake, that the mouth of the aorta, from its semilunar valves up to the pouch, was covered with atheromatous deposits. The jury, considering that this fatal disease was the result of the blow given by the husband, returned a verdict of "Manslaughter" against him, and he was forthwith conveyed to Newgate. When the trial came on, Baron Parke would not enter into the case until he had first put the following questions to me:—"Do you consider that the aneurism was produced by the blow?" "I am not prepared to swear it was, my lord."—"Was the disease which existed in the large bloodvessel a probable cause of the aneurism?" "It might certainly have been, and, since it is very unusual to meet with that character of disease in the large bloodvessels at so early a period of life, I am disposed to attribute the aneurism to that disease in the bloodvessel."—"Then," said the learned judge, "I must dispose of the charge; there is no case whatever made out against the prisoner, and he may be forthwith discharged."

The following case was one of unusual interest in a pathological point of view, inasmuch as it elucidates the remarkable extent to which a collateral circulation can be set up when the main trunks of the vascular system are either obstructed or obliterated:—

ANEURISM OF THE AORTA; OBSTRUCTION IN AND LACERATION OF THE SUPERIOR VENA CAVA; ŒDEMA OF THE UPPER HALF OF THE BODY.

William Holmes, aged sixty-three, labourer, from the country, was admitted under Dr. Hawkins, Feb. 19, presenting the following singular appearance: — Face, neck, and upper extremities livid and bloated to three times their natural size from œdema; conjunctivæ puckered from effusion into their structure. On handling the integuments of the neck, &c., it communicated the sensation of grasping a pig's back, and could not be strictly called œdematous, as in anasarca, but it was more elastic, and readily recovered itself when pressure was made upon it. The whole surface of the chest was more properly anasarcous, and was covered with

a series of large veins, which in many parts had effused blood into the cellular texture, giving rise to several dark patches of ecchymosis. The œdema here gradually terminated, and the parts below the ribs were quite free from it. The epigastric veins were seen to form a tortuous course from the groins to the chest. There was no swelling of the lower extremities. Such was his singular appearance; and on questioning him he gave the following account of his sufferings: — Distressing orthopnœa; dyspnœa occurring in paroxysms; slight cough, with tough expectoration; pain over the top of the sternum, and over a space as large as a crownpiece, near the ensiform cartilage; pulse 96, hard, full, and regular; bowels open.

He stated that he was always a healthy man until about twelvemonths ago, when he felt pain around the left breast, of which he took no notice, as it did not prevent him from working; and only a fortnight ago did the upper half of the body swell, when the pain suddenly shifted to the present spot, namely, over the lower portion of the upper bone of the sternum, and it had remained very acute ever since, with increase of cough, which had been "hanging upon him" for twelve months past. Urine scanty, thick, clears by heat, and acid.

Auscultation.—Lungs were vesicular in every part behind, with large crepitation over the lower lobes. In front it was difficult to ascertain the condition of these organs from the tumultuous sounds of the heart. Over the præcordial region these, however, were natural; but as the ear passed along the track of the aorta a sound was heard, at its origin, similar to the ordinary bellows murmur, but which gradually increased in harshness, until, at the top of the sternum, it more resembled the noise made by running the finger quickly down a piece of bombazine or silk, and it was so continuous with the two sounds of the heart that it was impossible to decide which action it accompanied. At the epigastrium the bellows murmur was again distinctly heard. The following diagnosis was, therefore, entered in the case-book:—"Aneurism of the arch of the aorta, with great disease of its inner lining, and partial obstruction of the superior vena cava from pressure; no pulmonary or abdominal disease; no valvular disease of the heart."

Feb. 26. He is much in the same state, perhaps rather better since two applications of leeches to the epigastrium, and a further reduction in the circulation through the means of our compound digitalis pill, with squills and antimony.

27. Great distress in breathing; eyes more swollen; conjunctiva very red and puckered; skin beneath the eyes raw from the constant flow of tears. C. C. ad ℥viij. regioni cordis.

28. The cupper opened some of the large veins over the chest, and obtained upwards of twenty ounces in two minutes, with great relief to the patient; some difficulty arose, however, in arresting this profuse venous hemorrhage; but it was ultimately suppressed by means of a saturated solution of alum. He soon afterwards became very delirious and unmanageable (though he had wandered every night since his admission), declaring that he was locked up in a horrible den with thieves, murderers, &c.: the effect, in some measure, I presume, of the circulation of venous mingled with arterial blood; his orthopnœa became very distressing, and his appearance more extraordinary than before, the face presenting a hue not unlike the colour of a toad's back, when he suddenly expired, after a period of great excitement, at ten p.m. on the 2nd of March.

Post-mortem Examination Thirty-six Hours after Death.—Chest: The venous turgescence had subsided in some measure. Both pleuræ were filled with fluid resembling dirty barley-water, which oozed out as soon as the lower ribs were cut through: on raising the sternum and cutting from it the anterior mediastinum, a large cavity was opened full of fluid blood. The inner surface of the central bone of the sternum was indented to the size of half a walnut, by interstitial absorption. The cavity, which proved to be the aorta, was so extensive that it occupied the whole front of the thorax, covered by the pericardium, which membrane was loaded with fat, hanging about like the appendices epiploicæ, and thus the lungs were wholly removed from sight. Similar lobules of fat hung from the costal pleuræ in isolated masses. The heart was not manifestly enlarged; the right auricle was normal; the coronary vein admitted the point of the index finger; the tricuspid valve and its ventricle were healthy. About one inch above the auricle the vena cava superior was contracted to so small a space that it did not admit a common probe; on slitting it, there was found a citrine-coloured substance forming a coagulum, which was half an inch in extent, and on its upper part, where this coagulum terminated, the vessel again became pervious, and here there was a distinct line where the adhesion was final. Directly above this point the coats of the vena cava were white, as if deposits of calcareous matter were upon them, but which proved to be the thin wall of the aneurism beneath, and there was in this spot a rent of the vein, which easily admitted a probe directly into the aorta. Continuing to trace the vena cava upwards, it was now found to be greatly dilated, with the vena azygos opening into it on one side, and two inches higher up were two other venous openings. The inferior and smaller one passed a quarter of an inch outwards, and then suddenly descended, and wound over the pericardium in the same direction as the phrenic nerve, and was lost abruptly in the fat, having no branches to it, yet this vessel was partly filled with liquid blood. The superior passed to the left in the course of the subclavian vein, and, after reaching an inch in extent, it suddenly dilated, and terminated in a cul de sac, with some coagula in it; about a quarter of an inch from its entrance into the vena cava there was a similar rent, as I have before described in the latter vessel, which would admit a common pea, and this rent led immediately into the aorta also. The inferior vena was perfect and healthy.

The left ventricle was healthy, as were its valves; from the root of the aorta to the giving off of the left subclavian there were eight inches, when it suddenly dilated to such an extent that its right wall was in a line with the root of the right lung, and its left wall in a line with the tubercles of the ribs of the same side. About an inch from the origin of the aorta the vessel had given way, and a coagulum as large as half a hen's egg was found, laminated, tough, and filling up the space, where its pressure had caused the indentation on the sternum already described.

The descending aorta, both thoracic and abdominal, was greatly dilated, and covered with numerous atheromatous and calcareous points. Its inner membrane was intensely red.

(To be continued).

AN ACCOUNT OF A CASE OF SPASMODIC CHOLERA SUCCESSFULLY TREATED BY THE USE OF THE SPIRIT-VAPOUR-BATH, AND STIMULATING CATAPLASMS TO THE SPINE, WITH REMARKS.

By F. A. BULLEY, Esq., F.R.C.S., Surgeon to the Royal Berkshire Hospital, Reading.

On the evening of the 10th of July, 1832, at the period of the last visitation of what was supposed to be the epidemic cholera to this country, I was requested to attend John Humberston, aged thirty-seven, a man of temperate habits and previously of good general health, who, I understood, had left his home about one o'clock of the same day, with the intention of walking to Pangbourne, a village near Reading, for the purpose of purchasing some wool. He was then apparently quite well, with the exception that just prior to his starting on his journey he had complained to his wife of a slight uneasiness in his loins. When he had walked about a mile and a half from the town, he, without any previous warning, suddenly felt a sensation of nausea come over him, with an irresistible desire to evacuate the bowels. The nausea was almost immediately followed by frequent vomiting, and the inclination to diarrhœa by violent and excessive purging. He had continued in this state for some time, still, however, walking along, stopping only occasionally to answer the calls of nature, until at last, through the sheer debility thus induced, he was unable to proceed farther, and sat, or rather, fell down on the pathway by the side of the road, where he was found.

To these symptoms almost immediately succeeded a deadly coldness of his whole frame, with painful spasms of his limbs; a tinnitus aurium, which he compared to swallows fluttering in a chimney; followed by total deafness and an entire loss of vision, which he said had been preceded by a thick mist before his eyes. During the whole progress of these symptoms he states that his perception was good, except just at the moment he was falling, when he experienced a slight giddiness and confusion of his ideas.

In this state, after remaining several hours unassisted, he was observed by a benevolent gentleman passing, who had him conveyed to his home in the town.

He had then all the appearance of a person labouring under the epidemic cholera which was at the time prevalent in different parts of the kingdom; his face had that particular shrunken look which has been described as the facies Hippocratica; his eyelids were half closed, and the surface of the eyes had a peculiar pearly and somewhat suffused appearance; his voice was hardly audible, the pulse scarcely perceptible in either wrist, and he complained of a severe pain and great oppression at the pit of the stomach, and tenderness on the surface of the belly, with excessive nausea; his legs and feet, and the surface of the skin generally, were of an icy coldness; and he suffered from occasional painful spasms in the lower extremities, the contracted and hardened muscles of which were plainly observable while the cramp continued. A glass of strong brandy and water which was given him was almost immediately returned, and previous to sending him any medicines I had him put into a warm bed in the blankets, and directed hot bricks covered with flannel to be applied to the soles of his feet; this, however, produced no perceptible effect in the circulation, or relief to the spasms.

It now occurred to me that the spirit-vapour or hot-air bath might be of service in restoring a more regular distribution of the blood to the surface and extremities, and it was consequently unintermittingly employed for about two hours. The effect upon the circulation in the feet and legs was very remarkable: from having been extremely cold, as described, they gradually became warmer and covered with a natural perspiration; I had at the same time ordered a poultice, composed of one part of mustard powder and two of linseed-meal, smeared with the following stimulating liniment:—

℞. Liniment. ammoniæ fort., ℥ijss.; olei terebinthinæ, ʒx.; tinct. lyttæ, ʒij., to be applied along the whole course of the spine, with bladders of hot water over the region of the heart.

℞. Ammoniæ carb., gr. x.; sodæ carb., gr. xv.; olei caryophill. (oil of cloves), m. v.; aquæ cinnam., ʒx. Ft. haust. To be taken every hour.

Under this combined treatment, which was continued until he was unable further to bear the pain of the spinal cataplasms, his pulse gradually became more distinct, 97; the natural heat and appearance of the skin had become in a great measure restored; and he complained of nothing beyond a feeling of heat and faintness from the continued use of the air-bath, with constant thirst and longing for mild beer. The spasms of the extremities as well as the vomiting had, during the action of the vapour-bath, ap-

parently subsided; the diarrhœa was also less urgent.

Twelve o'clock same night. He complained of no particular pain, but said he felt extremely feeble; now and then he would sink into a short doze of about ten minutes at a time, during which his eyes, which were only partially covered by the lids, appeared to have the same glassy appearance as in the commencement of the seizure. Has only had some partial and slight returns of the spasms, chiefly in the calf of the right leg.

At two o'clock the natural freedom of the circulation appeared to have been almost restored, his pulse had fallen to 87, and was somewhat fuller. In the course of a longer sleep than he had previously enjoyed he was seized with a more severe spasm of the legs than he had yet suffered, for which I immediately applied to the soles of his feet a poultice of the same nature as had been used to the spine, with the most beneficial effect in relieving it.

Wednesday—next day—nine o'clock. Has passed a comfortable night without recurrence of the spasm, or observable coldness in the extremities; complains of a feeling of debility, but is in no pain, only describes his head as feeling rather full; has passed a motion during the night resembling thin gruel, tinged in its passage through the intestine, but without bile; pulse 74, and full.

℞. Hydrarg. cum cretâ pulv. rhæi, aa. gr. iv. Ft. pulv. 6tâ quâq. horâ sumend. Mist. effervescens bis in die.

Thursday, 12. Has had several bilious stools since yesterday; still feels weak, but is in no pain. Saline mixture, with carbonate of ammonia twice a day. To continue the powders.

Friday, 13. Bowels rather relaxed, with slight pain in the abdomen. Fotus papaveris abdomini.

℞. Pulv. Doveri, gr. iv.; hydr. cum cretâ, gr. iij.; pulv. cretæ comp., gr. viij. M. ft. pulv. bis in die sumend.

Saturday, 14. Has sat up a considerable time to-day; the bowels have become composed, and the pain in the abdomen has ceased; he still, however, feels rather weak.

From this period there is no further entry in my note-book; but I recollect that his convaleseence (which was unaccompanied by any particular reactive fever) was extremely rapid, for in the course of a few days from this date he had almost recovered his natural strength, and was able to resume his usual occupation.

REMARKS.

I had had so few opportunities of investigating the phenomena and symptoms of the spasmodic cholera at the time I witnessed this case, that I could scarcely, from my own observation, decide upon the exact nature of the scizure; but, from the similarity of many of the symptoms to those which I have since seen detailed in various medical periodicals describing the disease, I have now little doubt of its analogy to this formidable complaint, and that it was, in fact, a well-marked although not very severe instance of the disease.

The extreme coldness of the extremities, and the almost unappreciable pulse at the wrist, together with the coincident freedom of the cerebral functions, would lead one to believe that, if any part of the nervous system was more particularly affected than another, it would be that portion of it constituting the spinal and visceral ganglionic system; for, while the organic and circulating functions depending upon the integrity of this latter system were from the first universally interrupted and impaired, those of the brain remained almost entirely unaltered, or, at least, until this organ began to suffer from the circulation of badly aëreated blood in its vessels, the result of the continuance of the disease; and that this particular portion of the nervous system is in many instances the seat of the disordered action is substantiated by the dissections that have at various times been made of the disease. Thus Dr. Brown,(a) an eminent authority on this subject, remarks: "In one case only in India was the state of the spinal marrow examined, and in that strong indications of inflammation were detected in its sheath: the case, however, was in some degree a mixed one. But Dr. Keir found, at Moscow, the bloodvessels of the vertebral column and spinal cord loaded with blood, which was sometimes effused between its arachnoid and dura mater; partial softening of the spinal cord was sometimes met with, and marks of inflammatory congestion in the large nerves were detected. The dissections performed in Sunderland have generally furnished results corresponding with those obtained elsewhere."

I believe such was the pathological condition in the foregoing case, that, through the agency of some overpowering morbific influence acting immediately on the blood itself, or on the ganglionic nervous system which regulates and controls its circulation through the body, the blood was rendered unable to flow with its accustomed freedom through the extremities, and was consequently thrown back upon the heart and larger vessels, thus impeding their action, at the same time oppressing, by the congestion thus occasioned, the ganglionic centres as well as the spine itself, and roots of its emergent nerves. I, therefore, at once and without hesitation vigorously and continuously employed such means as appeared best calculated to stimulate the spinal nerves, and through them the ganglia with which they are in connection; which the stimulating poultices to the spine, combined with the internal remedies, doubtless assisted to do.

The external applications, with the exception of the spinal cataplasm, were only such as have been used in hundreds of similar instances, and would probably be equally efficacious in other cases, if early and perseveringly employed, before the blood had become so changed from its naturally healthy condition by imperfect aëration, and the loss of its saline constituents through the serous purging, as to be incompatible with the continuance of organic life; and in this latter respect the effect of the treatment of cholera would be somewhat analogous to that of some cases of suspended animation from drowning, where the best-directed efforts, if not sufficiently early applied, will generally fail to restore the circulation to the surface, and thus relieve the internal organs of the congested and stagnant blood which hinders and ultimately destroys their action.

What would be the effect of electro-galvanism in cholera I have had no personal opportunity of observing; but as it is quite certain that (when properly administered) it has the effect of accelerating the flow of blood through parts exposed to its influence, elevating their temperature and relieving spasm, it may, perhaps, be found of service in some cases; and from what I have seen of its operation in these particular respects, should a similar case come under my observation, I should have no hesitation, after other more ordinary means had failed or flagged, in giving this remedy a trial.

How far also the saline treatment, formerly proposed by Dr. Stevens for the treatment of typhus fever, might be made available in the collapse of cholera it is impossible to say; but I believe that saline remedies of different kinds have been used with advantage, by acting chemically on the highly carbonized blood, conveying into it the oxygen which certain saline compounds abundantly contain, and thus restoring to the languidly circulating streams a more natural power of stimulating the heart and vessels to a healthy reaction.

But, whatever may be the means best to be employed, it is obvious that in severe cases they should be unceasingly persevered in to the last, more especially the frictions and external appliances, and never relinquished till life may be said to be extinct, with the ordinary caution in more favourable instances of apportioning as nearly as possible the means to the end, the amount of stimulation to the extent and continuance of the collapse; as by this means we may avoid or, at least, mitigate the dangers of an excessive subsequent reaction, which in some cases is as much to be dreaded as the collapse which precedes it.

(a) "Cyclopædia of Practical Medicine," vol. 1, p. 392.

OBSERVATIONS IN THE HOSPITALS OF PARIS AFTER THE REVOLUTION OF JUNE.

By CHARLES KIDD, M.D., M.C.S., Limerick.

(Continued from p. 269.)

The number of wounded in the hospitals after the late insurrection exceeded far in amount that of all the other revolutions in Paris put together; the variety in the character of the wounds also was equally remarkable. In the horrid days of September of the first revolution ten thousand unhappy beings, prisoners, were coolly butchered, their bodies flung into the ditches at Clamart or the catacombs of the Barrière St. Jacques. The wretched Swiss guards of the unfortunate Louis XVI. were slaughtered in the same way, their bodies burnt, and the dust swept into the Seine; all varieties of horrid atrocities, in fact, that one can well imagine were committed. In the late conflict the whole affair had more the character of a pitched battle, the field of engagement the beautiful streets of this once beautiful city.

The fighting, as every one is aware, was kept up for four continuous days; many of the hospitals even, as a matter of safety, being obliged to put themselves in a state of defence. One little hospital in particular, which I visited, in the centre of the horrid districts of the Faubourg St. Antoine—the St. Giles's of Paris—remained all the latter part of the fight in a complete state of siege; the windows barricaded; the surgeons, pupils, every one with arms in their hands. Even the quiet, sleepy walls of the Hôtel Dieu bristled with arms, having become at one time the very focus of the engagement. Under such circumstances it is easy to conceive the state of neglect in which the wounded must have remained, and the impossibility of attending to those falling everywhere. The mortality has been frightful in all the hospitals, but this single occurrence, to my mind, would explain a great deal of it.

Situated in the very centre of the field of battle, the Hôtel Dieu became at one period a chief point of attack; it was fortunate even the hospitals about the fortifications and the vicinity of the barriers were reserved for the wounded.

As early as the second day of the battle, indeed, all eyes seemed turned towards the rather frowsy neighbourhood of Notre Dame adjoining the Hôtel Dieu. On the 25th the engagement all about this hospital was quite terrifying, and many a stout heart quailed within its walls; barricades were everywhere, and such a thing as passing along outside was out of the question; the bodies of the wounded in the last agonies were left at the doors. Even the churches were filled with the dead and dying. Those familiar with the city of Paris will at once see how ingeniously arranged the whole affair was from beginning to end. Spreading on one side of the Seine, as far as the Faubourg Poissonière, including the troublous districts of St. Martin, the Faubourg du Temple, and that of St. Antoine; on the other, it spread all along here about the Hôtel Dieu, the Faubourg St. Marcel, and St. Jacques. The nature of the streets, and their position on both sides of the river, with the quays and boulevards, where the insurgents intended to fall back, were calculated to a nicety. The Hôtel de Ville, where of course they would establish their little Utopia, kept easily accessible from all points; two attacks, to be commenced at these different places, were intended to harass the Government. Their only effect, however, was to fill to overflowing, after some days, the already suffocating wards of the hospitals, especially the Hôtel Dieu, so near the centre of the fight. Consultation or consideration was out of the question,—"*sauve qui peut*" seemed the reigning idea. Amputations were done upon the instant. Many of the patients were armed and at the windows. At the back of this hospital, in the hurly-burly,

the sappers and miners came and blew up one of the houses. The hospital itself, no one knew when its turn might come; at the taking of one of the bridges, under its very walls, four hundred men fell; consternation was in every one's face. Bedeau and Damesme, acting together, kept up a fearful fire on the insurgents; no one, indeed, but an actual eyewitness can conceive the havoc committed everywhere: all the chief avenues were closed up; the National Guards fought with perfect fury; at one fearful spot, near the College Henri IV., amidst a hurricane of balls, Damesme fell. Brea, a little after, took the command, the guards in the interval fighting as if by instinct; the dead and dying were lying everywhere, calling for surgical relief. The medical men, though terrified, never quitted their posts. The thunder of the cannon shook the old walls of Notre Dame; the rush of the balls tore the very air; the showers of grape told with deadly effect. The night at length closing in, some little intermission occurred; the cries and groans of the wounded, however, went to one's soul. Now came abroad crowds of distracted people, chiefly women; one looked for a husband, another a son, another a friend; the hospital was completely besieged; the dying shot through the chest and head spoke a last word; hundreds of wretched creatures, torn in every conceivable way, with mangled corpses, were all mixed up in the vicinity of the hospital. The horrid affair was yet, however, not ended: through the night Lamoricière disposed his troops so as to attack at early dawn the left flank of the enemy in the Rue Faubourg St. Antoine. The heavy monotonous tread of the artillery, the gallop of the commissariat waggons, disturbed the unearthly quiet of the night. The few people of Paris that went to bed started in their sleep as the noise thundered along under their windows, the report of the day before being that all was ended. The unfortunate nurses and pupils never went to bed at all, tending the sick and wounded.

The cannon ushered in the dawn, Lamoricière being busily at work demolishing the barricades at the entry to this celebrated spot near the canal. On approaching it the tocsin, calling out the *ouvriers* to fight, mixed with the horrible din. In the little hospital here every one had to get arms; the entire of the faubourg was in the hands of these desperate people; the whole world seemed on foot; the general commanding, as a matter of mercy, left them until ten oclock to decide whether they should surrender or not, a complete pitched battle being inevitable in case of refusal. Those horrid moments, how they flew away! The suspense was perfectly sickening; people looked at each other as before the shock of an earthquake. At ten a young Garde Mobile advanced to the barrier where the insurgents had set up their head-quarters. They would enter into no terms; the firing commenced with reckless intensity on both sides; the worst passions of the human soul, hell itself, seemed at once broke loose; the dying were dragged from among the dead; the wounded were lying everywhere in the most pitiable condition.

A pause ensues! A flag of truce is seen approaching from the side of the enemy, their conditions of surrender being that they are not to be made prisoners. This, however, is refused; the battle begins with renewed intensity; the insurgents, however, have evidently the worst of it. Suddenly the barricade is deserted,—it is all over; the *ouvriers* fly in all directions. The young fellows of the Garde Mobile charge with a shout. One of them, a desperate young *brave*, tears down the flag of the insurgents, the balls from all sides whizzing about his ears. A way is opened for the artillery; five pieces enter the faubourg. A shower of bullets from the windows renders them nearly useless. The fight continues again with unabated horrors. Crowds of wretched beings are taken prisoners, many horribly wounded; many, with the gurgle of death in their throats, crying in vain for mercy.

Sixty-five barricades were levelled in succession, all about this locality. Two houses were completely burned down and demolished; many of my notes have been taken from among its still burning walls; indeed, such utter, fearful desolation I never witnessed. The furniture of these miserable dwellings, with chalk-marks to denote their owners, flung about the pavements; women, children, animals, clustering for shelter in its crevices; pictures, mirrors, bedsteads, tables, bits of *bijouteric*, one undistinguishable heap. Several houses were completely battered by the cannon-balls,—the windows, doors, shutters, broken in pieces; their owners, many of them, in the hospitals, many dead, many sick among the ruins.

It is necessary, perhaps, thus to recapitulate a few of these dreadful scenes, in order that we may understand the subsequent results of this unprecedented battle, to descend then to particulars. And, first, of the appearance of the wounds.

Among the many subjects of discussion after the late events there is not, perhaps, any which has given rise to so much difference of opinion as that of the relative *size* of the wound of exit and entry. It has long since passed into a kind of axiom, I need scarcely say, that the opening of the latter is smaller than that of the former; indeed, this opinion is very general in this country. The late results in the Paris hospitals, however, do not confirm such an impression.

It would appear as if our military and civil surgeons, though agreeing in many things, were quite at issue on this point. My own observations among the wounded would lead me to the belief that we cannot rely on it as that unerring test we are in the habit of considering it, and M. Roux, I find, has since stated that he has seen one kind of wound quite as often as the other. Whether there may be anything particular in barricade firing to explain the matter is a question, perhaps, not unworthy of consideration, and one which may come yet to be discussed; perhaps the *time* at which a wound occurs has something to do in the thing. It is necessary to examine wounds a short time after they have occurred, and as much as possible under the same circumstances, to come at any definite result; for there is, I need scarcely say, the greatest possible difference in the appearance of such accidents at different epochs. In those coming into the hospitals, during the firing of the revolution, it was found that the character of the wounds was quite different from those of the wretched people that crawled away under the eaves of houses, and that got to their own homes, and came in afterwards; in the former, where there had been seen no neglect or delay, where the wound was still quite recent, the openings were as distinct as possible, in the condition we are all familiar with; the wound, where the ball had entered, ecchymosed, bruised, to a certain extent cup-shaped, and smaller, with an apparent want of substance; while, on the other hand, in the wounds of those neglected for some days this appearance was still more pronounced, and what at first was smaller than the wound of exit had now become larger. While the wound of exit, at first partaking something of the nature of a tear, and to a certain extent larger than that of entry, had commenced closing up, in some instances almost, we would say, after the manner of the "first intention," in others, by indistinct granulations. In many instances, of course, the nature of the parts modified these results, as when a ball went out at an angle to the surface, or ran along any distance under the integuments.

The practice of enlarging wounds, so common among the old surgeons, is not generally in use; except, indeed, where there is hemorrhage, or fracture of a bone with splinters, it is considered positively injurious. Even in the search for balls and splinters of wood, and foreign bodies of various kinds, where I would myself most certainly be taking my way if left to myself, I have seen Roux look on with the utmost gravity, expecting nature and suppuration and the general chapter of accidents to do everything. In this, however, I must say he is opposed by many other Paris men of equal character.

This eminent surgeon is inclined, also, I think, from remarks I have heard him make incidentally going round, to look upon gunshot wounds as badly *contused* injuries, and not to be treated as ordinary accidents. He is accordingly against the refrigerant treatment, ice, &c.; but uses cold-water dressings, not being over anxious to interfere with the process set up by the system to get rid of eschars. There is immense difference of opinion on this point also; but, from the great number of cases in which I saw ice used, I should say, notwithstanding the *dictum* of the great surgeon of the Hôtel Dieu, that the refrigerant mode is that generally preferred. As to the cutting across of strangulated parts (*débridemens*), the Paris men, too, differ; Roux and others being against any interference whatever with the original wound, except in extreme cases, or for the removal of foreign bodies, when, perhaps, it scarcely deserves the name.

In the general appearance of the patients you could not fail to see different results from the same mode of treatment.

It was impossible, going round the wards of the hospitals, not to perceive that circumstances in an amazing manner modified the character of the wounds; everywhere you met the young Gardes Mobiles with the most desperate wounds, yet with few exceptions they seemed as if nothing had happened to them, reading the morning papers with the same *nonchalance* as a young fellow in bed in the morning in the Albany or the officers' quarters of the Horse Guards. The great majority of them were young officers, picked off by the insurgents, whom they *sacréd*, and, after the manner of Donsterswivel, wished ever and anon with *mille diables*. These fellows underwent operations of all sorts with the greatest bravery.

In melancholy contrast with these young fellows, however, were a set of poor tradesmen of the National Guards from the ill-ventilated lanes and garrets of Paris, with their penny *feuilleton* and little bunch of flowers, brought every morning by the anxious wife or broken-hearted daughter. These poor fellows, with their long and beautiful names, were almost every one seized with hospital gangrene, and numbered with the victims of the revolution; many of them are in hospital yet, still lingering out.

The scenes everywhere, indeed, were perfectly frightful, out of which Dumas or George Sand might pick many a novel; but among which little was to be gleaned by the pathologist. The bodies of persons unknown were thrown into a hole near Montmartre, 500 at a time; two or three young Gardes Mobiles were employed at this duty alternately, and a little incident at the time struck me very forcibly. One of these young fellows thus engaged, and laughing and joking at such grand havoc among the insurgents, came to a body he was in the act of flinging in; he stopped and looked at it—it was his father! It seemed the history of the entire revolution in a nutshell; the poor fellow, throwing himself on the corpse, begged it from his companions, and, taking it a little way off, buried it by itself. Having finished their work and got through their last bottle of brandy, his friends set up a song of merriment and rejoined their companion, whom they found with the sick shivering of fever upon him, sticking a little flower in his father's grave. Five hundred fellow-creatures—brothers with warm blood in their veins but yesterday—were now dead and forgotten; this poor fellow himself was amongst the number in a few days; no one seemed to wonder, however, at anything in the shape of death.

The presence of mind of some of these young fellows was quite wonderful. One grown-up boy, with a most frightful and agonizing wound of the leg, asked leave but to write to his mother before it was cut off. Cavaignac had given him the decoration of the Legion of Honour, and the poor fellow seemed boiling over with cagerness till he told her of his good luck, hoping soon to be able to go to walk with her, and "make her respected throughout the world." "J'espère,"

he wrote, trembling with agony, "aller me promener avec toi, et te faire respecter par tout le monde, et je crois que l'on me rendra les honneurs dus à un vieux soldat d'Afrique." The poor youth then went through the operation with unusual bravery. What a wonderful thing is hope, to be sure, and how true the words of its great bard, that it can furnish, among other great things,—

"Wreaths for each toil, a charm for every woe."

Another young Mobile, seeing his comrade shot, took him up on his shoulders and brought him to the hospital through the thickest of the fight. Not less than twelve of these young fellows were murderously wounded carrying off the colours of the enemy; their only wish seemed to be to survive to show off their decorations and silver epaulettes; the medical man going round petted them in the depth of their agonies, and exhausted all his kindest sayings; they were, at one time, "Mon chère," at another, "Mon petit chère," and a twinkle of joy lighted up their countenances as he held out some little ray of hope to them; they nearly all died, however.

Eight generals were wounded, the greater number died—Clement Thomas, Negrier, Damesne, Lafontaine, Bedeau, Francis, Koste, Brea. One furious discharge of the insurgents at a barricade in the Rue du Temple killed sixty-three men and three officers, and sent a crowd to the Hôtel Dieu. One regiment advancing to fraternize were cut off to a man. Several of the wounded and dying crawled to the churches, where, for want of attendance, they were soon forgotten among the dead. In the ambulances and hospitals, however, the anxiety and care of the attendants were unceasing.

Though the French surgery of the present hour is very much in favour of giving Nature every chance, there is no doubt that much evil would have resulted if amputation had not been performed as often as it was immediately after the battle. This is the time for deciding:—"If at the end of twenty or thirty days the prognosis is as bad as at first," Larrey and, after him, many other eminent men remark, "amputation is unavoidable," and should be done at once. Figures, however, and observation tell us it is no use; and the advice of the ablest men now in Paris is the very opposite. It is a curious thing, and not, perhaps, without meaning too, that amputations were more frequent formerly than at present; the want of hospitals is often urged as an excuse by the men of the last century, and a man's leg was lopped off in the most butcherly manner, because he might not have the advantage of seeing his surgeon again for an era. It is quite absurd to read the many accidents by "flood and field" suggested by Graefe as reasons why amputation should be performed in those very primitive times. In the time of Larrey the actual cautery was, indeed, dying out; but this distinguished surgeon was in the habit of healing all his stumps by a large open ulcer; and a piece of bone exfoliating, and amputation performed higher and higher, were things at which no one thought of wondering. We have lived to see the error of such proceedings exposed. We should not be still, however, in the words of Horace, ready to swear by the errors of our masters; and, perhaps, this decision about preserving limbs and doing away with secondary amputations is a still greater improvement. As far as figures and statistical facts bear on the matter it would seem so. We shall see the result in our next.

(To be continued.)

EMPHYSEMA OF THE NECK AS A TERMINATION OF HOOPING-COUGH.

Communicated by WM. BIRD HERAPATH, M.B. London, M.R.C.S., Consulting Accoucheur to the Bristol Dispensary.

Mary Hole, aged eighteen months, was placed under my care on Aug. 1, 1848. She was suffering from a spasmodic cough, with an occasional whoop of an indistinct kind; symptoms of bronchitis also existed, together with slight fever.

She was ordered to have two leeches on the sternum, and small doses of tartarized antimony at short intervals.

The bronchitis was controlled in the course of four or five days by persistence in this treatment; the febrile symptoms diminished, and the whoop became more fully formed. The antimony was continued, but at longer intervals, during the whole of the subsequent week; in consequence of which the cough became less teasing and troublesome, and by the 15th the whoop had almost entirely ceased, but the spasmodic cough remained. At this time all fever had vanished; the child had lost its appetite, and its strength had considerably diminished; the pulse was small, weak, and rapid; the respirations were very short and frequent; more dyspnœa existed than the symptoms warranted; but little mucous râle remained; the face was pale and exsanguine; the lips almost white.

I prescribed one grain of the citrate of iron and quinine, three times a day, with a little syrup of lemons.

No improvement resulted; the dyspnœa steadily increased; the auxiliary muscles of respiration were brought into play, but the countenance did not become livid until after a fit of coughing; the chest sounded everywhere well on percussion. I at first attributed this dyspnœa to excitement, until the friends assured me she was always so. The cough was almost nothing at this period; it was readily "smothered" by the child.

On the 17th of August, after a more than usually violent fit of coughing, a swelling made its appearance in the neck just over the sternum: the depression between the origins of the sterno-cleido-mastoids disappeared, and was converted into an enormous goitre in shape and appearance, but the boundaries were more diffused and extensive than this disease usually assumes. I saw it some hours after its origin. It then appeared very prominent and diffuse; the inferior extremity stretched downwards over the first and second bones of the sternum, and terminated in an acute point; from hence the two external margins took a curvilinear direction upwards and outwards to the middle of the clavicle on each side, so that the tumour had a triangular appendage to it inferiorly; this appendix was elevated about three-eighths of an inch above the surface of the surrounding skin.

Above the sterno-clavicular articulation it was a rounded prominent tumour, extending even up to the larynx, and outwards to the margins of the sterno-mastoids on each side; it had a very transparent appearance: "it looked watery," as the relatives expressed it, but the decided crepitant feeling experienced on handling it at once declared it to be air in the cellular tissue; in fact, emphysema! Whence came this? I was at a loss to conjecture; it was probable that one of the muciparous follicles of the trachea had ulcerated through all the coats of this tube, and permitted an escape of air under the fascia. The dyspnœa rapidly increased, as also did the swelling; it at length extended to the ramus of the lower jaw; the face became livid, and the extremities cold; the child gradually passed into asphyxia, and died quietly on the 19th of August at ten A.M.

A carefully conducted *post-mortem* was made on the 21st. Decomposition had not commenced.

The dissection of the neck clearly showed the air to be in the cellular tissue, beneath the deep cervical fascia, and around the trachea. The whole of the cellular tissue here was emphysematous, and it passed downwards behind the sternum into the anterior mediastinum, the cellular tissue in which was excessively distended by air. The lungs were also broken up by emphysematous dilatations: the upper lobe on the right side was most extensively disorganized by it; many of its cells were as large as currants and grapes, and all of them were larger than natural. Air was proved to pass from the root of the upper lobe of the right lung into the anterior mediastinum, behind the pleura; therefore, one of the distended emphysematous lobules at the root of this lobe must have given way, and allowed the air to escape into the cellular tissue in the manner described. The other organs of the thorax and abdomen presented no appearance worthy of remark; they were all anemic. No air existed in either of the pleuritic cavities.

This case is an interesting one—the rarity of its occurrence makes it especially worthy of note. Upon reference to Dr. Copland's "Medical Dictionary" I find that emphysema of the cellular tissue of the neck has already been noticed to occur, by two reporters, after hooping-cough. Not possessing the original communications, I am unable to say whether both these cases were fatal; but from the urgent dyspnœa in this particular instance, and the irremediable nature of the injury, I must presume that it is almost impossible to be otherwise than a very fatal accident. The peculiar shape of the tumour is at once indicative of the affection; I should now have no difficulty in recognising it again in a moment; it is evident to every anatomist that this peculiar shape is owing to the attachments of the cervical fascia to the various salient points about the neck, which, of course, did not permit the air to insinuate itself under the fascia in these positions. I greatly regret that auscultation was not practised upon this little patient's thorax to elucidate the cause of the dyspnœa on the 15th. Had I done so, the condition of the lung would have been detected, and the cause at once revealed. It would have been impossible, however, to have foreseen this accident; in fact I should never have expected it, as, until the present case happened to me, I was perfectly ignorant of its existence.

HOSPITAL REPORTS.

HOPITAL SAINT PIERRE.

SYPHILITIC CLINIC.

PRACTICAL REMARKS UPON PHAGEDENIC CHANCRES, AND UPON BUBOES FROM ABSORPTION.

L. D., aged twenty-one, of a nervous, phlegmatic temperament, and having a consumptive appearance, was admitted into the hospital on the 18th of April, under M. Thiry, to be treated for a venereal affection.

On examining the organs of generation attentively, there was discovered at the neck of the uterus an ulcer, having the form of a crescent, and occupying the superior segment of the organ. The large diameter of the ulcer measured two centimetres, the small diameter five millimetres; it had a greyish appearance at the base; the edges were of a pinkish hue, and they were surrounded by a narrow, well-defined, inflammatory circle; the bottom of the uterine neck appeared of an intense rose colour.

The form and aspect of this ulcer, and the circumstances under which it was developed, sufficiently indicated its specific nature—that it was, in truth, a recent chancre in all the conditions of its existence.

It was immediately treated by cauterization with solid nitrate of silver, by dressings of aromatic wine, by injections, and, finally, by isolation and absorbents, and all the means indicated in similar cases.

As the ulcer was not indurated, an antisyphilitic course of treatment was considered useless. It was only thought necessary to order a generous diet, and to administer cod-liver oil, with the view of counteracting the development of tubercles, to which this female was predisposed.

Notwithstanding a moderately energetic mode of treatment, and the employment of the most active caustics, the ulcer continued to extend till it involved the whole surface of the uterine neck. Sometimes cicatrization appeared to go on without any induration on one side, and then to appear with its original activity on the opposite side. In this manner it continued for two months, passing over many times the whole exterior surface of the cervix uteri. It was evidently a phagedenic chancre.

With the exception of the symptoms peculia

to the ulcerative process, the patient offered no indications which might lead to the supposition that the syphilitic virus had penetrated the system. Suddenly, however, she began to fall away; the appetite was lost; she complained of great thirst. These symptoms were evidently not syphilitic, as the chancre was phagedenic without induration, and, in consequence, it could not be supposed that the virus was absorbed, the symptoms were rather to be attributed to the tuberculous diathesis.

On the 5th of July the patient exhibited marks of great prostration; she complained suddenly of dull pains in the right inguinal region, which had been experienced for some days, but which she feared to make known. These pains were produced by a bubo which the patient had been able to conceal, and which appeared to occupy the whole right iliac fossa. Now all the former sufferings of the patient were easily explained.

In reflecting upon the circumstances which preceded and accompanied the development of the bubo, M. Thiry remarked that the case presented much interest and was a suitable subject for a clinical lecture, of which we give an abstract.

He began with a novel explanation:—

The existence of a phagedenic chancre capable of propagating by inoculation was only very lately proved; its base of a greyish colour; its edges pinkish, continuing to be limited by a red inflammatory circle, as seen in this case, only very much extended. The toucher, used with the greatest care, was unable to detect any induration.

No other lesion was noticed in the organs of generation. The chancre of the cervix alone constituted the primitive lesion; it continued two months after its first appearance to retain its phagedenic power in all its integrity, and consequently limited its entire action to the ulcerated tissues.

In the right inguinal region existed, as we have seen, a voluminous tumour, which extended inwardly to Gimbernat's ligament; outwardly, to the anterior and inferior crista of the ilium; it appeared then to extend deeply into the iliac fossa.

This tumour, the temperature of which is slightly elevated, appears of a violet colour at its centre, which is soft; whilst its circumference is engorged, and offers to the touch a kind of indurated margin. The surface presents many inequalities of variable size. The depression which is felt in the centre of the tumour is elastic, shining, which must be attributed to the presence of a purulent fluid, in great quantity.

M. Thiry would wait till the symptoms were sufficiently developed, that the diagnosis may be more easily established; and he employs immediately discutient and emollient applications, and absolute rest.

Two days after the particular examination, the symptoms had considerably increased; the skin, in almost all the extent of the tumour, presented a dark erythematous redness; the epidermis was elevated by blisters, which were raised with facility. They were parallel the one to the other, and separated by the space of a centimetre; whitish traces, as seen in abscesses, indicated that the skin had become thin, and would very soon break and give issue to the enclosed pus. In fine, this tumour was very painful, the patient dreading the slightest touch.

M. Thiry commenced by proving that the exact determination of this case presented many difficulties, and yet on the diagnosis depended the safety of the patient. Certainly, he remarked, nothing is more easy than to cut the question short, as is ordinarily done, by saying it is a syphilitic bubo which may be cured by the employment of mercury. But what will be the results, if, based upon the appearances, there should be adopted such a mode of treatment? Very serious accidents to the patient, and a very bad example of a routine physician for the pupils who attend the *clinique*. But it is objected, continued M. Thiry, that all the syphilitic conditions exist in the present case. Is there not, indeed, an evident chancre, which has been present for a considerable time; and the chancre —the ancient chancre above all—is it not the necessary fatal source of constitutional infection? Doubtless, an objection like this appears truthful and rational; but we must not forget that a chancre may not produce syphilis, and that for it to arrive at this termination it must undergo certain indispensable modifications. Before the chancre becomes indurated, it possesses simply a local existence — special, contagious, it is true, but independent; and it may during the period of *this existence*, which in the case we now consider has been *very long*, produce the alterations, more or less remote, which may be purely and simply the reproduction of its individuality. In fine, the chancre, although endowed with a very active specific power, nevertheless possesses, the same as the most simple affection, the property of engendering sympathetic *pathological consequences*, such as might be produced by the most common and simple ulcer.

Now, said M. Thiry, after this short exposition, it may be seen that the bubo, of which we have been speaking, may be a *sympathetic bubo*, or a *secondary bubo*, or a bubo of absorption. To which of these three species does this appertain? There is the difficulty. We will proceed to attempt to resolve it.

PERFORATION OF THE DUODENUM.

Communicated by RICHARD GILLARD, Resident Medical Officer of the Leeds House of Recovery.

Samuel Thirwell, aged twenty-two years, lived for some time as a servant in this hospital; he was discharged about four months prior to the date of this attack; robust, healthy appearance, sanguineous temperament; has enjoyed good health. About three years since he had an epileptic fit, but speedily recovered from it, since which he has had no return. About eight months ago, for the first time, he was seized with violent pain in the abdomen; it was severe for a few hours, but soon passed with the aid of the usual remedies. It was supposed at the time to be an attack of simple colic; no inflammation followed. Since that time up to Thursday evening, the date of this attack, he had occasionally pains in the abdomen, more or less severe, but has never been laid up, being soon relieved; he has never suffered from either vomiting or diarrhœa; appetite always good, digestion apparently going on well and without interruption. He went to his work on Thursday, May 4; came home in the evening between seven and eight o'clock; he had complained of slight pain in the bowels in the course of the day; he was attacked suddenly with most violently acute pain in the belly. I was called about eight o'clock; found him suffering from agonizing pain in the abdomen, vomiting, and obstinate constipation; pulse 96, full. Having ascertained that there was no hernia, I ordered hot fomentations to the abdomen, and gave him the following pill:—℞. Hydrargyri chlorid., gr. v.; pulv. opii, gr. ij.; con. Rosæ, q.s. M. ft. pil. statim sum. To be followed with ol. ricini ℥j. If rejected by the stomach I ordered the dose to be repeated in an hour; this was done. I again visited him about eleven o'clock the same evening; found the pain much worse; no motion; continued vomiting; pulse 120, full, bounding. This symptom, with other accompanying evidences of great excitement, induced me to believe it was not a case of perforation. I had never seen a case of perforation of the duodenum; but in three cases of perforation of the stomach and several of the ileum which I have witnessed, the prostration and collapse appeared almost immediate. There was now considerable tenderness over the whole abdomen. I bled him to ℥xxiv., with very considerable relief to the agonizing pain from which he was suffering; he did not faint, and appeared more tranquil. The pulse was now 100, full but soft. An enema was administered, followed by another in two hours afterwards; a little feculent matter only came away with the injections; the abdomen was not tympanitic. I ordered the following pill:—℞. Hydrargyri chlorid., gr. iij.; pulv. opii, gr. j.; con. Rosæ, q.s. M. ft. pil. 2dis horis sum. Turpentine epithem and hot fomentations to the belly.

Friday morning, eight o'clock. Remained much the same; the agonizing pain had again returned, but still there was not that prostration which might have been expected if perforation had taken place; the bowels had not acted. At about ten o'clock a great alteration was visible; great prostration came on rapidly, and he was soon in a complete state of collapse. He died at two P.M.,—just eighteen hours after the first attack.

Post-mortem Examination twenty-one hours after Death.—The abdomen was greatly distended, hard, and tympanitic. On passing a scalpel through the parietes there was a great rush of fetid gas; there was a considerable quantity of fluid in the abdominal cavity, on which floated several large globules of oil; there was recent inflammation of the whole peritoneum; the omentum completely adherent to the stomach and transverse colon. The whole of the intestines were injected, and with the stomach presented a beautiful arborescent appearance; on raising the edge of the liver, there appeared an opening into the duodenum, about the size of a small pea, from which poured out feculent and bright grass-green bilious matter; the neighbouring parts were deeply stained with it. On removing the stomach and intestines, and cutting into the former with the duodenum, the opening was found immediately beyond the pylorus, about half an inch; it was funnel-shaped, the mucous coat being ulcerated to about the size of a small pistol-bullet. The pylorus was perfectly healthy; the edges of the ulcer were smooth. The duodenum was indurated around the margin, lymph being deposited, forming an imperfect semi-cartilaginous ring; at the distance of about a quarter of an inch from the perforation, a small circular portion of the mucous coat was ulcerated; the whole duodenum was injected, but presented no other marked disease. The stomach, particularly about the lesser arch, presented several particles of inflammatory injection. The liver was perfectly healthy.

Ulcers have, I believe, not uncommonly been discovered in the mucous surface of the duodenum, in patients who have died from other causes, but the termination by perforation, as far as the duodenum is concerned, is, I believe, exceedingly rare; so far as I know, there are only three cases on record; they are mentioned by Abercrombie and Mayo; one, as described by Dr. Stanton in "The Midland Medical and Surgical Reporter," for November, 1829, communicated with an external opening on the side of the thorax, between the seventh and eighth ribs. The other two appear to resemble Thirwell's case: the preparation of one is in the museum of the Royal College of Surgeons, Edinburgh, no history, except that it was fatal in 24 hours; the other case is related by M. Roberts, "Nouv. Bibl. Méd.," June, 1828. There are one or two points of interest which suggest themselves, so far as treatment is concerned. I suppose no method, at the late period at which I saw my patient, would have had any chance of success. As to the cause of the inflammation, ulceration, and perforation, was it one of those constitutional ulcers commonly met with in the mucous lining of the intestinal tube? Or was it, in this particular case, the result of mechanical irritation? Could a gall-stone have become lodged in the rugæ, and thus have been the exciting cause? Did the perforation take place at the commencement of the attack on Thursday evening? The accompanying pyrexia and other symptoms of excitement, together with the absence of that marked prostration commonly met with in perforation, would seem to render this improbable, although I at first inclined to this opinion. If it did not take place then, I suppose it must be referred to the Friday morning, at or about ten o'clock; if

it occurred at this latter period, could such marked symptoms of inflammation and death have occurred in so short a period as four hours after?

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 2, 1848.

THE NECESSITY OF CIVIL SURGEONS STUDYING GUNSHOT WOUNDS.

The events of the last six months—the *émeutes* and the battles of the barricades—have once more introduced into the civil hospitals of Paris a description of surgical cases with which, happily for society, the ordinary surgeon of civil life has but small acquaintance—is, in fact, but little familiar. We mean, of course, those wounded by gunshot, by musket-balls, and other dangerous projectiles; by sabre and bayonet; by shot and shell. Now, although there be nothing more unlikely than the occurrence of such events here in Britain, yet it seems upon the whole the wiser plan to be somewhat prepared for them. Formerly the constable (often merely a name) could easily preserve the general order and peace of the tranquil, busy, industrious towns of Britain. We speak not of Ireland, where cut and thrust were always rather fashionable; we speak of England, and its constabulary force, sufficient for those days. But now to this force has been added another—an army, in fact, a civil army—the police force, officered, trained, disciplined, armed. On the necessity for this additional army we presume not to make any remarks, but it occurs to us that in any future struggle or civil brawl, the people must and will also fly to arms in mere self-defence. The wisdom of these anti-Saxon measures we presume not to discuss, but see merely in them a possibility, a probability, that, sooner or later, a few gunshot wounds, a few cutlass slashes, a few limbs smashed by shot or shell, may come to be treated in the civil hospitals of Britain by the ordinary surgeons of civil life, by the majority of whom, most happily, such cases have seldom or never been seen.

The opinion still held by some, that military surgery is a distinct branch of the healing art; that gunshot wounds have a something specific in their nature; that they require being treated by a class of men called military surgeons, is an opinion we conscientiously believe wholly unsound. That the surgeon who has himself treated gunshot wounds, has watched their progress, has acted on the field and on the emergencies usually occurring in war, must be, *cæteris paribus*, the more competent surgeon to treat such wounds, is merely expressing in a common-sense way what every reflecting person would immediately assent to; but further than this we do not go. If to his previous knowledge a surgeon will add the treatment of a few gunshot cases, he does all that can be required to make him also a military surgeon.

But this is not the only question which events like those alluded to are calculated to call forth. In Paris, the great fortified camp of modern civilized Europe, the routine of military surgery has been called in question, re-examined, defended by some, condemned by others. In the bosom of the National Academy of Medicine, distinguished surgeons, not military, have taken part in these discussions, pronouncing, we fear, too dogmatically on points respecting which their experience must be small. How is this? Is surgery a conjectural art? Mankind does not think so in general. The utility of the surgeon has never been questioned. Bilguer himself objected merely to the amputating knife, but not to the professors of the art, whose great object he very properly declared should be, not the amputation of limbs, but the saving of them. Operations were called by Mr. Hunter the disgrace of surgery; and so, no doubt, many of them are. But some are inevitable, and to perform them well is a great duty of the surgeon. To read the discussions now going in the academy, one might suppose that war was a novelty; and that the main points of doctrine, as regards the treatment and pathology of gunshot wounds, still remain undecided. In this opinion we do not concur, and trust to submit to our readers shortly the proofs that all the great questions which can occur in the history of gunshot wounds had been profoundly considered by the leading surgeons of preceding ages; first by those of the French monarchy, and next by those of the first republic and ever-memorable empire.

Yet discussions like these have also their benefits as well as their disadvantages. Some startling facts appear, amongst which, and certainly not the least, is the following statistic by M. Malgaigne. These statistics, it is true, have been called in question, and will probably be proved, to a great extent, unworthy of notice; yet do they merit some attention, and especially the statistic having a reference to the diet of the wounded.

On the 8th of August M. Malgaigne submitted the following statements to the Academy of Medicine; they excited, as may well be supposed, universal surprise:—

"Primary amputations, as performed lately in Paris, in the whole, give rise to a mortality of two thirds."

"The opinions of surgeons regarding the advantages of primary amputations rest on an inexact basis."

M. Malgaigne refrains, and we think with great propriety, from too active an interference with cases operated on. He objects to *débridemens;* denounces the bandage of Scultetus as the bane of surgery; dresses the wounds lightly; lastly, he *feeds his wounded;* and this is the point he mainly insists on. Here are his statements, which cannot fail to cause universal surprise. A pupil of the celebrated Broussais, he practised at first according to the maxims of that energetic man; gastritis, entero-gastritis, were continually present to his mind. But the deplorable results caused M. Malgaigne at length great distress. Soon after a document was issued by the administration of the hospitals of Paris, and which, unfortunately, had not been published. It is the report on the mortality amongst the wounded received into the Parisian hospitals during the campaign of 1814. It contains the treatment as to *diet*, and its results on three classes of wounded, French, Prussians, and Russians: the wounded French and Prussians were subjected to a *strict* or *low diet;* the Russians were, on the contrary, pretty well fed. Their diet may be judged of from their *half-diet*, which was as follows:—

1 demi-kilogramme of bread.
240 grammes of meat.
120 grammes of rice or vegetables.
1 demilitre of wine.
1 demilitre of brandy.

These are the results as regards the wounded so treated:—

French mortality	..	..	.. 1 in 7
Prussian —	..	..	.. 1 in 9
Austrian —	..	..	.. 1 in 11
Russian —	..	..	.. 1 in 27

To these statistics we shall, no doubt, return. Some elements neglected by Malgaigne have been, we think, omitted in the above report.

The questions debated before the academy have a reference chiefly to the mode of treatment of gunshot wounds; the propriety of primary or secondary amputation; the natural and artificial modes of suppressing hemorrhage; the employment of anæsthetic agents, &c. Now, of all these, the treatment alone is that with which the public is chiefly concerned, and to this we shall mainly confine our attention. That any one mode of practice should long prevail in Paris, however excellent, is as unlikely an event as possible; to seek novelty or change is the object of the race; to resist change is the temper of ours.

Of the speakers in the academy we assign unhesitatingly the first place to M. Roux, the successor and son-in-law of the celebrated Boyer. He is a surgeon of great experience—we may say, of the greatest experience possible; sound, learned, and an excellent anatomist; all men esteem him highly, and his opinions are entitled to the utmost respect.

To the use of anæsthetic agents he gives his unqualified approbation. The great questions of dilatation (*débridement*), hemorrhage, extraction of foreign bodies, treatment by cold-water lotions (*irrigations froides*), resections, and, finally, the important question of amputation, he discusses briefly and in succession.

Laying it down as a fact that gunshot are contused wounds, accompanied with deep sloughing of the adjoining tissues, and requiring a much longer period in their cure than simple wounds, he yet makes an exception in favour of some gunshot wounds of the face and scrotum, whose treatment may be attempted successfully by a direct union of the surfaces retouched by the surgeon. He is rather favourable to the antiquated practice of *débridement;* but not in all cases. "I am," observes M. Roux, "very sceptical as to the utility and advantage of the extraction of foreign bodies." We are surprised to learn this from so distinguished a surgeon. He thinks, with Hunter, that the deeper the parts are situated, the less are they disposed to suppuration from the presence of a foreign body; and that it is only as the musket-ball approaches the surface that suppuration becomes abundant.

He attaches much importance to the consideration of secondary hemorrhages, which he thinks fall more within the field of observation of the *sedentary* surgeon. In primary hemorrhage from gunshot he recommends the ligature of the artery at the point *where wounded;* in secondary hemorrhage he thinks it safest to tie the artery remote from the wounded part.

To the use of cold-water irrigations and the application of ice to gunshot wounds he is wholly averse; but his objections, in some measure theoretical, are rather against the abuse of the method than its use. He objects also wholly to resections, with the exception of the elbow-joint.

M. Malgaigne usually resorts to statistics, which he thinks prove the advantages of amputating but seldom. We remember the mischief M. Malgaigne did in respect to strangulated hernia on a former occasion, and have ever since been chary in accepting his figures as facts. On the present occasion he may be right. He re-

vives the opinions of Bilguer and others. Meantime, M. Roux boldly tells Malgaigne in his presence, that his statistics are worthless, and deserve no notice. We have always been of this opinion in regard to statistics which are based on *short periods* and *small numbers*, under which categories come most of the researches of M. Malgaigne. The profession surely cannot have forgotten the statistics of Mr. Martineau, we think, of Norwich; let one such case suffice. We have no desire to revive these discussions.

M. Blandin, following M. Roux, calls in question, and we think justly, the whole of Malgaigne's statistics. The point he chiefly discusses, however, is the question as to the different signs by which the entrance and exit apertures of the ball may be determined precisely; for this question has also been again raised in the academy. That the entrance of the ball caused a smaller aperture than its exit, is, we were about to say, a fact, averred by all surgeons to the time of Dupuytren, whose opinion it also was. M. Blandin says, on the contrary, that he was the very first to call this opinion in question. But he admits that there are exceptions, and so this question remains also undecided. Having satisfied himself that the opening made by the ball at its entrance is uniformly larger than that of its exit, contrary to the opinion of all other surgeons, M. Blandin next disputes the other well-received surgical opinion, that hemorrhages are rare in gunshot wounds. On the contrary, he thinks them frequent. But, he admits what he could not well deny, that these hemorrhages cease spontaneously and readily. In one case only was he called on to tie an artery (the femoral) in primary hemorrhage from gunshot. He prefers placing the ligature *remote* from the wound.

M. Blandin thinks favourably of *débridemens*. The application of ice and refrigerants he thinks useful in some cases. He prefers cold cataplasms and cold water to ice.

Finally, with regard to the statistics in respect of diet, submitted on a former occasion to the academy by M. Malgaigne, he very correctly characterized them as absolutely astounding; so much so, indeed, as to be unworthy of belief. He compares such statistics with those of Raw, of Holland. Amputation in the elbow-joint he approves of.

As was to be expected, M. Vidal (de Cassis) reappears, and begs of the academy not to forget the result of his experience which he submitted to it in 1839, in his "Book of Surgery." He adds nothing new, however, to the views he then adopted, but expresses his regret that the ancient, antiquated idea of making of military surgery a something distinct, a something apart from the surgical art generally, should have been again revived, and with it discussions which ought long since to have been decided. Amongst these he properly enough enumerates the ancient dispute respecting primary and secondary amputations; and next, the question of laying open gunshot wounds (*débridement*) when first received, a question on which the surgical world was, but not now, we think, divided—the opinions of the two highest authorities—of John Bell and John Hunter—being opposed on this, as on several other points, to each other.

Into the same field of disputation, the academy, M. Amusat throws himself with his accustomed energy. He reproduces some of the views he formerly held; simplifies and extends them; claims for "the clot" the whole merit of arresting hemorrhage in gunshot wounds; describes the clot itself with infinite exactness and detail; presents to the academy some successful cases, which, after all, but show the usual accidents and complications of most gunshot wounds; concludes by affirming that the surgical aid usually given in most cases of gunshot wounds at first, that is, on the receipt of the wound, is insufficient. He recommends more active measures, in which, we think, he errs as a general rule; and he takes occasion to urge on surgeons the necessity of performing many operations on living animals, that courage and coolness be thereby acquired to meet the urgency of each case as it occurs in man.

From this proposal we are also constrained to dissent. A sound knowledge of anatomy, good health, and ordinary nerve, will enable the surgeon at all times to meet any operation required on man. Any operations done against time are in bad taste; they came in with Astley Cooper, and, we hope, went out with Liston; on the Continent, they, in a peculiar manner, belonged to the Lisfranc school; the English, or rather Scotch, school was a mere imitation of the French, including, of course, the form of the instruments employed. It is always the same, from the first Monro to the present moment. They go to Paris to see and learn *what is new* just as naturally and as certainly as they did a hundred and fifty years ago; from the straight bistoury to the uterine sound, all the novelties are Parisian. We see no harm in this, but it ought to be acknowledged. Let us return to the important discussion which the wars, and battles, and sieges of Paris have once more originated in the academy.

M. Amusat contends that sufficient assistance is not rendered the wounded when first seen; but his cases do not prove this,—rather, indeed, the contrary. What would he propose? A musket-ball passes through the thigh and breaks the bone to fragments at some point or another; there may or may not be hemorrhage. If examined, it tells you that a main artery, perhaps the main trunk, has been opened; the limb is insensible, the wounded man sunk and dispirited. Now, what does M. Amusat propose in such a case? What would he do but consider carefully the actual condition of this patient, and decide the important question of amputation or not; and, if it is to come to amputation, should it not be performed as soon as the patient has recovered from the shock of the wound?

The favourite crotchets of M. Amusat at the present (we cannot give them any other name) are—1. The use of irrigation with warm (*tiedes*) water; 2. The employment of pressure by the fingers alone in arresting hemorrhage from gunshot wounds, in preference to all other methods; and 3. That hemorrhage, when it ceases spontaneously in such wounds, does so by the formation of a clot within the artery, and not by any other process whatever.

But all these matters have been often discussed by the great military and other surgeons of the former republic, of the previous monarchy, and of the empire. None of these points have the least degree of novelty to the profession; their too frequent discussion, perhaps, even does mischief, by casting doubts and difficulties in the way of the inexperienced, whether young or old, and exciting in the public mind a dread, a suspicion, that, like her sister art, surgery, after all, may be conjectural.

In No. 99, vol. ii., of the "Union Médicale," there is a very sensible letter by an old surgeon, a student of the celebrated Lombard, and a military surgeon of the first republic. His communication is anonymous. Does this arise from its containing some unpleasant truths? Very likely. He speaks of Lombard's judicious *medical* treatment of gunshot wounds; of the rarity in his time of hospital gangrene, which now exists in Paris; and he hints at the number of deaths from gunshot wounds occurring in Paris within the last few weeks, being painfully frequent as compared with what he had himself witnessed when serving with the army of the Rhine, during the period of the first republic. From these and other hints it would appear that the Parisian hospitals are anything but favourable retreats for the wounded.

Some of our readers may yet be called on to treat gunshot wounds. The conflicting opinions of the present members of the academy can scarcely be held as guides for the inexperienced. "Let the diet of the wounded be rich and generous," says one; "let it be meagre and restricted," is the *dictum* of another. "Place the restraining ligature on the artery where wounded" (Roux); "let it be placed remotely from the wound" (Blandin). "*Debride*," says one; "such practice is uncalled for," says another; and last not least, the question of amputation or no amputation is nearly as unsettled as it was in the times of Frederick the Pruss, father and son, whose ideas on this point seem, after all, to have been more philosophic and more humane than could have been imagined or expected.

How is the inexperienced surgeon to act? how to decide? Let him bear in mind that military surgery, though not an art apart, yet requires its own experience. Let him note carefully whatever cases come within his sphere of observation; watching their progress carefully; bear in mind the great importance of individual tact in every case; of the specialities which arise. The accumulated experience of the great military surgeons has been from time to time recorded chiefly in works inaccessible to most members of the profession: this evil may easily be remedied; the leading monographs translated and thus submitted to our readers will form, it is hoped, a much safer professional guide to the British surgeon than the somewhat hasty discussions now going on in the French Academy. Distinguished and able men abound therein, no doubt; but they had their predecessors, with whose ample experience the surgeon of the present day cannot pretend to cope.

THE DECLINE AND FALL OF UNIVERSITY COLLEGE.

University College offers, at the present time, a melancholy spectacle of fallen greatness. In the days of its infancy it promised fair to become the first amongst the chartered seminaries of our country. It numbered amongst its founders some of the most brilliant spirits of the age, whose learning and liberality shed a lustre over their names. Imbued with a zeal to promote the advancement of mind, they wished to found an institution in accordance with the spirit of the age, under whose wings science might securely flourish.

Our country could boast of two ancient universities endowed with princely revenues, and their classic halls had not only become venerable through age, but also from having been the places where master spirits had cultivated their minds, which were successfully employed in elucidating some of the most important doctrines

of science and religion. Those venerable seats of learning, however, seemed in the nineteenth century not to have kept pace with the progress of the human intellect. In the night of ignorance they had risen like stars of the first magnitude to shed light upon a dark world. The pilgrims of science hailed this light with satisfaction, as the harbinger of a coming day. The culminating point, however, was soon reached, and as the dawn of science advanced onward to the splendour of morning, the two stars of our country became proportionably dim.

It appears a singular circumstance, but, nevertheless, one which is constantly verified, that institutions established for the express purpose of advancing any particular department of science, only do so for a limited period. Like everything human, they rise, flourish, and decay; while divine science, possessing the principle of immortal existence, flourishes in spite of all vicissitudes.

When particular branches of science became of sufficient importance to merit especial cultivation, "our two universities" seemed indisposed to take them under their patronage. The twin sisters were dazzled with the splendour of their own greatness, and they ceased to be efficient nursing mothers. Young Physic (for with this we are more immediately concerned) found on the banks of the Isis and the Cam no patrons to countenance it, no fellowships to encourage it, no halls to shelter it. What, under these circumstances, was to be done? A science so intimately bound up with the temporal welfare of mankind ought not to be left almost an outcast in our country. The Government saw this, and yielded to the importunities of the first founders of University College.

It is singular that this institution, especially intended for the cultivation of medical science, should, ere it scarcely attained its majority, exhibit symptoms of decay. Some blighting influence has checked the growth of liberal principles, and the profession beholds it with astonishment and regret. The charge has been made and reiterated, that the ancient eleemosynary and chartered medical institutions of this metropolis were all tainted with the spirit of monopoly. Our hospital surgeons, it has been said, have obtained their places, not because they possess superior talent, but by family influence, or the payment of a certain sum of money. Our colleges are governed by men who have risen to office without the sanction of the great majority of the members of the profession; and hence that demand for reform which for the last few years has been so urgently made. What need was there of a new chartered college like University, if it was not to be governed in accordance with liberal principles? None whatever; and better it had never been established than that it should exist to sanction monopoly while it pretended to liberality.

Since the death of Mr. Liston there have been some strange doings at this institution. Certain professors, from some cause, have risen not only to place, but "power," and they are charged with putting down one and setting up another in the school and hospital. The late appointments have certainly been made in a very singular way. In the case of the assistant-surgeon to the hospital, the office was filled up without the situation being made known to the profession as vacant. This looks very much like an arbitrary exercise of power, which, if not checked, must eventually prove ruinous to the medical and surgical schools. We consider that this act of the council is a slight put upon the whole profession. We have nothing to say in reference to the capabilities of the gentleman elected, but we think that the principles upon which the institution was founded required that means should have been adopted to bring candidates into the field, and then the appointment should have been offered to that gentleman who was found to possess the highest talents. Unless this plan be speedily adopted, University College will prove a miserable failure as a medical school.

The usual means had recourse to by candidates for professional appointments to prove their fitness for office, we consider not to be the best. Above all, we would condemn the certificate system, as any one with common tact and perseverance may obtain a cartload of the highest testimonials. What is required is a searching practical examination; and he who passes this in the best manner is entitled to reward.

University College, in order to redeem its character, must henceforth carry out the principles upon which it was founded. The whole of the members of the council are bound to watch over the welfare of the institution, and to delegate to no one or two individuals that authority which properly belongs to the whole. On the right discharge of these duties depends the prosperity of the college, and upon them the blame must rest if pluralist professors in the receipt of large salaries are found lecturing to empty benches.

NEGLECT OF GOVERNMENT TO EMPLOY SUITABLE MEASURES AGAINST THE INVASION OF THE CHOLERA.

The steady advance of the cholera westward renders it probable that ere long our own population will feel the effects of this fatal malady. Already we have had warnings of its approach in the increased mortality during the last five or six weeks from gastric irritation. Some few cases have been registered in the weekly returns as deaths resulting from Asiatic cholera; and hence it behoves the Government to see that all the means at command should be brought into operation the moment the disease as an epidemic reaches our shores. Some of the continental Governments have set us an example which ought to be followed without delay. France has looked to the renowned members of the medical profession in that country for advice and assistance, and has sent to St. Petersburg physicians to study the malady and the most efficacious means of preventing or curing it.

Hitherto, however, our own Government has only thought it necessary to order the Benbow and Devonshire, old line-of-battle ships, to be immediately prepared as hospital ships, to receive cholera patients from merchant vessels; and these precautions have been so far extended as to allow the Iphigenia to be in readiness to receive any patients that cannot be accommodated in the other ships. This is all very well so far as the marine is concerned; but what has been done to meet the exigences in the different villages of the United Kingdom? Scarcely a single precaution seems to have been adopted. The profession has not been consulted on the matter; and we expect when the disease comes that we shall hear of Sir George Grey sending for Sir Benjamin Brodie, or some Court physician, to inform him what is best to be done.

If we were to judge from the conduct of the members of the Government, we should be led to suppose that they thought all medical and surgical knowledge concentrated in the heads of two or three individuals, and that other medical men were a very insignificant set of persons, whose opinions were of little consequence. The profession has always been slighted by individuals high in office, and hence its members are never consulted as to the best means of promoting the public health. In France statesmen feel that they are not physicians, and they have not the temerity to trust their own judgments in matters relating to the health of the people, nor are they satisfied with the opinions of one or two persons. The Academy of Medicine is considered the best place where such matters can be discussed, and where the best means can be devised for preventing or treating disease. In England Government has no such scientific body to consult; and it would be a laughable circumstance to see the Home Secretary posting off to Pall-mall or Lincoln's-inn-fields with the expectation of finding in the se places the most illustrious members of the healing art.

We would counsel the Government to summon without delay a number of medical men who rank high amongst their brethren for their professional attainments. To these should be committed the important work of making the best preparations against impending disease. By this act the Government would exhibit a proper respect for the medical profession, and would afford a guarantee to the public that their welfare was consulted.

THE NATIONAL INSTITUTE AND MEDICAL REFORM

A copy of this report has been forwarded to us, and we take the earliest opportunity of placing it before our readers. It exhibits great care and judgment, with an infinite knowledge of the intricacies of the subject. If, indeed, the profession generally had been as well informed on the question as the council of the Institute, there would have been no necessity for their report. It is too voluminous for insertion in its entire form, so that we shall select from it such passages as seem to us to possess most interest to the general reader, and to deal most satisfactorily with the points in dispute between the council and their opponents.

We have no doubt that the council's antagonists will feel delighted at being set right in such a courteous style. It is very satisfactory among men of honour to be cut up with scientific precision. It lessens the pain and the suspense of dissolution. Surgeons especially must hold a clean cut in admiration. For ourselves, we dislike to see a gash made as if it had been ripped up with a handsaw. It is, however, a matter of taste.

The report brings up in a summary manner the history of the Reform movement to the period of the conferences at the College of Physicians, where the National Institute was represented by Messrs. Pennington, Bird, and Ancell, and embodies all the documents that emanated from these negotiations. These documents have already been published in our journal, so that republication is unnecessary.

The report is of that importance to claim the perusal of every medical practitioner who takes an interest in the respectability and welfare of his profession; and assuredly it is of the highest consequence that the crude and mischievous notions that are here exposed should not any longer receive indulgence from the profession.

REPORT OF THE NATIONAL INSTITUTE ON THE PRESENT STATE OF THE MEDICAL-REFORM QUESTION.

"The council of the National Institute most earnestly invite the attention of the profession to the measures now laid before them, for amending the laws and charters relating to the practice of medicine and surgery in Great Britain and Ireland. They call upon every general practitioner, individually, to scrutinize these measures for himself, placing implicit reliance on the representations of others in no case whatever. They urge upon them to approach the consideration of the subject dispassionately, and to pursue it deliberately, with a just appreciation—(1.) Of the manifold and grievous evils which afflict the profession in its existing state; (2.) Of the more pressing and more remediable of these evils; (3.) Of the remedies which are most peremptorily called for, are most easily attained, and best calculated to benefit the main body of the profession; (4.) Of the real difficulties which oppose themselves to any change whatever in the laws by which the profession is at present governed. A clear and comprehensive view of the whole of these points is essential to a correct judgment on the question, whether the proposed measures ought to be accepted or rejected. The council of the National Institute arrived at the conclusion that they ought to be promptly, cordially, and unanimously accepted—for the following reasons:—

"First.—Because they comprise many of the most essential of those reforms which the general practitioners have for years past so loudly and so repeatedly demanded: as, 1. Corporate rights and privileges, secured to the general practitioners by the establishment of a representative collegiate institution; 2. A uniform, high standard of education and qualification, which, after the bill becomes law, will be secured on the part of every individual who, in future, enters into practice as a general practitioner; 3. Reciprocity of practice founded on uniformity of education, similarity of the standard of qualification, and the examination tests being rendered equally stringent in the three kingdoms; 4. The registration of all legally qualified practitioners, and the periodical publication, under the authority of Government, of such registry, by which the public will be enabled to distinguish between legally qualified members of the profession on the one hand, and charlatans and pretenders on the other hand; 5. That every member of the profession should be brought under the operation of a code of by-laws, which he must observe, or render himself liable, as in the case of attorneys, to be struck off the register, by which it may be fairly anticipated that the profession will be relieved of the odium attaching to disreputable members appearing in its ranks; 6. The enactment of more effectual penalties against the practice of the profession by individuals whose names do not appear in the register.

"Second.—Because the proposed charter of incorporation for the general practitioners is the same in principle, and embraces the same details, as the charter petitioned for by the National Association of General Practitioners, after a very mature discussion, by a committee consisting of upwards of one hundred general practitioners; a canvass of the whole of the members; and a ratification, at a public meeting of the members, at which many hundreds were present. These principles and details are, mainly, a representative institution of a collegiate character; a council of forty-eight general practitioners, half metropolitan and half provincial, with a president and three vice-presidents, elected triennially; a court of examiners competent to test the qualifications of candidates for general practice in every department of medical and surgical science and practice; no candidate to be admitted to examination without a previous course of studies of five years' duration, nor under twenty-two years of age, but the system of compulsory apprenticeship to be abolished; the power of making by-laws for the regulation of this branch of the profession; an act of Parliament to give effect to the charter.

"Third.—Because, while they secure to the general practitioner the whole of the rights and privileges here enumerated, and certain immunities, they erect the profession into one tripartite faculty. They realize the public idea, and harmonize with the customs of society. They increase the power and render more stable the most venerable of our institutions—the Royal College of Physicians—thereby securing for the profession, in its unity, the highest position in literature as well as science, and satisfying the public requisition for a class of individuals whose talents and whose lives are exclusively devoted to the cultivation of physic. They ratify the powers and privileges of the College of Surgeons, and secure the encouragement—in persons of education and high scientific acquirements—of practical manual skill in the art of surgery. While they afford the general practitioner all the advantages hereinbefore detailed of an independent incorporation, they open a portal for those among them who may become distinguished in physic, to pass to the right-hand chamber and enter the College of Physicians, and to those whose talents and ambition lead them to eminence as practical surgeons, to pass to the left-hand chamber and enter the fellowship of the college of which they are already members. To those who are prevented, by the laborious routine of an extensive general practice, from concentrating their skill and abilities upon any one department in particular, they open avenues to rewards and honourable distinctions in their own college, which must ever promote the advancement and general diffusion of knowledge.

"Fourth.—Because the existing state of the profession is most inimical to the public welfare. Hitherto the improvement of the great body of general practitioners has depended upon the Society of Apothecaries, who, from their limited powers under the present laws, and the inadequacy of their means, are totally unable to effect any further beneficial results. The duties of the College of Physicians are restricted to the interests of society as respects physicians only, who must ever constitute but a limited portion of the profession; and the measures of the College of Surgeons, as respects progress and improvement, are directed altogether to the fellowship, which includes, chiefly, those individuals who profess to practise pure surgery—the fellowship of this college being also but a very limited section of the profession. The qualifications and acquirements of the general practitioners, under such circumstances, must necessarily be neglected; and without imputing any dereliction of public duty to the existing institutions, as far as the great body of the profession is concerned, a distinct limitation and check to the encouragement and development of high scientific and extensive practical attainments in medical and surgical science and art exists, and incalculable evils are thereby inflicted upon society at large.

"Fifth.—Because the experience of fifteen years' agitation, with the introduction of seven or eight bills into the House of Commons, and the failure of every previous attempt which has been made, demonstrate the difficulty of legislation upon the subject, and the importance of taking advantage of the present agreement of the different bodies; and because the present Government, ever since it came into office, has held 'that something might be done, if the different branches of the profession could be agreed amongst themselves, but nothing otherwise.'"

The council, having thus stated their reasons for recommending the proposed arrangement for adoption by the profession, continue thus:—

"Medical legislation, in the direction of a reform in the medical institutions, and the general medical polity of Great Britain and Ireland, having thus far satisfactorily progressed, a parliamentary committee, with the Lord Advocate for its chairman, having given great attention to the subject, and all the ancient medical institutions of England, Scotland, and Ireland having concurred, not only in a series of principles, but in an outline of a Medical Reform Bill, a fair prospect presented itself for the passing of such a bill through the Legislature during the present session of Parliament; but a less pleasing part of the duty imposed upon the council in drawing up the present report remains to be performed, viz., to reply to the objections of those who have deemed it expedient to oppose the proceedings in furtherance of the above measures."

The council now enter upon the analysis of the resolutions passed at the various meetings professing to oppose the movements of the National Institute. This analysis leaves little to be done.

"A meeting of surgeons, purporting to be a meeting of the ten thousand members of the Royal College of Surgeons, was called by advertisement for the 13th day of June, at the Freemasons' Tavern, for the purpose of taking into immediate consideration the measures in progress, and to determine on the propriety of appointing further witnesses to state the ease of the members of the College of Surgeons before the committee of the House of Commons. The advertisement convening the meeting was inserted in only one of the medical periodicals, and the number of individuals who attended this meeting did not exceed twenty-seven, of which number several were known to be present as spectators only. Resolutions were nevertheless passed, and no less than four individuals connected with this meeting were called before the parliamentary committee to give evidence against the principles agreed upon.

"Almost simultaneously with this meeting, another meeting of surgeons appears to have taken place at Colchester, at which a petition to the Legislature was agreed upon. It is with reluctance and deep regret that the council of the Institute feels itself called upon to refer to this document, both on account of the objectionable matter of the petition itself, and the respectability of many of the gentlemen whose names must have been appended to it in error. The petition is a direct misrepresentation to the Legislature of the facts of the case before the petitioners."

* * * *

"This petition is composed of six paragraphs. The council fully concurs in the allegation contained in the first paragraph, of injustice done by the charter of 1843 to the members of the College of Surgeons; and it is a sense of that, with other weighty considerations, which has induced the profession to claim another charter of incorporation.

"The second paragraph contains more than one palpable misrepresentation. It asserts that the establishment of a Royal College of General Practitioners will deprive the members of the College of Surgeons of their present rights and privileges. This is diametrically opposed to the truth. According to the 'principles' before recited, which comprise the establishment of a new college, every member of the College of Surgeons will retain his title of surgeon; every member of the College of Surgeons will be registered as a surgeon; every member of the College of Surgeons will be entitled to hold office in any public institution as a surgeon; every member of the College of Surgeons will retain all the rights he now enjoys as a member of that college, even the right of becoming a fellow, and the right of continuing to seek redress of the grievances inflicted upon him by the charter of 1843; and, in addition to all this, every member of the College of Surgeons will acquire the right of belonging to the new royal college, embracing medicine and midwifery, which college will be founded upon the

most liberal representative basis. Thus it is proved, most unequivocally, that no member of the College of Surgeons will be deprived of any right or title which he now possesses, by the establishment of the proposed royal college.

"The oft-repeated statement, that the new college must necessarily be an inferior institution, is dealt with in another part of this report; but as respects the vague assertion, also comprised in the paragraph adverted to, viz., 'That the members of the new college must be of an inferior grade and rank in the profession,' the council will here only observe, that inasmuch as the new college will be mainly constituted in the first instance, and wholly in future, of members of the College of Surgeons, if the assertion of the gentlemen of Essex mean anything, it is this:—'We ourselves, without any corporate rights and privileges, are of an inferior rank and grade in the profession,—vested with corporate rights and privileges, in a collegiate institution, we shall remain an inferior grade and rank.' For it will be observed that the petitioners have averred, in the first paragraph, that virtually, by the charter of 1843, the members of the College of Surgeons, not being fellows, have been constituted an inferior grade, or rather, it might be said, the injustice thus inflicted has deprived them of all rank whatever, and has degraded them to the lowest possible degree, both in the estimation of the profession, and, so far as it can understand the question, in the eyes of the whole community.

"In the third paragraph the petition assumes, in the most unqualified manner, that the Society of Apothecaries is willing to relinquish its position as an examining body; whereas, it is notorious in the profession, that the society has never given its unqualified assent to relinquish its powers; the society has, on the contrary, upon all occasions, explicitly stated, that it must previously be satisfied that the general practitioners are to be placed in an improved position, and possessed of an efficient control over the education and qualification of their own class. This conditional surrender of the society's present powers may be adduced as a further guarantee that the proposed College of General Practitioners will not, if established, be of an inferior character.

"The fourth and fifth paragraphs express the sentiments and wishes of the petitioners, upon—as appears on the face of the petition—the most erroneous assumptions and misapprehensions. The sixth and last paragraph prays that the College of Surgeons may have a power given to it, which will enable it to remedy the injustice which has been perpetrated upon its members. This is to seek for the accomplishment of an impossibility. In the first place, the college could not now exercise such a power without committing a new and equal injustice to another portion of its members,—those who have obtained the fellowship by examination and the payment of fees. Time and the course of events have rendered it totally impossible for the college to repair the injustice complained of, and the council of the Institute cannot but feel that a pertinacious reiteration to the profession of the practicability of this reparation, which can never be effected by any change in the college itself, can only tend to prevent any settlement of the medical question, and to protract professional anarchy.

"The sixth paragraph of this petition, in context with the first, contains, also, the glaring inconsistency of desiring to throw all the interests of the general practitioners into the hands of that council, which, according to its own statement, has exercised its powers by inflicting upon them the greatest injustice."

The council now deal with the petition of the Shropshire meeting, which, in our opinion, considering that it is but a stale *rechauffée* of rejected or impracticable notions—a sort of political slipslop—has received more attention than it deserves.

"The council have not the same objections to make to this petition as to the former—it contains no misrepresentations, and there does not appear to be any great discrepancy in principle between the petitioners and themselves; they differ mainly on the means to an end, the experience of the council assuring them that the means advocated by the petitioners involve an impossibility; but the council solicit the earnest attention of the petitioners and of the profession to the following remarks suggested by the subject-matter of that petition.

"The petition comprises a scheme of medical reform propounded by the petitioners, and published as a kind of counter-scheme to that contained in the foregoing 'outline of a bill' as framed by the conference in London, the principles and details of which have obtained the concurrence of so many of the existing institutions and the most influential bodies in the profession.

"By the first paragraph in this petition, as in those before commented upon, the rescinding of the obnoxious charter of the College of Surgeons is made a part of the petitioners' scheme of reform, and a *sine qua non* of any satisfactory adjustment of the grievances under which the profession has so long laboured.

"By the second, third, fourth, and sixth paragraphs, the College of Surgeons would be converted into a college of general practitioners. Every individual who, being a member of the medical profession, practises, or professes to practise, surgery, or medicine and surgery, or medicine, surgery, and midwifery, or medicine, surgery, midwifery, and pharmacy, must be a member of the College of Surgeons, and, if of ten years' standing, would have a vote at the election of the council of the College of Surgeons.

"The council of the Institute will not for one moment impute to their medical brethren in Shropshire a deliberate intention to prevent or obstruct all legislation in medical affairs, nor can they believe that so numerous a body are content that the profession should continue in its existing anomalous state. The council have, furthermore, no hesitation in admitting, on the part of the general practitioners of England, that if the object of the petitioners could be obtained, viz., the concentration of the great body of the profession in the College of Surgeons, with a ten years' franchise, the right of voting carrying the right of holding offices of honour and distinction in the college, under proper limitations, but with no distinction as to whether the individual practises as a surgeon purely considered, or as a general practitioner—by which modification of the constitution of the College of Surgeons, the general practitioners would have an efficient control over their own affairs and a direct influence over the examinations of their own class—that their demands would be satisfied. But the council are conscientiously and fully convinced that, however desirable in the minds of many individuals such a modification of the College of Surgeons may be, it is totally impracticable; and since herein appears to exist the difference of opinion between themselves and their brethren in Shropshire, and others, they feel themselves called upon to state specifically the grounds upon which their own convictions are founded.

"Those who demand a modification in the College of Surgeons to the extent of abrogating the charter of 1843, or doing justice to the members of the college, and granting the franchise to every member of ten years' standing, by which medicine, midwifery, and pharmacy must necessarily be fully recognised, and constitute the major part of the business and responsibilities of the college, and the most essential part of the education and examination of the surgeon, are probably unaware of the efforts which have been made from time to time to effect this change, and of the uniform failure of such efforts. The members of the college made a strenuous effort to obtain the abrogation of the disqualifying laws against midwifery and pharmacy about the commencement of the present century. They were heard by council before the Attorney-General and Solicitor-General, and their claim disallowed. (a) Again, in 1833, the council professed to have an examination in midwifery, and the by-laws for establishing it passed through all the regular rules and orders till they went to Sir Frederick Pollock, the standing counsel of the college, who declared that the court of examiners had not the power to appoint examiners in midwifery. (b) Subsequently to the grant of the charter of 1843, at the commencement of the present agitation, a memorial, with the object of opening the college, was got up by the 'Medical Protection Assembly,' which was said to be signed by 1200 members of the college. Petitions and memorials innumerable, of the same tenor, from all parts of the country, have been presented to the college and to the Government. All these exertions have been unattended with success. Not the slightest sympathy with those who wish to abrogate the powers of the Apothecaries' Society, and make the College of Surgeons the '*alma mater*' of the general practitioners, has been manifested by any party of influence, or in authority; the council of the College of Surgeons, under the existing laws and charters, are thus compelled to maintain it as a College of Surgeons specially so considered and to resist any change, the immediate or remote effect of which must be the conversion of it into a college of general practitioners in medicine, surgery, and midwifery.

"The only resource left, then, for the petitioners is — the Legislature. An act of Parliament must be obtained to modify the constitution of the College of Surgeons in face of the opposition of the council of that college and the Government; doubtless, also, of the main body of the fellows of the College of Surgeons, of the College of Physicians, and other parties; for the effect of the change must be to render the College of Surgeons to all intents and purposes a college of medicine. The council of the Institute do not believe that there is the remotest chance of effecting this, and, as practical men, they strenuously advise the general practitioners not to be led into a new and fruitless agitation for an unattainable object, nor, for the sake of humbling those who have doubtless inflicted upon many individuals an act of the greatest injustice, to seek to deny themselves, their profession, and the public, the advantages of any and every beneficial arrangement which may be placed within their reach.

(To be continued.)

THE POOR-LAW MEDICAL CONVENTION.

[To the Editor of the Medical Times.]

Sir,—When the great meeting of poor-law medical officers assembled in London last October took place, and a committee to act on their behalf was appointed, it was obvious that considerable expenses must be incurred.

Their labours involved charges for advertisements, printing, stationery, postage stamps, and the salary of an assistant secretary. You, Sir, very kindly and properly inserted their advertisements at a reduced scale of charge, and the National Institute favoured the committee with the free use of their office.

To defray the expenses which were unavoidable, subscriptions of small sums from some of the poor-law surgeons have been received, and a handsome donation of £10 from Mr. Pennington, the president of the National Institute; but, when it is considered that papers were to be forwarded to 2914 medical officers of unions, the correspondence which ensued, with the various items of expense already mentioned, it cannot be matter of surprise that further contributions are become indispensably necessary.

By the statement of the treasurer's account appended to the report recently issued, there was a small sum in hand; since which, however, the balance of account is on the other side.

The perusal of the report, of which a thousand copies have been printed, with an equal number of the "Address to the Public," will show that the labours of the committee have been of no small

(a) Minutes of Evidence, 1848; Second Report, p. 4.

(b) Idem., p. 15.

amount, in fact, much more considerable than is generally supposed. Gentlemen have come up repeatedly from Buckinghamshire, Derbyshire, Staffordshire, and even Lancashire, devoting their invaluable time, and at no small expense, to the object in view. Those members of the committee who reside in the metropolis and its neighbourhood have been able to give a more frequent attendance, still at some expense and the application of valuable time, and of earnest and patient thought.

Under these circumstances the profession at large would not wish the members of the committee to be without pecuniary resources to defray the very moderate but essentially necessary official expenses which will accrue; and it is acknowledged that not only the poor-law surgeons immediately interested, but the whole profession should unite in giving support to the cause, as unquestionably the credit, respectability, and honour of the whole medical profession, of which we sometimes boast, may fairly be considered as identified in the cause of the poor-law surgeons.

The report has been reprinted, more or less fully, in the medical journals, also in the pamphlet form, which, with the "Address to the Public," was offered to the acceptance of gentlemen attending the recent meeting at Bath, and I shall be happy to forward copies to those who have not yet seen it.

I shall now be glad to receive subscriptions towards defraying the expenses necessarily incurred for official purposes by the committee, by post-office order or otherwise; and remain, Sir, your very faithful servant,

THOMAS MARTIN,
Treasurer of the Poor-law Medical Officers' Committee.

Reigate, Aug. 28.

POOR-LAW SURGEONS AND RELIEVING OFFICERS.

[To the Editor of the Medical Times.]

SIR,—Some short time back I wrote to you showing the degraded position of poor-law medical men, ill paid, and placed under the control and patronage of relieving officers, who, by the way, for half the work, are better paid. Where a relieving officer pays one visit, the medical officer has to pay twenty or more, and to use the highest mental faculties for the highest and best of purposes, the relief of suffering humanity. Besides, the medical officer has to prepare and supply medicines, &c. Yet for all this, perhaps, the relieving officer gets £80 or £90 per annum, for his limited work entailing no outlay; and the medical officer £40 or £50, entailing an outlay of more than half, for the purposes, and appliances, and benefit of the parish. There is much outcry, at the present moment, how medical poor-law officers should be paid, some suggesting one method, some another. Now, for my part, I would cast aside all idea of labour, and medicine, and skill, and would adopt a method at least calculated to meet with no opposition of a just nature. At the present moment the poor-law medical officer is a mongrel, half a Government man, half a board of guardians man; the only patronage he has in court, after obtaining the office, is the patronage of the ignorant relieving officer; and if he stoops to such degrading intrigue, if he gains the patronage of this debased creature, all is safe; he may neglect the poor, he may calculate upon gaining all the extras available; and all inquiry into his errors and irregularities will be overlooked, for the poor go to the relieving officer to complain; he is the organ through which their complaints reach the board of guardians, and, if medical officers can stop the mouths of these ignorant beings, then, as I said before, they may act as they like without much fear of detection. Some have suggested to make the poor-law medical officer altogether a Government man, and I would suggest to pay him such a salary as to secure him a decent existence, besides allowing a consideration for medicine, and keep for a horse, where such was absolutely required. Under such circumstances I would give him at least from £80 to £100 per annum for his own especial purposes, and £20 per annum for medicines, and as much for the keep of a horse, where such was required. I say pay him thus, for it is notorious that the public have a prejudice against poor-law medical officers, and do not employ them so freely as those medical men unconnected with unions. By all means make poor-law medical men Government men, and look after them as all Government men ought to be looked after. In fact, men so treated would take a pride in keeping up a certain dignity, and except in instances of irregularity, necessarily and naturally arising here and there amongst all bodies of men, whether clerical or medical, or otherwise, the poor-law national medical staff would become a highly valuable community: valuable to the Government, and valuable to the whole of society.

Yours, A NORTHERN POOR-LAW OFFICER.

THE MIDWIFERY CASE AT MARLBOROUGH.

[To the Editor of the Medical Times.]

SIR,—I perceive that you have noticed my trial for manslaughter in your widely-extended journal, but have not entered into the details of the case, which I conceive would not be devoid of interest to many of your readers, not only as pointing out the law in such cases, but also as showing the unpleasant feeling and want of unity which most unfortunately still exist among some members of our profession. I have forwarded to you the evidence of the nurses and medical gentlemen, as given at the hearing before the magistrates; and it should be borne in mind that it was on the medical evidence alone that I was committed for trial; and after the perusal I think you will agree with me in saying that you had thought it impossible that there could have been found three men of an enlightened and benevolent profession to have so unblushingly come forward and made statements so seriously detrimental to the honour and interests of a professional brother. I will here mention one circumstance which will, I think, be amply sufficient to show the *animus* of the whole proceeding: the surgeon who was called in to attend the case after my dismissal actually sent to the coroner asking him to hold an inquest before the unfortunate woman was dead!

To show, however, that such ungenerous feeling is happily not universal, I will, in justice to the medical men of the surrounding country, state that large numbers of them came forward and offered their services, as evidence or otherwise, in a most truly liberal and handsome manner.

As some of your readers may very possibly not have heard of the instrument I used, it will not, perhaps, be out of place to give a short description of it here. It is called the whalebone fillet, or loop, and is composed of a bow of smooth, rounded whalebone, about seven inches in the longest diameter; it is passed over the face and under the chin of the child, so that the sides or rami of the loop are at right angles with the fourchette, or point of laceration, thus rendering it quite impossible to lacerate the perineum directly with the instrument, as the surgeons for the prosecution asserted. I may here state that I am a member both of the College and Hall, and hold the appointment of medical officer to the second district of the Marlborough Union.

Knowing the immense circulation that your paper enjoys, I am tempted to send you my statement of the case, with other particulars; but, as I am aware of the value of your space, you are quite at liberty to make any abridgments you may think proper. Trusting that you will do me the favour to insert my case in your next number, I have the honour to remain, your most obedient servant,

CHARLES PENRUDDOCKE FITZGERALD, M.R.C.S., L.A.C.

Marlborough, Aug. 23.

FOREIGN GRADUATES AND THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.
EXAMINATION FOR THE FELLOWSHIP.

[To the Editor of the Medical Times.]

SIR,—You were wrong in saying last week, in answer to "A Physician, London," that foreign graduates can be admitted to the fellowship of the Royal College of Physicians of Edinburgh, without examination, on their "being proposed and seconded by a fellow, and receiving the votes of three-fourths of the fellows present." This used to be the rule, many years ago, but an examination is always now required, and no graduate of a foreign university is now admitted on any pretence without an examination. This examination for the fellowship consists in the giving proof of a familiar acquaintance with Latin, the candidate being examined by two of the court of examiners in any author they may select. The next part of the examination consists in the candidate writing, in English, an essay on some medical case to be submitted to him by the president after he is shut up within the walls of the college. Pens, ink, and paper are placed before him, and he is required to write his paper without any assistance from books. He is then examined by the various members of the court (*viva voce*), in anatomy, pathology, physiology, chemistry, materia medica, botany, midwifery, microscopic anatomy, and the theory and practice of medicine. In fact, before obtaining the fellowship of the Royal College of Physicians of Edinburgh, a long and searching examination of many hours' duration has to be undergone in the whole range of the medical sciences, and an examination by Dr. Christison on chemistry, by Dr. Hughes Bennett on anatomy, microscopic anatomy, physiology, and pathology, and by the other distinguished members of the court of examiners on the subjects taught by them, renders it a most severe and searching one; and this, doubtless, is the reason why the fellowship of the Edinburgh College of Physicians has ever been regarded as a proof of very high standing in the profession. The fee for the non-resident fellowship (including the stamp of £25), is £80. Thinking the above information might be useful to some of your readers, I remain, Sir, your very obedient servant,

Aug. 26. M. D.

POOR-LAW MEDICAL OFFICERS.

[To the Editor of the Medical Times.]

SIR,—On observing the results of the unceasing endeavours of the Committee of the Poor-law Convention to carry out the desires of the union medical officers, I beg, through your valuable paper, to acknowledge the great obligation I feel as one represented.

There being so many who have not declared any desire to have the present unjust requital for arduous duties altered, I will venture to suggest a reason for their tardiness.

First, because the desires of the poor-law commissioners are not carried out by the guardians in having qualified surgeons. Not one in three in the country is qualified according to their regulations. Secondly, the elaborate reports of the committee denote that many are well paid, but the greater numbers are, like myself, worse paid than my groom for attending the horse—imperative to the performance of my union duties—his wages and keep exceeding the sum I obtain as remuneration for my attendance, medicines, and perquisites, and the keep of the animal, not to mention fatigue, time, broken rest, responsibility, and skill, requisite in treating thirty-five cases on an average weekly, independently of calls and casualties which I do not return. And, should I resign, some unqualified person would come into the heart of my private practice, and thrive better than I who have resided ten years in the place. And it will be well to mention, in proof of the carelessness of the guardians respecting the qualification of persons intrusted with the lives of the poor, that a person (who came as an assistant into the neighbourhood) without any legal qualification tendered for a union district, and obtained it; and allow me to give a description of his essay piece of surgery. A poor fellow received from a chaff-engine a contused and lacerated wound on the fingers and hand, which this gentleman bound tightly all together, just as they were, uncleansed, in hopes to heal them by the first intention and, after enjoining that on no consideration to remove the strapping for a week, left him. By providential intervention the sufferer fell under the care of a surgeon, who, on removing the dressing, found the wounds in a putrescent state, and monstrous maggots revelling in the decomposition. Such persons as these, I have no doubt, are satisfied with any payment, and consequently refuse their signature; or' like myself, are too poor to risk offending these all-potent guardians, who should not have the control in such matters, as, being neighbours or relatives to parties in office, they have not the soul to act disinterestedly, as the commissioners would do. Were these things properly investigated (in justice to the poor and the qualified surgeon) great alterations would be made.

I remain, Sir, yours obediently,
A SUBSCRIBER, M.R.C.S., L.A.C.

POOR-LAW MEDICAL REMUNERATION.

[To the Editor of the Medical Times.]

SIR,—I observe, in this day's publication of the *Medical Times*, an advertisement from the board of guardians of the Barnstaple Union for the Lynton district, which I should not have taken any notice of had not the latter sentence appeared, viz., "It may be stated that a medical gentleman who was resident within the district has lately died." Now, this is evidently held out as a bait to entrap some unwary individual in the profession. The fact is, the de-

ceased person above alluded to never was a regularly qualified member of the medical profession; he practised the healing art as a quack, but nothing further. He never served an apprenticeship, attended hospital practice, or even a single course of lectures, therefore never passed any sort of examination (being totally disqualified from undertaking medical office under the poor-law, as the board of guardians were well aware of), and as my letters written to the Society of Apothecaries at various times can prove, having been obliged, from the repeated displays of gross ignorance on his part, to apply to them for their interference, and which, I need scarcely add, was treated, as I believe many scores else were, by being piled (as Mr. Upton kindly told a friend of mine who called on him for an explanation) in heaps in divers parts of the room, I presume to be left a noble relic for the furture antiquarian, or a valuable legacy (if not disposed of by public auction) to the society's successors.

Permit me to add the following particulars for any one who may feel inclined to visit this part of the kingdom, seeking for medical practice:—The Lynton district comprises four parishes, as poor, I believe, as any in England; it contains about 1700 inhabitants, with an acreage of 2000; bounded on the north by the Bristol Channel, and on the south by the forest of Exmoor; the rides in winter or rough weather are the most dreary and exposed imaginable. The salary that has been given is the very handsome sum of £14. 5s. per annum; and hence the reason of my resigning the appointment, having been minus more than £20 the last year. Some guardians have been in this neighbourhood making inquiries, and have been distinctly told that many medical men have at various times attempted to practise here, but all have equally failed. There are, no doubt, in every neighbourhood a few unprincipled persons who would give erroneous views on a subject contrary to their own consciences, but facts are stubborn things. I make these statements to warn young men seeking an opportunity of settling in practice. Nothing but my having property directly situated in this neighbourhood would ever have induced me to have remained here upwards of twenty years.

Trusting I have not extended my epistle to too great a length for publication, I beg to subscribe myself, your most obedient servant, J. Clarke.

Lynton, Aug. 19.

BOOKS RECEIVED DURING THE LAST MONTH.

The Pathological Nature of Cholera, and an Infallible Method of Treating it; with an Introduction, Additions, and Emendations; in a Series of Letters. By George Stuart Hawthorne, M.D., late Senior Physician of the Belfast General Hospital, &c. London: Simpkin and Marshall. 1848.

Should the Cholera Come, what ought to be Done? By John Challice, Surgeon, &c. London: Henry Renshaw, 356, Strand. 1848.

Arguments against the Indiscriminate Use of Chloroform in Midwifery. By S. W. J. Merriman, M.D. Cantab., Licentiate of the Royal College of Physicians, &c. London: John Churchill, Princes-street, Soho. 1848.

Practical Observations on the Administration and Effects of Chloroform, especially in its Application in Cases of Natural Labour. By J. H. Stallard, Esq., Surgeon to the Leicester General Dispensary. London: John Churchill. Leicester: J. S. Crossley. 1848.

A Summary Practical Elucidation of National Economy in Support of Direct Taxation and Direct Assessment. By R. Watt, Edinburgh. Edinburgh: R. Marshall, Rose-street. 1848.

Exact Philosophy. Books First and Second. By Hughes Fraser Halle, P., LL.D., Author of Critical Letters, &c. London: Effingham Wilson, Royal Exchange. 1848.

Continental Travel; with an Appendix on the Influence of Climate, the Remedial Advantages of Travelling, &c. By Edwin Lee, Esq., Member of the principal European Medical Societies, &c. London: W. J. Adams, 59, Fleet-street.

Social Distinction; or, Hearts and Homes. By Mrs. Ellis, Author of "Women of England," &c. London: J. and F. Tallis, 100, St. John-street. Parts V. and VI.

The Hand Phrenologically Considered; being a Glimpse at the Relation of the Mind with the Organization of the Body. London: Chapman and Hall, 186, Strand. 1848.

A Course of Lectures on Dental Physiology and Surgery, delivered at the Middlesex Hospital School of Medicine. By John Tomes, Surgeon-Dentist to the Middlesex Hospital. London: John W. Parker, West Strand. 1848.

Cuvier's Animal Kingdom. London: W. S. Orr and Co. Parts V. and VI.

Handbuch der Allgemeinen und speciellen Gewebelehre des mensch lichen Köipers für Aerzte und Studirende, von Dr. Jos. Gerlach mainz Verlag von Eduard Janitsch. 1848.

GOSSIP OF THE WEEK.

War-office, Aug. 25.—7th Light Dragoons: Acting Assist. Staff-Surg. Robert Wilson, M.D., to be Assist.-Surg., vice Young, appointed to the 73rd Foot.—73rd Foot: Assist. Surg. William Baker Young, from the 7th Light Dragoons, to be Assist.-Surg., vice Swift, appointed to the 98th Foot.—98th Foot: Assist.-Surg. Benjamin Swift, M.D., from the 73rd Foot, to be Assist.-Surg., vice Basil Viret, dismissed the service by the sentence of a general court martial.—Office of Ordnance, Aug 24. Ordnance Medical Department: Philip Splane Warren, gent., to be Assist.-Surg.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, August 24:—William John Player, Swansea; William Richard Hilton, Whitehaven.

S. H. Illingworth, Esq., M.R.C.S., of Arlington-street, Piccadilly, has been appointed apothecary to her Majesty the Queen Dowager.

Royal Orthopœdic Hospital.—The eighteenth half-yearly meeting of the members of this institution was held on Friday week at the hospital, M. Quarles Harris in the chair. The report states that the institution, of which her Majesty is the patron, was established in the year 1838, for the cure of clubfoot, lateral curvature of the spine, and every other kind of contraction and deformity. The new treatment discovered by Delpech, of Montpelier, and afterwards practised by Stromeyer, of Hanover, had been introduced into the hospital with the greatest success. Since its establishment, the number of persons relieved amounted to 7423, and out of this number not one death had occurred. The number relieved during the past half year was—of in-patients, 79; and out-patients, 662. The list of subscribers went on steadily increasing; but the funds of the charity were wholly inadequate to the relief of the large number of applicants for assistance. Three additional beds had recently been opened, and there were now thirty-six in all; but there were no fewer than 240 patients waiting for admission, for whom there was no accommodation. The report, which was read by the Rev. George Kemp, hon. sec. and chaplain, was unanimously adopted.

Influence of Russian Vapour-baths on the Cholera.—Of all the means employed against cholera, one of them from which the most efficacy is derived is the vapour-bath. In some cases it has produced the most advantageous results in Russia, where its use is more generally adopted than in our climate. In the report of the medical commission, sent to Petersburg in 1830, we see that in the hospital of the hemp merchants, which contains all the materials for vapour-baths, out of forty cholera patients submitted to that treatment six only died. Dr. Minchowsky, chief physician to the establishment, having, at the request of Drs. Barry and Russell, heated and fitted up the baths with vapour, as in the case of receiving patients for the cholera, two servants belonging to the hospital were sent with a thermometer for the purpose of measuring the degree of heat. In the space of three minutes the thermometer mounted, in the most elevated part of the building, to 46° Reaumur's scale, and in seven minutes it rose upon the bench where the patients were placed to 58°.12. Dr. Minchowsky, when a patient was brought in suffering under a severe effect of frost, placed him in the bath extended on the bench, and, after rubbing him with divers substances, applied the vapour of water and vinegar until the circulation was restored, or that all hope of saving life had vanished. A patient who was at the last extremity, after being three hours in the vapour-bath at the high temperature, was restored to life. One of the physicians belonging to the commission gives an interesting description of the vapour-baths in Russia, and the sensations he experienced when he tried the effect on his own person.

Mr. Baggs's Lectures on Cholera.—This gentleman, whose name has long been known in connection with science, and more particularly in connection with discoveries in electricity, has commenced a series of lectures, in the theatre of the Polytechnic Institution, on Asiatic Cholera, and on its dependence on the electric state of the atmosphere. This view of the subject is original, and he supports it with arguments and deductions that are, at least, deserving attention; he, at the same time, proposes means by which its ravages may be prevented or rendered less fatal. In the course of his lectures he traces the progress of the scourge from the year 1817, from the banks of the Hooghley and the Delta of the Ganges to Calcutta into Thibet, &c., Lucknow, Benares, Agra, and Delhi; thence to Saugur and other places along the coast of Coromandel, at Arrakan and Penang, where it appeared in 1819; thence to Java, the Spice and the Philippine Islands, to Muscat, Bushire, and the towns on the Persian Gulf. He describes its arrival at Astrakan, and along the Volga, &c., at Moscow, Archangel, and at Petersburg, Narva, Revel, and Riga, the shores of the Gulf of Finland, and at Berlin and other places. These lectures have the merit of novelty, and afford considerable light on a subject which is daily becoming of more interest to the public from the anticipated approach of the pestilence to Western Europe.

The *Deutsche Allgemeine Zeitung* has letters from Galicia of the 17th of August, stating that the cholera was making rapid progress in that province, and had advanced as far as the circle of Wadowitch, which touches the frontiers of Silesia. In the last-mentioned province some cases have already been declared. Letters from Stettin of the 19th ult. announce 21 cases of cholera up to the evening of the 15th, whereof 19 proved fatal. Amongst the victims was Lieutenant-Colonel Schmidt, of the 9th Regiment. The first victim of the disease in Damm was a healthy and robust young man, who succumbed after excruciating agonies, which lasted eight hours. The *Augsburgh Gazette* has letters from St. Petersburg to the 12th of August, which inform us that the cholera has so subsided that several temporary hospitals and lazarettos have been closed. 163 deaths occurred between the 4th and 10th of August. In Moscow and Riga the malady is gradually subsiding, but, on the other hand, it rages in Pskow, where, in the space of seven days, 111 patients out of 264 succumbed, and only 27 recovered.

Munificent Bequests.—Wm. Spicer, jun., Esq., of Courtlands, Withecombe Raleigh, who died on the 8th ult., has left by will, £1000 to St. George's Hospital, London; £1000 to the Asylum for Distressed Seamen; £1000 to the Society for the Relief of the Widows and Orphans of Decayed Clergymen; £1000 to the Exeter Hospital; £500 to the Exeter Deaf and Dumb Institution; £500 to the poor of the parish of Heavitree; £500 to the poor of Topsham; £500 to the poor of Lympstone; and £500 to the poor of Withecombe. The residue of his property, with the exception of a legacy of £3000, is left to St. George's Hospital.

The French Government has appointed a medical commission, composed of MM. Gueneau de Mussy, Chomel, Andral, Husson, Bouillaud, Bally, Gerardin, Cornac, and Gauthier de Claubry, to apply themselves to the discovery of means to prevent and to mitigate the effects of Asiatic cholera.

THE CHOLERA IN EGYPT. — ALEXANDRIA, Aug. 18.—The cholera alone occupies the minds, of the inhabitants of Alexandria; there is no business doing, and the greater part of the European residents have shut themselves up in their houses, hoping by this means to keep out of the influence of the epidemic. At Alexandria the number of deaths from cholera has been rather on the decrease, and from 310, the highest point attained, there are now about 100 daily; the number just reported for to day is 75.—At Cairo, after a decrease, the deaths from cholera were again on the increase, about 250 were reported daily, but to-day the report has gone down to 170. A register is kept of the deaths only; the number of cases is not known, but the recoveries are said to be few. Comparatively speaking, the European population has not suffered much, and the mortality among the natives may be attributed to their improper mode of living, and their irregularities and sufferings during the present month of Ramazan, when they fast all day and commit excesses during the night.—There has been a report of the plague having broken out at Cairo, but it requires confirmation, especially as it comes only in the winter season; however, it is thought not unlikely that plague will appear after the cholera. The cholera has also broken out in several parts of Syria, and the towns of Aleppo and Damascus have suffered severely from the epidemic. The last accounts from Rhodes state that the crews of the Egyptian fleet were enjoying good health. Ibrahim Pasha had landed on the island, and was performing strict quarantine in a garden. His behaviour in quitting Egypt from fear of the cholera has excited just indignation. This country is at present without any ruler or constituted authority; fortunately, things go on quietly, but Ibrahim Pasha's presence at this juncture would have been very desirable, in order to enforce the sanitary regulations recommended by the European medical men.—The Hon. C. A. Murray, our consul-general, has started from Cairo for Mount Sinai, with his brother, Captain the Hon. H. A. Murray.—Mr. Campbell, who had been accidentally wounded by a sword thrust by Mr. Barnes, on the arrival of the last English steamer, is now doing very well. —The auxiliary screw-steamer Novelty, which three months ago superseded the sailing-packet Emmetjee, for the conveyance of the English mail between Alexandria; and Beyrout, has proved quite a failure. The Novelty, on her last passage from Beyrout, occupied twelve days in reaching Alexandria; the consequence was that she arrived too late for the English steamer, which left on the 9th, and the mail for Beyrout had to be sent on by an Egyptian steamer.—The Hon. East India Company's steamer Ajdaha arrived at Suez on the 12th inst., with the Bombay mail of the 20th of July, and seven passengers, who proceeded to Trieste by the Austrian steamer on the 16th inst.—The Government steamer Ardent, with the London mail of the 7th inst., arrived here this morning, and returns this afternoon to Malta with the Bombay mail. The French steamer Nile, which left Marseilles after the arrival there of the Indian mail, reached Alexandria yesterday morning, and beat the English steamer by twenty hours.—Ibrahim Pasha being away, there is very little business doing. The river Nile having now well risen, the produce is beginning to come down freely from the upper country. Wheat has been sold at 53 piastres per ardeb; beans, 42; barley, 35 piastres for the better qualities. Exchange on London, 100 piastres per pound sterling.

The great chemist of the North is no more: Berzelius has breathed out his mighty spirit. True to his character in the last moments of his being, death found him dictating his thoughts on science when his hand could not grasp the pen. In his death-chamber he received honours from the King; but what are honours to a dying philosopher? A great counterpoise to French extravagance and German theory is now removed, and we may long have to deplore the loss.

MORTALITY TABLE.

For the Week ending Saturday, August 26, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	951	972
SPECIFIED CAUSES...	943	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	363	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	47	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	97	120
Diseases of the Lungs, and of the other Organs of Respiration	76	80
Diseases of the Heart and Blood-vessels.....	31	28
Diseases of the Stomach, Liver, and other organs of Digestion	61	79
Diseases of the Kidneys, &c.	10	8
Childbirth, Diseases of the Uterus, &c.	10	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	3	7
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	28	50
Violence, Privation, Cold, and Intemperance.....	29	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of ROBERT PALMER.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

TO CORRESPONDENTS.

"Henry."—The specimen should be examined by a practised eye through a good microscope.
"A Military Surgeon." — The work can be seen in the library of the British Museum.
"D. D. E."—Our opinion is not in favour of the plan.
"Mr. Grantham." — We do not know of any gentleman suited to the proposed task.
"A Subscriber."—We cannot publish the prospectus except as an advertisement.
"Alpha."—1. The usual fee is one guinea a mile. 2. There is no authority to which we can refer.
"Par Vagum."—Our correspondent is mistaken; the college was chartered at the beginning of the present century. The profession did not sanction the principles upon which it was established.
"Mr. Button." — We can see no particular point in the case sent to us for insertion; we must, therefore, decline publishing it.
"An Admirer."—Address a private letter to Dr Knox.
"Anxiety."—There is no doubt but surgeons can recover at law for their attendance upon surgical cases. They cannot recover for medical attendance.
"Pliny."—The "discovery" should be authenticated.
"Inquirer."—Mr. Renshaw is the publisher of "Guy's Medical Jurisprudence."
"A Young Accoucheur."—Dr. Rigby's excellent "Obstetric Memoranda" is published by Mr. Renshaw.
"Dr. Thompson."—We know nothing of the work to which our correspondent refers.
"Oscar."—It would be a physiological miracle.
"J. R. S."—The person is an impostor; having no medical qualification as he pretends.
"Galen."—Salivation may supervene two or three days after the use of mercury has been suspended.
"Chirurgus."—We think it was Dr. Wedderburn, of New Orleans, who first recommended the sulphate of quinine in the treatment of indolent ulcers. Our correspondent had better try its effects more extensively before giving his opinion to the world.
"M. D."—Yes: the peculiar inflammation may exist to such an extent as eventually to kill the patient, without any appreciable signs of the progress of the disease.
"M. D., Glasgow."—No.
"Mr. Sharp" has our best thanks.
"Imperfect."—Consult a qualified practitioner.
Mr. Thompson's paper is under consideration.
"A Subscriber, Abergavenny."—Yes: when a person is unable to pay.
"T. D."—If an action should be instituted, the judge will order a bill to be made of the medicines, &c.
"First-Session Man."—Mr. Belfour, of the College of Surgeons, is the best person to consult.
"Rusticus."—The commissioners can put a veto on the election of surgeon by a board of guardians if he does not possess the double qualification.
"Magister."—The pupil cannot be forced to serve the remainder of his apprenticeship after he has attained his majority.
"Rusticus."—The publication of the article may be of use. It should be forwarded as early as possible.
"Senex."—Communication received.
"A Reporter" is requested to communicate his address in confidence.
"M. B."—The article would not suit our pages.
"A Pupil, Charing-cross."—We do not think the College examination is much improved.
"Paul Pry."—A German diploma does not qualify for practice in England.
"Mr. Stratford."—Yes; at Bethlehem Hospital.
"An Essex Surgeon."—The offer is declined.
"Chemist."—The acetum lyttæ, when good, is a powerful blistering agent, and for children is preferable to the plaster.
"Scotus."—The College of Physicians will not molest an Edinburgh physician practising in the provinces.
"Philo."—The letter is left at our office.
"X. Y. X."—1. Yes. 2. £42.
"Erinensis, Dublin."—There is no such medical appointment in either of the English universities.
"An Old Correspondent."—The College has had no act of Parliament passed in its favour.
"W., Edinburgh."—An appointment in the East India Company's service is not difficult to obtain. Our correspondent had better apply at the East India-house, where he will be furnished with the requisite information.
"An Old Student, University College."—The letter shall appear next week.
"Ago."—The tubercles present microscopical elements proper to themselves, which distinguish them from all other morbid products.
"Delta."—The case was not properly authenticated or it would have been inserted.
"T. C. D."—The Sanitary Bill has become law, but we can give our correspondent no information in reference to the appointments.
"Philanthropist."—A recommendation is not necessary in such a case.
"M. D., Liverpool."—Not in England.
"Juvenis."—We must decline recommending.
"Qualified."—We know of no remedy.
"Marcus" is thanked for his offer.
"Dr. E. G. Turner."—The numbers shall be forwarded.
"A Licentiate."—The Apothecaries' Society, we think, will not take up the matter. Mr. Upton should be written to.
"A Student" may graduate without any such preliminary.
"Aliquis."—The warrant ought not to have been addressed to the person named.
"Petition."—Not yet.
"K. G."—1. An inaugural dissertation is required. 2. Fee for the diploma, £18.
"A Young College Member."—A letter must be addressed to the War-office.
"Mr. Augustus Florance, Portland, Dorset."—Communication received.
A Correspodent, who writes to us on the income-tax, is not sufficiently professional.
"M. W, Bodmin."—The communication is unavoidably postponed.
"A Medical Student, University."—We always wish to do justice, and we feel flattered by our correspondent's remarks; we must, however, decline publishing the letter.
"Mr. J. Clarke, Lynton."—The request shall be attended to.
"Beta."—Licentiates of the Apothecaries' Company, who have attained to forty years of age, are admitted to examination for the diploma of the London College of Physicians, which costs only the sum mentioned by our correspondent for the extra licence. For the intra-urban licence the sum is £56. 17s.
"M. R. C. S."—Lallemand's work, translated by Mr. M'Dougall, will give the required information.
"A Constant Subscriber."—Yes.
"X." wishes to know what is the qualification required under the Vaccination Act.
"Mr. Robert Annan" is thanked for his communication.

Letters and communications have also been received from Henry; A Military Surgeon; D. D. E.; Mr. Grantham; A Subscriber; Alpha; Par Vagum; Mr. Button; An Admirer: Anxiety; Pliny; Inquirer; A Young Accoucheur; Dr. Thompson; Oscar; J. R. S.; Galen; Chirurgus; M. D.; M. D., Glasgow; Mr. Sharp; Imperfect; Mr. Thompson; A Subscriber, Abergavenny; T. D.; First-Session Man; Rusticus; Magister; Rusticus; Senex; A Reporter; M. B.; A Pupil, Charing-cross; Paul Pry; Mr. Stratford; An Essex Surgeon; Chemist; Scotus; Philo; X. Y. X.; Erinensis, Dublin; An Old Correspondent; W., Edinburgh; An Old Student, University College; Ago; Delta; T. C. D.; Philanthropist; M. D., Liverpool; Juvenis; Qualified; Marcus; Dr. E. G. Turner; A Licentiate; A Student; Aliquis; Petition; K. G.; A Young College Member; Mr. Augustus Florence, Portland, Dorset; A Correspondent; M. W., Bodmin; A Medical Student, University; Mr. J. Clarke, Lynton; Beta; M. R. C. S.; A Constant Subscriber; X.; Mr. Robert Annan, &c. &c.

No. 467. SUMMARY. Sept. 9.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 299

Clinical Observations on some of the more frequent Diseases of Children, by W. HUGHES WILLSHIRE, M.D. 301

ORIGINAL CONTRIBUTIONS—

Reports on the Diseases of Females, by EDWARD RIGBY, M.D. 302

The Physiognomy of Diseases or Semeiotics in their Assimilative Characters, by G. CORFE, Esq. .. 302

Case of a Child born between the End of the Sixth and Middle of the Seventh Month; Death four months and eight days after; by ROBERT ANNAN, Surgeon, Kinross 304

On the External Application of the Nitrate of Silver in certain Strumous Affections, by JOHN COCHRANE, M.D. 305

Case of Placenta Prævia treated in the Manner recommended by Professor Simpson, by CHARLES WALLER, M.D., Esq. 305

HOSPITAL REPORTS—

Hopital du Midi, reported by Dr. M'CARTHY, Paris 305

PROGRESS OF MEDICAL SCIENCE—

Academy of Sciences; Meeting of Aug. 21 and 28 305

Academy of Medicine; Meeting of Aug. 17, 22, and 28 306

Solubility of Medicines 306

Gunshot Wounds—Application of Ice 306

REVIEWS—

On the Nature and Treatment of Stomach and Renal Diseases, by William Prout, M.D. 306

LEADERS—

Present State of the Medical Staff of the French Marine 307

Mr. Guthrie's Method of Scaring Quacks 309

Druggists' Counter Practice—Coroner's Inquest at York 309

Report of the National Institute on the Present State of the Medical-Reform Question 310

On Medical Remuneration 311

Doings at University College 312

Liberality of Poor-law Medical Officers 3

Literary Piracy 313

Expatriation—Caution, Emigration, &c. 313

GOSSIP OF THE WEEK 313

Electro-Magnetic Insulation in the Treatment of Cholera 313

MORTALITY TABLE 314

TO CORRESPONDENTS 314

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,

Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 285.)

COLONIZATION OF AFRICA.

Extinction of the slave trade; future prospects of the African races. In the event of the dark races of men being ultimately destroyed, can the fair races cultivate or inhabit the tropical regions of the earth? Can they occupy, as labourers and citizens, the African and Syrian shores of the Mediterranean?

Long prior to the accurate researches of the army statistician it was known to the well informed and educated in society that the tropical regions of the earth, generally speaking, were so inimical to European life as to render it hopeless for any European race to attempt the colonization of any country, however valuable, however wealthy and productive, if situated within the range of the tract of the earth exposed to the influence of a tropical sun. It was also known to them, not so accurately, that other regions (as along the shores of the Mediterranean, American, and African seas) partook, sometimes largely, of this unhealthy character, although not comprised within, but *adjoining*, the tropical range; that tropical seas were sufficiently healthy so long as the mariner kept his vessel at a certain distance from the shores; and, finally, that even in tropical countries mountain tracts of great elevation were healthy, and their climate compatible with European life. But, although these facts were generally known to the well read and the educated, it was not so with the great mass of the people, whose ideas on this, as on most other points, from want of a sound elementary and practical education, are at all times miserably defective, and not unfrequently totally erroneous: hence originate such scenes as took place a few years ago, when an adventurer induced a number of persons to attempt a settlement in Poyais (Central America), followed and preceded by numerous other wretched occurrences, the fruits of ignorance on the one hand, of deception on the other. The Texas is still advertised as a charming, healthy country. A very few years ago it was attempted to cultivate Jamaica with European or white labourers, in despite of all previous experience! I need say nothing of the result, nor analyze the nonsense and falsehoods told of the white labourers of Cuba! It is known to the experienced and educated that the bold and active men engaged in voyages of discovery have been unable, even sometimes for a few days, to resist the deleterious effects of that perfectly unknown and subtile agency which, like a plague, so quickly destroys; that ships' crews, regiments, nay, armies, have been swept off with a rapidity equalling the plague itself. The expedition to the Congo, under Captain Tuckey, was one of these; then followed that worst planned, worst conducted of all voyages of discovery, the expedition to the Niger; the fate of the Royal African Regiment, as it was called, on the western coast of Africa, whilst there, gave evidence on a larger scale; and, if more be wanted, the reader will find in the "History of the Mortality of the Troops in St. Domingo," and in the admirable reports of Major Tulloch an unanswerable proof against the possibility of colonizing a tropical country with European men.

Is it, then, that there exists a vast region of the earth, the richest in all respects, the most productive, which the European cannot colonize, cannot inhabit as a labourer of the earth, as a workman, as a mechanic? From which should he expel the coloured aboriginal races, he also must quit or cease to live?—which he requires to till with other hands? It would seem so; and all history proves it. This zone is the last refuge of the coloured man; like the primeval forests of these very regions, the densely wooded banks of the Amazon and the Oronoco, against which it would seem as if human efforts were of little or no avail, the swarthy Negro and kindred races, driven back, subdued, or reduced to slavery, continually recover their pristine vigour and numbers, rolling back the white invasion, forcing it into other channels, and compelling it to limit its aggressions to those quarters of the earth which Nature seems to have assigned it.

A limit, then, seems set to the aggressions of the fair races. If we are to hold India, it can only be as military masters lording it over a slave population. It is the same with Jamaica, Cuba, even Brazil, tropical Africa, Madagascar, the northern coasts of Australia, and all the islands of the Indian Ocean situated as Borneo, Sumatra, &c. An important question falls next to be discussed. Are there any regions adjoining the tropical ones—like Morocco, Algiers, Tunis, and Egypt, extra-tropical at least in part—which may be colonized by a European race? On this question rests a circumstance of paramount importance to mankind.

When Scandinavia and Northern Germany overflowed, the Saxon race found an outlet in Central Germany and in Britain; their progress eastward was arrested by the Muscovite and the defeat of Charles XII.; southward and eastward they progressed to a certain extent against the Sclavonian races, but never amalgamating. The German empire was the result of this mock union, sure to be broken in the course of time—time which strengthens races, but breaks down empires. Woe to the empire or nation composed of divers elements, of different races, and discordant principles! Let Ireland teach the incredulous.

The Saxon race or races (for this point has not yet been determined) nominally extended their power into Italy and Sclavonia, sure to be forced back upon their original territory. They attempted to seize on Bohemia, and to conver it into a true Saxon territory, a "right Deutchsland," by the massacre of its Sclavonian inhabitants; the contest was renewed the other day, and is sure to fail. France will interpose her power. But to return.

Towards the Rhine the Saxon early turned his course, hoping to dispossess the Celt: here he failed altogether. Britain remained: that he seized on, peopled and cultivated—the land, the richest land the sun shines on. Too narrow for the broad dissent which characterizes the Saxon mind, the Western World offered an outlet, more for his dissent than for his population, which required at the time no such escape. At last, in Northern America, relieved by his own exertions from the bayonet of the furious Celt, and "fiery Hun," and brutal Muscovite—relieved, also, from the Norman Government of England, the pressure of the Three Estates—the Saxon found a place where unfettered he might display his real character—that is, the perfect democrat; the only race, perhaps, in the world absolutely and by nature democratical. This is the destiny of the Saxon race.

In the partition, then, of the globe, slowly effected by the hand of time, America fell to the lot of the Saxon: Asia must one day be Sarmatian. Can Africa become Celtic? That is now the question. To the Celtic race naturally falls this fourth division of the globe. Europe he cannot possess; that was tried by Napoleon—the result is known. That the various plans adopted by the Celtic race of France for the colonization and annexation of Algeria to the French Republic are essentially vicious, there cannot be a doubt. But with this I have nothing to do. They encountered there a bold and determined race of men—the mountaineer, the Arab; in courage and strength equalling any race on the earth. They wanted but knowledge to have again set at defiance, as they had often done before, the most powerful European armies. The journals who contrast our progress in India with that of the Celts in Africa, drawing conclusions unfavourable to them, do so in open violation of the plainest truths and facts. Their object must be to mislead, else why so systematically and habitually pervert the truth? Had India or Australia, or Northern America, been peopled by Arabs and Mauritanians, our position in these countries might now have been widely different.

Shortly after the seizure of Algeria by France it must have become evident that no amalgamation of the races was practicable: was not even desirable. It must have been evident that, to make Algeria French, it must be peopled and cultivated by Frenchmen, there being no slave population; no Hindoo; no Negro; no labouring class. It could not be held, then, as we do Hindostan or Jamaica. Who was to people the country? what race was to till the earth? This question is now and has been for some time before the French Government. It is called a question of acclimatation; for it has been sup-

posed that in countries like Algeria, Lower Egypt, Morocco, which are extra-tropical, the fair races of men might with time become so accustomed to the climate, or acclimatized, as the phrase is, as thoroughly to occupy the territory. In Holland, for example, at Flushing and Walcheren, and on the shores of the Scheldt, the summer and autumnal season destroyed a fine British army in a few months; the Brabanters in the meantime did not particularly suffer. French troops stationed in these countries during the Empire suffered nearly as we did; the natives themselves seemed to think the country healthy enough, and were surprised at our losses! Their immunity has been usually ascribed to a long acclimatation; our destruction, to the want of it.

It is not my intention to discuss here generally this great question of acclimatation: I disbelive partly in its power, at least for many generations. Let us consider merely Northern Africa, for on the decision of this question must depend the extension of the Celtic race into Africa: it is the safety-valve of Europe; a successful colonization of Algeria, or a war on the Rhine. The continental and insular Saxons, Russia, and Sclavonia (the other three great races) have their choice. Give Northern Africa to France, to the Celtic race: there is no avoiding the question; it is an act of mere justice due to the race; but, as might is right, the question will no doubt be decided by the sword. Another affair in Morocco, and one or two at the base of the Pyramids, will decide the matter for a few centuries.

NORTHERN EXTRA-TROPICAL AFRICA.

The nationalities of mankind, the results merely of accidental and extraneous circumstances, of a successful war under a great leader, of a geographical position, or of mere political intrigue, have hitherto so masked the great question of race, that to some of the most sagacious of men its significance and all-overruling importance in human affairs has appeared either entirely questionable or, at the least, extremely problematical. The invasion of Algeria by France, and its attempted occupation by that country as a colony or a province, or an integral part of the empire, was viewed in this country and throughout Europe (I use the language of the press as interpreters of the feelings of the people and of the wishes of their Governments) as a wanton aggression on the part of the people called French on some of their peaceable neighbours, our allies, the Dey of Algiers and Emperor of Morocco! Their pretensions were declared extravagant and unjust. Why not remain contented with France, as we had been with England? What could they want with colonies? Was not France large enough? A few words in reply to these narrow views of would-be statesmen.

In viewing France as a nation, it was forgotten that she was peopled by a race of men, which, if not identical throughout, was more nearly so than, perhaps, any other on the globe. To the principle of nationality, that is, of political independence, she added the most glorious recollections of all times; from Brennus to Charles Martel, from Martel to Napoleon, she had never been beaten but by a world in arms. As *a nation*, then, a mere accidental political assemblage of people—a human contrivance based on no assurance of perseverance, on no bond of nature, but on protocols and treaties, on the mockery of words called constitutions and laws of nations, made to bind the weak, to be broken by the strong—was it to be expected that France, all powerful, was to remain "cribbed up, cabined, and confined" within that territory which chance and the fate of war had assigned to her? Even as a nation! But when we take a higher view, when we remember that she represents a race the most warlike, too, on the globe; that this race is not confined to France, but includes a portion of Spain, of the Sardinian states and Northern Italy, of three-fourths of Ireland, of all Wales and a large portion of Scotland, of Lower Canada, and even of a portion, perhaps, of Southern Germany, then the *nationality* sinks into insignificance; the element of race becomes paramount; Nature takes the place of parchment; and the Celtic race of men demand for their inheritance a portion of the globe equal to their energies, their numbers, their civilization, and their courage.

But Northern Asia had been seized on by the Sarmatian race; Southern Asia, or India, by the Saxon-English, not, it is true, to hold as a colony, but a mere military dependence; Ameriea, Australia, and a hundred oceanic islands were also in the hands of the "men of commerce and of peace;" the men of traffic, of manufacture, and of ships; Anglo-Saxon or Holland-Saxon had extended his race nearly over the world, losing, it is true, his colonies nearly as fast as he acquired them, but peopling them with his race, language, modes of thought, manner of civilization. To the Celtic race of France there remained but Northern Africa—Africa to the north of the equator. They had no alternative. Colonize Africa or march to the Rhine; extend the race into Italy or Germany, or colonize Algeria: these were the alternatives left to France in 1830. She adopted the latter, and on its ultimate result must depend the peace of Europe.

Let me now examine, then, with care, this great question, for such I esteem it—not whether Algeria can be made a mere colony of France, that is not the question. Can the Celtic Frenchman be acclimatized in Northern Africa, Algeria, Morocco, Tunis, Tripoli, Barca, Syrene, and Egypt, so that these countries may ultimately form an integral portion of the French empire? This is the question I mean here to discuss. Its importance will, I trust, excuse the details into which I shall be necessitated to enter.

The country of Algeria, as at first viewed by France, was deemed likely to prove an important acquisition to the empire. Its proximity to Old France; its Mediterranean coast line; its proximity to Morocco on one hand, and Tunis on the other; moreover, its extra-tropical position, seemed to combine in proving its political importance to France, and its capability of being colonized by European men of the French or Celtic race. But, after the lapse of some fifteen years or so, whilst the country of Algeria has been held by France; after being visited and reported on by scientific men of high eminence; after being ruled over by a man of abilities surpassed by few, Marshal Bugeaud, the great question remains still unsolved, or rather, I should say, seems likely to be decided against France—namely, is the climate of Algeria fitted or not for the abode of the white races of men? Endeavours, no doubt, have been and will continue to be made to show that the destructive climate of Northern Africa depends more on accidental circumstanees than on its geographical position; that a want of culture has rendered the climate pestilential, destructive to the European. I for one do not believe in this doctrine. It would be consolatory to France to believe in its truth—advantageous to Europe were it really true; all this I admit. Let me examine the opposing circumstances, for a knowledge of which I am mainly indebted to M. Baudin. This is not merely a medical question: it involves the abandonment of Algeria, and, as a consequence, we think, the seizure of Italy and a war on the Rhine.

Abandon Algeria, says the *political* French physician, obeying his own impulses or acting on those which he conceives now influence his employers; hold Algeria and colonize it as soon as possible, says the *social physician*, looking, no doubt, as he thinks, towards the advancement of his country. These terms are not mine: they argue *two* conflicting parties, between whom *truth* is sure to be sacrificed. To colonize Algeria by Frenchmen, say some, is impossible; the acclimatization of Europeans, or, at least, of the natives of France in Algeria, so as to withstand labour, to become cultivators of the soil, labourers, soldiers, and citizens, will never happen. To effect all this perfectly, says another party, all that is wanted is *time*.

Algeria is wholly extra-tropical; but a portion of it is composed of plains, another part is mountainous. Of these two sections the plains are unquestionably the most important. Prior to the advent of the French, the climate of Algeria was greatly extolled; but it must be admitted that the scattered notices of travellers offered no data from which any serviceable deductions might be made. *The mortality* of the *civil European* population rates as follows; the figures are taken from official documents:—

In 1842	.. 44·28	for 1000	inhabitants.
1843	.. 44·20	do.	do.
1844	.. 44·60	do.	do.
1845	.. 45·50	do.	do.
1846	.. 44·72	do.	do.

But according to M. Baudin, who probably more nearly approaches the truth, the statement ought to stand thus:—

In France, the mortality per 1000 is 23·6

In Algeria, the mortality per 1000 is 62·5

This mortality approaches the desperate condition of our ill-fated squadron on the western coast of Africa.

On the other hand, the Jewish *race* in Algeria show different results. Mortality as *races*:—

1844.

Jews	21·6	for 1000	inhabitants.
Mahometans	32·4	do.	do.
Europeans. ..	42·9	do.	do.

1845.

Jews	36·1	for 1000	inhabitants.
Mahometans	40·8	do.	do.
Europeans ...	45·5	do.	do.

From 1838 to 1847 the average mortality of the Jewish race was 27·3 for every 1000 of the population of their race.

The mortality of European children born in Algeria, taking the period from birth to fifteen, is *four* times greater than in England.

The European population, then, of Algeria *decreases* annually by seventeen per thousand. Let the statistician then add this seventeen to 4·9, the annual increase per 1000 in France, and he may then have some idea of the present sacrifice of human life in that prosperous colony; or, as stated by M. Baudin, whilst Ireland doubles her population in fifty years, precisely in the same period of time would the European population be swept from Algeria, but for the influx of emigrants.

The open country is more unhealthy than the towns, being the reverse of what happens in Europe. In 1843, thirty-eight Trappistes (monks, we presume, of the order of La Trappe) established themselves at Staoneli: eight died in the course of the year; and of 150 soldiers assigned as labourers to them, as a commutation of punishment (deserters, we presume), thirty-seven died; the remainder were attacked with the most serious disorders.

Marshal Bugeaud, whose views respecting the military colonization of Algeria formed the subject of much discussion in France, and even in England, when called on to defend the measures adopted by him, easily did so, by merely describing the deplorable condition of the civil population of the territory. Families were continually being reduced to hopeless destitution by the death of the father and of the sons equal to labour; women became prematurely old; orphans abounded everywhere, demanding the immediate interference of a Christian Government! Such is M. Bugeaud's *official* statements, which none have ventured to gainsay. On these grounds he recommends the establishment, rather, of military colonies; and herein no doubt he was right. But a man of his energy and originality became, of course, troublesome to the rotten dynasty of Orleans, and he, I think, resigned, or was recalled from the government of Algeria: a prince of the dynasty with a host of courtiers was thought a safe government for the colony. Let us hope that we have seen the end, at least, of this enormity, as regards Algiers. But France has much to do before Algeria can become a portion of the French empire, inhabited by able, healthy Frenchmen: will this ever happen? Would it not have been better to have imported a Negro population as labourers? In India we

have the coolies and the labouring servile population of Hindostan. In Jamaica the Negroes. In the southern states of America our Saxon descendants employ the Negro; it is the same in Brazil, Cuba, and all tropical countries. In Morocco and Peru it was precisely the same: the coloured population alone could labour; the European was unequal to it.

(To be concluded in our next.)

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S.; Physician to the Royal Infirmary for Children, &c.

(Continued from p. 234.)

GENTLEMEN,—I have now to tell you of what is observed after death from *gangrenous stomatitis*. The skin surrounding the gangrenous part putrefies rapidly, assuming a greenish colour, of which the rest of the body is destitute. Even with the eschar it is of a black or livid red colour, circumscribed by a circle of a brighter or distincter red. The integuments are in general swollen and infiltrated with an opaline serosity, mingled with small clots of blood, or with a reddish sanguinolent serous fluid. The eschar is more or less extensive, and generally irregular in figure; its tissue is blackish in colour, softened, and infiltrated, tearing easily, and showing filaments of mortified cellular tissue (Bouchut). According to M. Baron, in the centre may now and then be found portions of adipose tissue, non-gangrenous, but infiltrated with a yellowish serosity. The buccal mucous membrane generally presents a very intense dark colour, is soft, and removable with the eschar. The gums are generally mortified through a variable extent, being very dark and softened, or no trace exists of them, they having disappeared during life. The maxillary bones are denuded, often necrosed, and the teeth shaking and easily removable, if they have not already fallen out.

The conditions of the vessels and nerves of the diseased part have been investigated, but the results of observation are rather contradictory. Billard, after dissecting the nerves, arteries, and the veins of the cheek, found them quite intact; Barrier says the same of them; M. Taupin affirms that he has always found them gangrenous, and impossible to be accurately distinguished from the other tissues; whilst Dr. West states that in the substance of the eschar, the distinction of parts is no longer easy, but that *with care* the vessels and nerves may still be traced. Rilliet and Barthez remark that if the vessels dip into a portion of tissue simply infiltrated but not gangrenous, they remain quite sound, permeable, and their walls scarcely thickened; that those on the immediate borders of the eschar are yet permeable but thickened, and assuming somewhat a gangrenous appearance, and that when actually traversing the gangrenous spot they are still traceable, but their vacuity is obliterated by dense or softened clots of blood. The nerves in the midst of the gangrene assume the hue and aspect of the other tissues, but their exterior is alone affected; for, whilst the neurilema is gangrenous the pulp preserves its colour and its normal appearance. The duct of Steno, in traversing the gangrene, assumes its appearance, but perfectly preserves its permeability (Rilliet). The sub-maxillary glands are generally in a normal condition; but Rilliet in one case observed several the size of a pigeon's egg, of a reddish-grey colour, softened and engorged with a greyish serosity, but none advanced to suppuration.

Of other morbid appearances, derived from certain complications, according to Taupin, Baudelocque, Rilliet, Bouchut, and others, those of pneumonia are most frequent. It is stated that no relation is perceivable as to the side of the face affected, and that of the chest; moreover, the pneumonia is always lobular, and consequently double, whilst the gangrene is confined to one side only. After the thoracic signs come those of inflammation, or softening of the intestines, and more rarely the deposit of tubercles in the body. The existence of the latter, according to Fabre, is a mere coincidence. The cadaveric phenomena of pleuritis, pneumo-thorax, peritonitis, pharyngitis, and nephritis, have been still more unfrequently seen. Such as I have given you is a short history of the general symptoms and character of gangrenous stomatitis; but the subject is one of such interest that I must request your attention further to one or two points.

All writers are not agreed as to the phenomena characterizing the initial period of the gangrene of the cheek. Billard and Richter state that the first appreciable symptoms is an engorgement of the tissue of the part, and the authors of the "Compendium de Médecine Pratique" are of the same opinion. M. Destrées and Baron think, on the contrary, that it commences in the mucous membrane; and the researches of Bouchut, Rilliet, Barthez, and Barrier confirm the views of the latter, as does also the opinion of Dr. West. Many persons have, I may say ignorantly, confounded bad cases of ulcerous stomatitis with the present disorder; and of these I need say nothing; but a close observer, M. Taupin, believes in their identity, or, rather, that gangrenous stomatitis is nothing but ulcerous stomatitis, terminating in mortification; and that the false membranes of what has been termed "stomatite couenneuse" by some continental writers are analogous to the eschars of the true gangrenous erosion.

There is a disorder now and then seen amongst children called pemphigus gangrenosus, which I presume is the "pustule maligne" of the French writers, described as being in danger of being mistaken for our present malady. But, as Rayer and Baron have stated, the former complaint always commences externally, and in the form of a large vesicle, and which proceed in its after destructive progress of ulceration from without inwards, whereas the latter does quite the reverse.

But a few English writers (see Evanson and Maunsell, 4th edition) have described a "malignant pustule," commencing on the *inside* of the cheek and extending outwards to the skin, succeeding to smallpox, measles, or scarlatina, and taking a course as severe or destructive as that of the disorder I have been describing. But I suspect the last-quoted authors' assertion, that they do not essentially differ from each other, is near about the truth. Upon these difficulties of diagnosis, however, I must refer you to the standard work of Rilliet and Barthez, who state that they are led to establish six species of gangrene of the mouth, analogous in their gangrenous nature, but differing in their seat, origin, course, and often in their termination.

In a former lecture (page 202) I spoke at some length on the supposed influence of mercury in producing destructive ulceration of the cheek and gums in children; and, although I cannot say I ever saw *gangrenous* stomatitis induced by it, yet, as I then stated, I believe I have witnessed two or three instances of its having excited the *ulcerous* variety. As to the former, be it as it may, I think it right to quote to you the following passage from the work of Rilliet:—"The occasional causes of the gangrene generally escape our observation, yet there can be no doubt that this severe affection may follow a very active mercurial course, especially in those cases where the parietes of the mouth are originally the seat of inflammation." M. Bretonneau has cited examples in his work on diptheritis; Hueter has afforded one; and several English authors have stated the same thing, though others have as strongly denied it. Yet I would wish you always to bear in mind that "the possibility of the malady being developed under the influence of such a cause is not unworthy of recollection." (Rilliet and Barthez.)

As to the treatment of this serious affection, you will find that your first endeavours must be directed to the stopping the further progress of the gangrenous action; for, unless this is speedily effected by strong measures, every other attempt will be useless. You must attack the evil as soon as possible, and before the deeper tissues of the cheek are affected; you must choose a caustic to effect this purpose which is very energetic, and whose action will extend to the healthy tissues after having traversed the eschar. If you do not cauterize sufficiently and strongly enough, you will but give impulsion to the gangrenous action, and still further promote its devastating progress.

All sorts of caustic agents have been at one time or other employed; the nitric, hydrochloric, sulphuric, acetic, and pyroligneous acids, the nitrate of mercury, chloride of antimony, nitrate of silver, and the actual cautery. Under the use of most of these agents a cure is stated to have occurred. Klaatsch saw a favourable result from the employment of pyroligneous acid, Hueter from acetic acid, Constant from the nitrate of mercury, Baron from the actual cautery, Rilliet from the conjoint use of the nitrate of silver and the chloride of lime; whilst others have advised a crucial incision to be made in the cheek, and then the caustic agents, like the chloride of antimony or hot iron, to be applied. But, after all, the best caustic agent, the most manageable, the least terrifying to the patients, and which answers all purposes, is either the nitric acid, as formerly recommended by Burns, or the hydrochloric, as years ago advised by Van Swieten. Either of these strong undiluted acids may be employed. Immediately, then, that the ulceration in the inside of the cheek assumes a gangrenous aspect, take two sticks of camel's hair pencils, and fix a small piece of sponge at the end of each of them, dip one into strong and pure hydrochloric acid, and slightly damp the other in water. Opening the child's mouth as wide as possible, turning the diseased cheek to the light, and pushing aside and covering the tongue with a piece of bent card, bring the sponge from the acid cautiously into contact with the diseased parts, and then extend its action around and beyond them. Withdrawing the cauterizing sponge, and satisfying yourself that its action has been effectual, dip the other sponge into dry chloride of lime, and bring it into contact with the parts as before, allow it to remain in contact for a minute, and then removing it, inject water in full stream into the mouth. Afterwards let the child drink as much diluent as it will. Twice a day the mouth must be examined, to see if fresh cauterization is necessary, and generally it appears to be required a second time. In the intervals the mouth may be syringed with the decoction of cinchona. One indication you will have now attended to, but there is another to fulfil, and which must go hand in hand with the other. This is to support the system by tonics and moderate stimulation; and the administration of the compound tincture of cinchona will best effect this, strong beef gravy, not beef tea, being frequently given, or something nutritious, but not requiring mastication. Whilst all these points are being attended to, the hygienic arrangements must not be forgotten: the chamber should be large, perfectly ventilated, and every now and then have the chloride of lime sprinkled over it, and great care taken that the linen of the child over which any discharge from the mouth may trickle be frequently changed.

The treatment I have advised must be continued every day until a marked change either for the better or worse ensues. If one for the first takes place, if the gangrene becomes limited, and the eschars detached, the stronger cauterization must be suspended, but washes and injections of chlorinated soda frequently employed, and the bark given internally as before. The wound, says Bouchut, ought to be powdered over with charcoal and cinchona. But if the gangrene increases, and an eschar forms externally, the following is advised by Rilliet:—Make a crucial incision through it, and apply internally to the wound the caustic sponge as before; then apply to the opening cinchona powder, with a gentle compress of lint dipped in a solution of chlorinated soda. The internal medication must continue as before.

When the eschar is detached—if the child survives—the edge of the wound and all the diseased parts accessible to sight must again be cauterized if necessary. But some are far from advising this extensive application of the caustics. Thus writes M. Bonchut:—"In respect to the caustics, admitting their efficacy, we must yet be discreet in their employment. We should use them against commencing sphacelus, and even against sphacelus already established, when not very extensive. But if the mortification is considerable, do not inflict useless suffering on the child; all procedures will be inefficacious; it is impossible to oppose the advancing disorganization of the tissues: death is irrevocable."

M. Fabre speaks as follows also:—"On the one hand, if we consider that almost all the patients who have undergone cauterization die like the others who have not; and, on the other hand, that amongst the few who have survived there have been as many who have not submitted to cauterization as those who have, we shall, perhaps, be astonished that authors have bestowed so great an importance on the performance of this action. As for ourselves, we consider that cauterization has but a very feeble influence, and it is much to be desired that the zeal of practitioners could lead them to discover more efficacious means." As to what you are *not* to do, I may remark that you are to avoid, what has been recommended by some, the use of leeches and mercury.

The observation of Dr. West, that, after the application of the strong acids, some increase of the swelling of the cheek invariably follows, must be kept in mind, as it is "a circumstance which may at first occasion unfounded apprehension lest the disease be worse."

ORIGINAL CONTRIBUTIONS.

REPORTS ON THE DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

The following case of sterility is probably more dependent on the contracted state of the os uteri and cervical canal than on the inflamed condition of the ovary, which more recent experience has convinced me was a consequence of the obstructive dysmenorrhœa. I have repeatedly had occasion to remark in these observations that dysmenorrhœa from obstruction seldom exists to any degree or duration without producing ovarian irritation, if not inflammation—itself a well-known cause of dysmenorrhœa, of that species which is attended with the discharge of fibrinous exudations; hence it is that in many (perhaps most) of these cases of dysmenorrhœa arising from a constricted os and cervix uteri we have a double cause to remove, viz., the ovarian inflammation as well as the stricture of the os.

Mrs. T., aged twenty-five, medium size, slender, healthy-looking, married three years, never pregnant.

March 9, 1842. Much irritability of bladder; frequent desire to pass water, and occasional difficulty in doing so; painful urging like strangury, with sensation of bearing down when standing; no leucorrhœa; bowels inclined to be irritable. Has suffered severely from the first commencement of the catamenia, but this state of dysmenorrhœa was greatly increased about two years ago by drinking some soda water during a menstrual period, which produced instantaneous suppression, lasting five weeks. A smart attack of abdominal inflammation, with tympanitis, appears to have followed. She also suffered from pain in the right groin, which has continued more or less ever since, with severe exacerbations at the menstrual period, when there is throbbing and lancinating pain of this part. States, also, that at these times she has the sensation of a "lump" behind the symphisis pubis, which increases so that she can distinctly feel it with her hand. She feels pain on the anterior surface of right thigh on standing erect, so that she prefers to sit, leaning somewhat forwards. Has pain for several days before each menstrual period, during which the lower part of the abdomen swells, as before mentioned, the pain continually increasing; and, shortly before the discharge comes on, she has regular paroxysms of pain in the loins, like labour. She considers that the last period was partially suppressed by catching cold; expects the catamenia on the 13th inst.

Examination per Vaginam.—Os externum very small; vagina seems lax; cervix uteri hard and very slender; I feel a minute crevice at its extremity, but can only presume it to be pervious by the history of her symptoms.

℞. Hydrarg. c. cretâ, pulv. ipecac. co., aa gr. xv. M. ft. pil. vj. Sumat. ij. omni nocte. Haust. rhæi c. magnesia o.m.

℞. Ung. antim. potass. tart., ℥j.; infricetur paululum om. nocte inguini dextro.

19. Has applied the ointment effectually; the eruption was at its height on the 14th; the ovarian symptoms have diminished, but there is still irritability of bladder. Experienced her first warning pain on the 13th that the catamenia were approaching, which was the day she expected them, but the pain lasted only two hours. It returned every day afterwards, increasing in severity, and accompanied with swelling of the abdomen, until last night, when, in spite of suffering, she determined to go to a ball, and in the act of dancing, which gave great pain, the discharge came on. She considers that the catamenia have appeared this time more easily than usual.

℞. Acidi hydrochlor. dil., acidi nitrici dil., aa. ℥j.; tinc. hyosc., ℥ij.; syrupi aurant., ℥ss; infus. gentianæ c., ℥vij. M. ft. mist. cujus sumat. cochl. magn. ij. ter die.

23. Quite free from pain. Pergat.; let her rub some linimentum hydrarg. on the right groin every night.

April 20. Has passed the menstrual period with less pain; in other respects feels quite well; has kept up a little irritation in the right groin with the ointment.

22. On passing the speculum a little prominence with a very small orifice came into view, admitting a bougie with some difficulty; a dilator slightly curved was then introduced, and the os uteri dilated to about a third of an inch, without pain, upon which a slight leucorrhœal discharge issued from it; she was directed to lie quiet for the rest of the day; towards evening she had a little pain of the back.

May 4. Appears perfectly well.

Examination per Vaginam.—Os uteri distinctly more open.

To allay pain at the next catamenial period, I have ordered her—

℞. Extracti lactucæ, extr. lupuli, camphoræ, aa. ℈j. M. ft. pil. xij.; sumat. ij. incipiate dolore et rep. omni bihoris si opus sit.

16. Her report by letter of the last catamenial period is as follows:—"I have felt much pain since I saw you, which was greatly soothed by the pills. The discharge came on this morning in a rush, very suddenly, but now goes on moderately. I still feel in great pain both in back and stomach."

August 10. Has just past a menstrual period with little of the precursory pain, although she suffered a good deal at the time. Bowels confined.

℞. Extr. aloes aquos., ℈ij.; extr. hyoscyami, ℈jss.; mastiches, gr. xij. M. ft. pil. xx.; sumat. j.—ij. h.s.

This case illustrates the fact which I have repeatedly alluded to, viz., oophoritis or, at least, ovarian irritation is a frequent attendant upon that form of dysmenorrhœa which arises from a contracted os and cervix uteri; the continued repetition of uterine irritation at the catamenial periods, arising from the efforts which the uterus is excited to make for the purpose of expelling the fluid which has been secreted into its cavity, after a time brings on an irritable state of that organ (the ovary), which is so closely connected with the process of menstruation, and in the present instance appears to have been converted into inflammation by the sudden suppression of the catamenia from drinking a draught of cold fluid during their appearance. The amount of obstruction to the discharge of the catamenia was evidently very considerable, as was indicated, not only by the pain and gradually increasing uterine efforts, but also by the evident enlargement of the uterus from the accumulation of fluid in its cavity. As the distention of the uterus increased, it was stimulated to stronger efforts of contraction, which also being more effective in proportion to the amount of accumulated fluid which it had to contract upon, at last produced a dilatation of the os and expelled its contents. Hence, therefore, the discharge did not appear until the paroxysms of pain had risen to a certain intensity, and then it came suddenly with a gush and greatly relieved her. This case occurred to me before I had known or used the uterine sound of my friend Professor Simpson, and I had merely employed a bougie or an ordinary male sound. The dilator was the same as that I now use, except it was too short, as experience has since proved, and I introduced it through the speculum, which I soon found to be a useless trouble. The great improvement in our means for treating these affections which has taken place since the date of this case would doubtless have been attended with more successful results, and probably given her the chance of becoming pregnant.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.

(Continued from page 286.)

It is quite unnecessary to enter into any description of those *tumours of joints* which characterize the fibrous and serous forms of rheumatism or rheumatic fever, since their peculiarity and the accompanying symptoms are so very striking that it is hardly possible that such articular swellings should be confounded with any other form of disease to which the joints are liable. Nevertheless, there are some practical hints which the wards of an hospital afford that may be worthy of notice. It is frequently observed that the most obstinate forms of sciatica on the one hand, or of lumbago and rheumatic pains of the plantar fascia, commonly termed chronic gonorrhœal rheumatism, on the other, resist all the ordinary forms of treatment; colchicum, guaiacum, turpentine, iodide of potassium, extract of stramonium or of conium, Dover's powder, with warm or with vapour baths, are severally exhibited without affording any appreciable relief, when the introduction of a bougie twice or three times a week will reduce the rheumatic swellings and alleviate, nay, oftentimes completely remove, the disease in question. It has been asserted that this treatment should be adopted only when the rheumatic pains depend upon some stricture along the course of the urethra, and that when this cause of the disease is removed, its effects upon the fibrous tissues of joints generally, or of the sciatic and lumbar nerves especially, are also removed. But such reasoning is wholly opposed to the practice in question. It is by no means a necessary consequence to gonorrhœal rheumatism of the ankles and plantar fascia, or to an obstinate form of sciatica, that there should exist a urethral stricture; for the counter-irritation produced by the frequent introduction of a bougie, even where no stricture exists, will oftentimes remove, in a few weeks, the most inveterate form of chronic rheumatism which has been under medical treatment for many months. It is undoubtedly true that a neglected stricture near the prostatic portion of the urethra will keep up a severe form of lumbago or of sciatica for months,

or even years ; but it is equally true that it is by no means an essential feature in the perfect cure of this disease, that there should be any stricture.

I was first taught this valuable point in practice during the years 1826 and 1827, when the gentleman to whom I was apprenticed, Mr. Wm. Coates, late of the 5th Dragoon Guards, served the office of Inspecting and Officiating Surgeon to the Recruiting Depôt in Wiltshire. I found that very many cases of obstinate pains about the plantar fascia, and of sciatica, which might have been supposed to have arisen from long marching in young recruits, were treated successfully by this surgeon, who had seen twenty-one years of active service, by the use of the bougie. The fact of such patients not suffering any inconvenience in micturition forms the main obstacle to the persevering use of this mode of treatment, since it naturally appears to them quite foreign to the cure that such unpleasant, and apparently misplaced remedial measures should be employed as the frequent introduction of a bougie. The plan of treatment, therefore, can only be carried on effectually under such discipline as that which is found in military and naval service, or in that of public hospitals. The intimate sympathy which exists between a diseased urethra and the nerves upon which the kidneys lie will readily explain the frequent combination of disordered urinary secretion, lumbago, &c., with stricture ;(a) and, if this latter disease remains neglected by the patient, it is oftentimes the fruitful source of disorganization of the kidneys themselves ; so that in the majority of fatal cases of stricture, whether by ruptured urethra, diseased bladder, or in those cases of retention which require that the surgeon should cut down upon the stricture to relieve the distended bladder, it is ordinarily found that the kidneys are far advanced in disease, and partially destroyed by the processes of continuous acute inflammation.

Some difficulty occasionally arises in discriminating between sciatica and diseased or inflamed hip-joint; and when such is the case I have invariably found that the following simple method of handling the painful parts has determined the character of the disease :—

Place the thumb of the *right* hand firmly on the great trochanter, and the third finger on the tuberosity of the ischium; then drive the forefinger into the space that exists midway, and a little above, these two points, and if sciatica is present the patient will certainly wince. The fingers here describe a triangle, the apex of which, whilst it points towards the sacro-iliac symphysis, also rests upon the precise exit of the nerve from the pelvis, and the base is formed by the line from the trochanter to the ischiadic tuberosity. But, in order to ascertain if disease of the hip-joint is present, reverse this triangle, and place the thumb of the *left* hand upon the great trochanter, and the third finger upon the tuber ischii, and let the forefinger be driven into the apex of that triangle, of which the two former fingers describe the base, and it will be found to be immediately over the articular surface of the hip-joint, and which will certainly cause pain if inflammation exists in it. It will be observed that the apex of this triangle looks downwards towards the lesser trochanter.

These directions apply to the detection of the seat of pain on the left side ; but, when the right hip is examined, the hands of the operator should be reversed to the above description.

It has been already observed that in *hypertrophy of the heart*, especially when that increase is accompanied with adhesion of its investing pericardium, that there may be noticed a distinct and manifest bulging or prominence of the præcordial region. This appearance may be mistaken for empyema if the locality of the bulging is not strictly noticed ; for, whilst in the latter disease the intercostal spaces are filled out, so as to render them on a level with the edges of the ribs, yet in the former they are scarcely altered, but the fulness is wholly confined to the pectoral muscle, and the cartilaginous surfaces of the five or six upper ribs.

(a) These nerves come out from the spinal cord and lie in a triangular form behind each kidney; they are the ilio-lumbar, the ilio-inguinal, and the genito-crural.

CLASS VI.

DIVISION I. *Vascular excitement ; Countenance flushed.*

From erysipelas.
,, rubeola.
,, scarlatina.
,, ,, notha.
,, urticaria.
,, phlebitis.
,, Rubeoloid fever.

CONCLUDING OBSERVATIONS ON ERUPTIVE DISEASES.

I have already stated, in a former portion of these papers, that when I was induced to sit down and compile some of the assimilative signs of disease, I never proposed to put forth a formal description of any one disease in particular, much less did I profess to send forth any elementary treatise upon diseases in the abstract. My chief aim throughout these papers has been to group together those diseases which in their rise and progress too often perplex the most accomplished physician by their resemblance to other diseases of a totally opposite character, and the symptoms of which are apt to betray an incautious practitioner into a mistaken view of the real nature of the disease before him. To meet and to obviate, if possible, these difficulties the study of the physiognomy of diseases has been especially dwelt upon in the foregoing pages, and I have endeavoured to adhere as strictly and in as close a manner as I possibly could to the elucidation of those symptoms which are repeatedly found to be common to several diseases of a fatal nature, but in which the features of the one, if carefully weighed against those of another, may oftentimes lead the medical man to a clear knowledge of the real character of the disease brought under his notice.

The physiognomy of diseases of the vascular system which we have grouped together in the class now under consideration is so palpable to the eye, that a common observer may distinguish them. We may have a difficulty in deciding whether a fierce delirium is the result of pneumonia, of arachnitis, or of fever, &c. &c. ; or whether a state of insensibility proceeds from a lesion of, or extravasation into, the cerebral substance, or from intoxication, or from a narcotic drug, or from the accumulation of urea and such-like animal poisons in the system ; but this difficulty is not met with when we view the diseases of the vascular system. They are apparent at the first glance of the eye ; there is little mimicry here of one disease with another—erysipelas never presents the appearance of measles, nor does this latter disease give rise to the suspicion of the existence of nettlerash. However strong the broad lineaments of a family likeness are portrayed, as in this class of diseases, there are, nevertheless, such individual peculiarities in each one of the family, that, although they are easily recognised as being all of the same genus, yet the species are sufficiently distinct to allow of no confusion or misunderstanding of the one with the other.

Again, the very mode in which the system suffers at the ushering in of the various diseases which are called the exanthemata tends to assist the practitioner in his diagnosis of the approaching malady before it has actually developed itself on the surface of the skin. Thus, the dull aching pain of the "small of the back," which follows the antecedent rigors of this class of acute diseases, is one of the most important pathognomonic symptoms which we meet with. In addition to this, we also have some symptoms which are peculiar to one disease, but which are not to be expected in another; thus the coryza preceding measles, the acute pain in the loins subsequent to the incubation and prior to the eruption of variolous poison, the tonsillitis before the rash of scarlatina appears, the derangement of the digestive organs antecedent to urticaria, and the adynamic type of fever which ushers in the rubeoloid or spotted form of this disease, are so many peculiarities which characterize the several maladies in question.

When erysipelas has fairly made its appearance on the surface of the skin it is easily recognised ; and at this stage it seems of the utmost importance that the stomach, liver, and bowels should be smartly acted upon by a brisk dose of calomel and purgatives. The seat of attack in the metropolitan hospitals, when the disease occurs in an idiopathic form, is almost invariably in the nose or cheeks, rapidly spreading itself over the forehead, scalp, and neck, &c. It is also of great practical utility that the head should be shaved, as soon as the eruption shows itself on the face, for it can then be done with ease to the patient ; whereas, if the erysipelas creeps over the scalp, which it usually does, the operation of shaving the hair is almost impracticable, and the attempts to do it are most distressing to the patient, and tend to excite the already inflamed surface to an increased degree of action. Besides, this disease, like continued fever, destroys in its progress the nutritive bulbs of the hair, and leaves the patient more or less bald for life, which is, in the female sex at least, a point of great consideration. (a)

It has long been a favourite practice in the Middlesex Hospital, and which, I believe, was first introduced by myself, to cover the face and head with flour from a dredging-box, or, what is far better, by means of a coarse piece of netting. But here I should remark that two or three practical points ought to be attended to. The flour should be of the finest kind, without any branny substance amongst it, and it should be always taken from the bottom of the bin, in order that it may be as moist as possible, because when it has been exposed a short time to the atmosphere of a hot sick-room, the farinaceous scales dry, and render the flour harsh and uncomfortable to the inflamed skin; whereas the moist, cool flour, well shaken on the surface, is followed by a pleasant sensation, and the individual experiences great comfort from its application. It is not enough to shake the flour lightly over the surface ; it must not be spared, but should be so freely employed that not a portion of erysipelatous skin can be seen through it ; and when the patient shifts his posture, or rubs any off, the attendant or nurse should again shake more over the exposed surface. The eye should be closed, or the eyelids covered with a small piece of fine damask linen, whilst the flour is applied, as it is apt to

(a) Some time since a lady's maid was admitted into the medical wards with a sharp attack of fever, attended with some delirium. I ordered the head to be shaved. She certainly had a most profuse and handsome head of jet-black hair ; and when she heard that it was to come off she became so excited and so agitated that I was reluctantly compelled to forego the prescribed order. She got worse, and I again tried, through the nurse, to get off the hair as by stealth ; but she was still aware of our designs, and screamed and fretted herself to such a degree that I wholly abandoned the idea. She became ultimately convalescent, and left the hospital. Some months afterwards the nurse of the ward informed me that she had called to pay her a visit, and, with melancholy and disappointed face, exhibited her head. The scalp was nearly bald, and some few patches of her once black hair remained only over the temples, whilst all the rest had fallen off, and she presented a forlorn picture compared to her former state. But the most singular part of the circumstance was that she was vicious and angry with the nurse for not tying her down in bed, as she observed, and allowing her head to be shaved by main force. This, and other such instances, convinced me that a practitioner should always insist upon the head being shaved, for the sake of the patient's health, and the subsequent growth of the hair.

irritate the conjunctiva if it falls upon the membrane. I am quite satisfied from many years' experience that this remedy is far more pleasant, efficacious, and capable of being endured for any time than is the objectionable plan of hot fomentations, cold lotions, cotton wool, &c. &c., which either give rise to a constant sense of chilliness by their evaporation, or tend to increase the inflammatory action of the diseased parts. Mr. Higginbottom's plan of circumscribing the erysipelas by nitrate of silver has been fully tried here in many instances, and with signal benefit; the erysipelas has rarely transgressed over the boundaries of the line marked out, and it certainly is a most valuable remedy. In one instance of a young woman, however, the mark which was made across the forehead remained for some weeks after her convalescence.

I must now draw these papers to a conclusion, and in doing so I cannot but repeat that I have frequently been fettered in their progress by feeling myself at a loss to determine what cases should be advanced, in order to elucidate the several diseases treated of; since the numerous illustrations of almost every disorder which our flesh is heir to yearly pass under my notice and superintendence. A choice, therefore, from such a valuable and instructive store of pathology was by no means an easy task; and even now, if the whole is reviewed, it will be seen that many diseases have not been touched upon at all, and others have only been slightly glanced at. Amongst the former I may instance that of eruptive complaints, a few only of which have been alluded to in the last class on vascular excitement; since their physiognomy presents nothing that is striking or instructive to the eye. Nevertheless, I could say much on the varied hints which long-continued hospital experience affords in the treatment of some of these diseases also; but I will hasten to mention a few. Prurigo, psora, and scabies are never seen to occur on the face; the former disease, where it attacks the pudendum or scrotum, is oftentimes more effectually soothed by a lotion composed of two or four drachms of the terchloride of carbon or chloric ether, in a pint of distilled or elder-flower water, than any other application that I am acquainted with; at the same time a warm bath administered every evening affords a calm and refreshing night's rest. Many pounds of sulphur ointment have been saved to this institution by pursuing the following plan rigorously for three days and nights on patients who have suffered from itch. We provide him with old soiled linen and a worn-out sheet; and each morning and evening he is ordered to make a good lather of yellow soap in his hands, and thus dip them wet into a basin of sifted or fine sand, and assiduously rub every part of the body on which the slightest trace of a vesicle exists. Having performed this ablution until the skin tingles smartly, he wipes himself dry, and then rubs the common ung. sulphuris firmly into the itchy parts. He is then enveloped in the winding-sheet, and has a pair of old gloves on his hand, and he is left till night, when the same operation is pursued, and repeated daily until the fourth day, when he is ordered to indulge (and a great indulgence it is) in a warm bath, where he again lathers his body in plain soap and water, puts on fresh linen, and is provided with clean sheets, and the cure is from thence invariably effected. The vesicle, of course, is broken by the friction of the sand and soap; the acarus is exposed, and this cctozoon receives his death-blow by the inunction of the sulphur, which is oftentimes not accomplished by the mere application of sulphur ointment alone.

The use of sand-soap balls is more elegant, though not more efficacious. It is a cheap, useful, and effectual mode of practice, and is quite new to all to whom I have related it.

Herpes zostera, or shingles, is one of those painful, though innocent, diseases which is but lightly thought of. The late Dr. Thomas, author of "The Practice of Medicine," suffered occasionally from it, and his distress was so great that it was often attended with delirium and much fever. The most soothing application that I am acquainted with in this form of rash is the smearing the whole crop of vesicles with fresh-made ungt. hydr. ammonio-chloridi twice or thrice a day. Again, I may remark that in all those forms of eruptive diseases attended with more or less exudation, whether they originate from impetigo, scabies, eczema, or porrigo, &c., it has appeared to my mind to be the most injudicious line of practice to administer alkalis, locally or generally, until we have ascertained the chemical character of the discharge itself; and I believe it will be almost invariably found that the discharge, on the scalp especially, has an alkaline reagency upon test-paper. The disease, therefore, should be treated upon more scientific principles than is done by many practitioners. If the exudation is alkaline in character, nitric acid lotion in the proportion of half a drachm to a pint of distilled water should be assiduously applied by means of clean cloths, or, if on the scalp, by the use of a common linen nightcap, and small doses of the same acid given internally with some agreeable bitter, as the compound infusion of orange. The reverse of this treatment must be adopted where the discharge reddens litmus. I have witnessed very striking benefits to result from the use of an artificial Harrogate water, made by dissolving a drachm of fresh and good potassii sulphuretum in a pint of water, and applying it constantly to the ichorous surface.

The undermentioned ointment is efficaciously employed by Dr. Thompson in tinea capitis when the discharge is subdued.(a)

No doubt that many of my professional brethren are consulted by ladies of rank and of fashion for a disfiguring eruption over the chin, nose, and lips, which may be grouped amongst the class acne, either as the acne indurata or acne rosacea, that burly, blotched face which so often leads to the ill-grounded suspicion of habits of intemperance. Few as my opportunities are of prescribing for the above class of persons, yet I have witnessed the most gratifying results from the use of the subjoined lotion in several cases of this kind, which, though it gives an unpleasant appearance to the face, yet this drawback is readily borne with when the eruption has, by its obstinacy, reduced the patient to the willing disposition to be disfigured for a short time that she may regain a pleasant physiognomy.(b)

It is important that the sulphur should be very carefully prepared in the washing, and for this purpose it should be found to leave no taste of lime on the one hand, or of hydrochloric acid upon the other, when placed upon the tongue, otherwise it will tend to irritate the surface of the acne. The mistura acaciæ should be made to separate the sulphur into the most minute particles before the menstruum is added.

(a) ℞. Ungt. hydr. nit. mit., ℥ij.; ungt. picis liquidæ, ℥ss.; axungiæ, ℥j. Ft. ungt.

(b) ℞. Sulphur. præcip., ℥ss.; mist. acaciæ, ℥jss.; aq. sambuci vel rosæ, ℥xij. Ft. lotio.

CASE OF A CHILD BORN BETWEEN THE END OF THE SIXTH AND MIDDLE OF THE SEVENTH MONTH. — DEATH FOUR MONTHS AND EIGHT DAYS AFTER.

By ROBERT ANNAN, Surgeon, Kinross.

In the *Medical Times* for June 17 I gave the "Case of a child born betwixt the end of the sixth and middle of the seventh month, and brought up." When reported, the infant was two months and twelve days old; and from the steady and uniform increase in size and weight, as regularly ascertained, its fair proportions, lively appearance, and whole circumstances, was evidently in a thriving state; and, though only twenty-four ounces in weight, including a flannel roller, when seven days old, its complete viability had been satisfactorily shown; and so up to the morning of August 13 it continued, the digestive function being uniformly good, the bowels regular, and the infant, bating its very small size, to all appearance as likely to survive, under proper care, as infants generally are.

On August 13, having seen it only a few days previously in good health, I very unexpectedly received notice of its death having taken place about six that morning, being within two hours of four months and eight days from its birth.

Feeling deeply interested in this case, about three p.m. of the same day, along with my friend Mr. Thomas Beveridge, surgeon, of Market-street, Nottingham, then on a visit here, I proceeded to make the necessary inquiries relative to the death. But further than the child having been slightly fretful, with flatulence, as the nurse alleged, no cause whatever could be assigned for the death. The nurse, however, as I have since ascertained, emboldened by its lively and thriving condition, and, no doubt, to escape the fatigue of night-watching, had latterly been in the habit of occasionally sleeping with the infant in her bosom. The result was, that, on the morning of August 13, it was found dead on her arm when she awoke. That the infant may have been partially overlaid, seemed not improbable; but the placid features, entire want of suffusion or discoloration externally, and general appearance, presented at least negative evidence against such conclusion. Circumstances, unnecessary to mention here, prevented examination of the body internally.

In my first report I referred to the case by Dr. Rodman, of Paisley, "Of a child (said to be) born between the fourth and fifth month, and brought up;" and, when three weeks old, described as thirteen inches in length and twenty-nine ounces in weight. To this may now be added the case in the *Medical Times* for August 5, page 224, where the infant is said to be born in the sixth month, and lived one day, being nearly fourteen inches in length, and weighing about two pounds; defect of maturity being assigned as the sole cause of the failure of life, and that this was "a case of the birth of a living but not viable infant in the sixth month."

As the subject is interesting in a practical and physiological, and may also be in a medico-legal, point of view, and as, so far as known to me, there are few, if any, similar cases on record, the following summary of the facts in the present case will enable the reader to contrast the appearances with those of the two apparently solitary cases above referred to.

April 5. Child born about eight a.m.

12. Seven days old, weight, including a flannel roller, twenty-four ounces. Length from twelve to thirteen ounces.

May 25. Weight, thirty-nine ounces.

30. Weight, forty-three ounces. Circumference by forehead and occiput, eleven inches and a half; Length, sixteen inches and a half.

July 5. Weight, fifty-six ounces. The features plump, and general appearance that of perfect health, to the great delight of the female relative who had, up to the present (to her) eventful period, with pious care superintended the nursing.

Aug. 13. After death the appearances and weight, as taken with the assistance of Mr. Beveridge, were as follows:—Length, barely eighteen inches. From umbilicus to the point of inferior extremities, eight inches and nearly three-fourths of an inch. Weight, four pounds ten ounces avoirdupois, or seventy-four ounces. Circumference of head, thirteen inches; of chest, eleven inches and one-fourth; at umbilicus, twelve inches. The fontanelles open, and presenting the usual appearances in children shortly after birth. Circumference at calf of the legs, three inches and three-fourths. As a whole, the body presented the appearance of a well-proportioned infant, without the smallest appearance of disease; as, indeed, the uniform and steady increase in weight and proportion might reasonably have led us to expect, and which, but for the untoward and, to a certain extent, unavoidable change in the superintendence, might have been ripened into full maturity.

Kinross, Aug. 26.

ON THE EXTERNAL APPLICATION OF THE NITRATE OF SILVER IN CERTAIN STRUMOUS AFFECTIONS.

By JOHN COCHRANE, M.D., Edinburgh.

My experience and success in the use of nitrate of silver as an efficient application in strumous and rheumatic affections of the joints have been highly satisfactory—such, indeed, as I can feel no hesitation in thus communicating. At first I was far from sanguine; the result, however, was gratifying in the extreme. The patient on whom I first made the experiment was of a strumous constitution, not very regular in her habits, and had for some time been confined to her bed with what was denominated rheumatic gout. The pulse was about 90, and full; the skin hot, and considerable gastro-intestinal irritation present; but what concerned me most was the state of the ankle-joint. It was very much swollen, inflamed, and painful, so that not a little consideration was necessary before decisive steps could with propriety be determined on, more particularly as various remedial measures had been already employed—such as free local depletion, together with a variety of rubefacients, but apparently with little satisfaction to the practitioner, or benefit to the patient. At length it struck me that the nitrate of silver—a remedy which I had often employed with decided advantage in various cutaneous affections—might do some good, and that it at all events deserved a trial. Accordingly I applied it freely over the inflamed joint that and the following night; and I soon had occasion to rejoice that I had done so, on account of the relief that the patient felt, and the rapidity with which the swelling diminished; doubtless, the internal remedies—mild aperients and gentle diaphoretics—that were at the same time employed, contributed in some measure to produce such results; but at the time my impression—an impression which has since been greatly strengthened — was, that the speedy relief from the pain, and the rapid diminution of the swelling, were mainly owing to the nitrate of silver. A few months afterwards the same patient again became ill with a similar affection in the same ankle-joint. On this occasion I did not, as on a former one, apply leeches or employ rubefacients, but at once the nitrate of silver, one application of which I found sufficient. On this occasion the pain and swelling were of short duration, and the patient speedily recovered the use of her limb.

The next case I shall mention occurred in a young woman about sixteen years of age. When first seen by me she had been labouring under an affection of the elbow-joint for fully two years, during the last five months of which the affection had become very painful, and latterly she had been necessitated to leave her situation (that of a servant), being unable, partly from the severity of her complaint and partly from its effects upon her general health, to accomplish her usual duties. The elbow had become very painful and highly inflamed, and acquired very much the appearance of a large abscess with thick integuments, and the matter deeply seated. Without hesitation I at once applied the nitrate of silver. In thirty hours after, when I repeated my visit, I was delighted to find that most gratifying results had arisen from the application—the inflammation had greatly subsided, and considerable diminution of the swelling had already taken place. Again I applied the nitrate; and when, in forty-eight hours after, I called, the swelling had almost entirely disappeared; notwithstanding, I again applied the caustic. From this period the case continued to do well; and the girl was able to return to her situation in the following week, with the full and free use of the elbow and arm. I may mention further, in reference to the above case, that, during the two years of its continuance, a great variety of remedial measures had been employed, as well of a diatetic as of a medicinal kind, but invariably without producing the wished-for termination.

CASE OF PLACENTA PRÆVIA TREATED IN THE MANNER RECOMMENDED BY PROFESSOR SIMPSON

By CHARLES WALLER, M.D., Obstetric Physician to St. Thomas's Hospital.

I forwarded some time since, for insertion in the *Medical Times*, the history of thirty-three cases of placenta prævia, and the results of the different plans of treatment. I now send the details of another (the thirty-fourth), in which the plan recommended by Professor Simpson was effectual in preventing the return of the hemorrhage (for it had been restrained before I saw it), and where the labour terminated satisfactorily as regards the mother. And here I would reiterate my conviction, that if by relinquishing the ordinary mode of proceeding and having recourse to a new one, we can succeed in saving the life of the mother in a greater proportion of cases than we could by the old method, the fact that the child is necessarily destroyed ought to have little weight on our minds. In my own experience a living child has been the exception, and not a very frequent one, whilst the mortality as regards the mother has been great, either directly from the immediate effect of the hemorrhage, or more commonly from some disease superinduced as a sequence, if not a consequence, of such loss of blood.

Case 34, August 20, 1848. Was requeted to meet my friend and neighbour Mr. Dempsey in consultation; from him I learned that his patient, a lady of very delicate habit, had experienced slight uterine pains for the previous twenty-four hours. Although this lady had arrived at the full period of utero-gestation, no blood had been lost until within the last two days. During the night hemorrhage to an alarming extent had supervened, the female becoming very faint; to restrain the bleeding, Mr. Dempsey had plugged the vagina with a sponge. On my arrival at her house I found the patient in a tolerably tranquil condition, having greatly recovered from the effects of the bleeding. In order to ascertain the precise condition of the parts, I removed the plug and made a careful vaginal examination, and found the os uteri to be sufficiently open to allow the introduction of two fingers with tolerable facility. The remaining portion was rigid and exceedingly undilatable. Under the old system of managing these cases nothing could have been done at this period; we must have waited for the return of pains to have effected the necessary degree of dilatation, which, as every one conversant with this fearful complication of labour knows, is almost invariably accompanied with fresh hemorrhage and a still further diminution of the vital powers—a consequence greatly dreaded by Mr. Dempsey, as his patient had already suffered severely. The placenta was attached completely over the os uteri, a considerable portion of uterus, however, intervening; and, as the os itself was situated high in the pelvis, there was more than the ordinary difficulty experienced. Having introduced my hand into the vagina, and two fingers through the os uteri, I succeeded in detaching the placenta from its remaining connection with the uterus. Not the slightest bleeding followed the operation; and, after waiting about three-quarters of an hour, I left the patient in a very composed state, and inclined to sleep, giving directions at the same time to be immediately sent for should any unpleasant symptoms make their appearance. Fortunately these symptoms did not occur, and I had the satisfaction of hearing that this lady passed two or three hours in a very tranquil state, that labour-pains then came on, and delivery was effected without difficulty. This case was to me one of great interest, and the position of the placenta rendered its separation somewht difficult.

The event, however, was very satisfactory; and I record, as another instance tending to prove the fact, that complete separation of the placenta in these presentations is not necessarily followed by any increase of hemorrhage.

Finsbury-square, Sept. 5.

HOSPITAL REPORTS.

HOPITAL DU MIDI.

Reported by Dr. M'CARTHY, Paris.

DOUBLE LACTOCELE.

Case.—G., aged thirty-six years, of a strong frame and robust constitution, was admitted into the hospital, under M. Vidal, 3rd of Aug., 1848. He served in Africa several years, and was afterwards employed twelve years in the mounted police of the Antilles. He had numerous gonorrhœas, but the testes were never the seat of any inflammation or disease. About eight months since he perceived for the first time that the scrotum was enlarged and painful; the colonial surgeons examined the tumours, but, not having ascertained any transparency, abstained from operation, and the patient returned to France. The tumours, when he was admitted into the hospital, had the special form of hydrocele; they were not by any means translucid, but fluctuation was evident. On the introduction of a trocar, a white milky fluid escaped from each side and was received in two different vases; an injection of equal parts of water and tincture of iodine was performed. The testes were small, and the spermatic chord perfectly sound; the prostate was also ascertained to be in a healthy condition.

Chemical Analysis of the Fluid—(by M. Grassé, chemist of the hospital, and aggregate professor at the School of Pharmacy.)—The fluid, in quantity 12 oz., was white, opaque, with a very slight yellowish tinge; its consistency was exactly that of milk; its taste slightly saline; its density at +20C. was 1·01. The microscope betrayed the presence of an immense number of very minute corpuscles, more or less spherical, and closely resembling butter globules. This fluid, of an alkaline nature, was not coagulated by heat, but, on being boiled, rose like milk, in consequence of the formation of a thin pellicle on the surface. Acetic acid caused coagulation only when assisted by heat. Muriatic and sulphuric acids coagulated the fluid, and the coagulum was immediately dissolved by the addition of potass. Notwithstanding the addition of ammonia, it preserved its fluidity, a circumstance which would not have been observed if pus had been present. Ether separated a fatty substance which presented the physical characters of butter. Finally, the liquid was found to contain—1. Water; 2. A substance closely resembling casein; 3. A fatty substance analogous to butter; 4. Sugar; 5. Chloride of sodium; 6. Very small quantities of lime, probably in combination with chlorine.

The blood of the patient was also submitted to chemical analysis. The following were the results:—

Water	730·34
Globules	116·79
Albumen and salts ..	149·97
Fibrine	2·99
	1000·09

The difference between the blood of the patient and the average of the elements of healthy blood consisted, therefore, in a diminution of its water and a notable increase of its albumen.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meetings of Aug. 21 *and* 28; M. Pouillet in the Chair.

THE CHOLERA.

M. Baudismont, professor of the Faculty of Sciences at Bordeaux, forwarded to the Institute a statement of the treatment which he had employed with considerable success in 1832 against the cholera. It consisted of warm drinks, large mustard poultices to the extremities, and frictions with a liniment composed of equal parts of hartshorn and oil.

Count Demidoff, corresponding member of the academy, communicated a letter recently re-

ceived from St. Petersburg, relative to the same subject. During the time of the greatest intensity of the epidemic the magnetic needle was in a constant state of vacillation, except during a heavy fog which spread over the city for twenty-four hours. The magnetic and electrical apparatus also lost much of its power, which it gradually regained as the primitive violence of the malady abated.

M. Audouard read a paper on the progress of cholera in Algeria. After recording several cases tending to prove the contagious nature of the disease, he stated that cholera had, in the space of one year, gradually invaded the whole of the coast (about 400 miles) from west to east. M. Audouard was induced to believe that the epidemic had been conveyed from Europe to Africa by trading vessels, in the same manner as it was carried from Europe to America. This opinion justified the precaution adopted in England of creating hospital ships, destined to receive sailors attacked by the epidemic.

ACADEMY OF MEDICINE.

Meetings of Aug. 17, 22, *and* 28; M. Velpeau in the Chair.

SOLUBILITY OF MEDICINES. BY M. MIALHE.

Several experiments of Professor Œsterlen having been recently published with a view of proving that insoluble substances might pass from the intestinal tube into the circulation, M. Mialhe repeated these experiments, which would, according to the German professor, annihilate the received axiom—"Corpora non agunt nisi soluta."

Hens and rabbits were fed during one entire week with food which had been mixed with a large quantity of finely-powdered charcoal, and repeated researches proved in the most peremptory manner that no particle of charcoal was admitted into the vascular system. This result might have been foreseen. How could membranes permit the filtration of particles of charcoal of one-sixtieth of a line, and not allow the transudation of blood-corpuscles, which are one hundred times smaller? M. Mialhe's experiments tended to demonstrate once more that, as in chemistry, also in physiology, soluble substances alone are endowed with active properties.

GUNSHOT WOUNDS.

Application of Ice.—M. Baudens, at a recent meeting, read to the academy a paper on the treatment of gunshot wounds, in which he recommended highly the application of ice at an early period, and its continuance throughout the treatment.

M. Demarquay, prosector of the faculty, wrote to the academy for the purpose of combating this general view. He stated that in numerous experiments on animals he had noticed that the temperature of wounds was exactly the same as that of other parts of the body, except during the existence of traumatic fever; and that, consequently, it was only at this period of wounds that the application of ice might be advantageous.

M. Roux, in continuation of the observations he had already presented, stated that he had in seven instances used chloroform for operations necessitated by gunshot wounds; he had never seen the most trifling bad result from this practice. In the treatment of these wounds, M. Roux did not approve of incisions and scarifications, as a general rule. It was sometimes useful—as in narrow wounds, which incision could readily change from a fistula into a groove. In all other cases in which scarification was not rendered indispensable by strangulation, injury of a large vessel, or the presence of foreign bodies, M. Roux abstained from using the knife. With regard to the extraction of balls, M. Roux, bearing always in mind the important principle laid down by Hunter, that suppuration is more difficult in propor ion to the depth at which the foreign body has penetrated, had recourse to it only exceptionally. Professor Roux did not think that any great advantage was to be expected from continuous irrigations, or from cold applications. Inflammation was a necessary consequence of a gunshot wound, which the surgeon should not endeavour to suppress, but to direct. As to amputation, M. Roux always considered it as indicated whenever there existed the slightest degree of doubt; this had been his practice for fifty years, and his convictions became daily more settled on this point.

M. Blandin commenced by endeavouring to establish an opinion contrary to that generally adopted, namely, that the ball causes a larger wound at its point of entrance than at its exit. Primary hemorrhage was not, from his own observation, so uncommon an occurrence as had been stated; the loss of blood was speedily arrested, except in cases of injury of the main vessel of a limb. Consecutive hemorrhage was extremely common, and ligature was more successful than when the wound recognised a different cause. M. Malgaigne had presented statistical returns, which could not be received without reserve. M Blandin believed it to be impossible that, in 1814, the Russian wounded should have presented a mortality of only one in twenty-six. It was one of those fantastical results to be classed with those of Ray, who did not lose a single case out of 1500 operations of lithotomy, and other erroneous statistics of the same description. M. Blandin had performed six primary amputations: two had recovered, two were still under treatment, and two had died. Three secondary operations had been performed: two had a fatal issue, the third case was doing well. (Debate adjourned.)

Condition of the Internal Face of the Uterus after Parturition. — The numerous researches of Dr. Colin have led him to conclude, in contradiction with the greater number of modern accoucheurs—1. That it is not true that after parturition the muscular textures of the inner surface of the womb are denuded. 2. That a membranous and vascular layer remains even in cases of premature delivery. 3. That layer does not differ from the uterine surface of the decidua. 4. That the vascular remnant not only is not altogether destroyed by suppuration, but becomes the seat of the healing process, by which the uterine mucous membrane is reconstructed: an event which takes place between the twentieth and thirtieth day after parturition, and which is completed only after the termination of the second month following delivery.

D. M'Carthy, D.M.P.

REVIEWS.

A Practical Treatise on Variola Ovina, or Smallpox in Sheep, containing the History of its recent Introduction into England; with the Progress, Symptoms, and Treatment of the Disease, &c. Illustrated with Coloured Plates. By James B. Simonds, Lecturer on Cattle Pathology, &c., at the Royal Veterinary College. London: James Ridgway, Piccadilly; John Churchill, Princes-street. 1848. Pp. 157.

This essay is dedicated to the Council of the Royal Agricultural Society of England, and is based on a series of experiments instituted by the author, in consequence of the sudden appearance of a malignant exanthematous disease in the flocks of several farmers in the vicinity of London. This malady was the smallpox, and seemed to have been developed in consequence of some "merinos," imported from abroad, being mixed with the sheep. From the rapidity with which it has extended, there is no doubt that this ovine disorder has established itself in our country, and, unless some means are adopted to check it, there will be a fearful destruction among our flocks from its virulence. The Government has very properly stepped in to prevent, so far as possible, the importation of diseased cattle; but as variola has been introduced it is vain to expect its annihilation, though science may do much to limit its extent and power.

For some years past sheep on the Continent appear to have been subject to the attacks of variola, and those who have studied the subject affirm that frequently it assumes the epizootic type; many sheep being attacked during some seasons and fewer in others. It is impossible to say whether this malady in former times ever existed in England as an epizootic, as no British author has described such a visitation, though from the earliest times sheep have been the subjects of cutaneous diseases. Our insular position has, no doubt, protected us from many of those pestiferous affections which have proved destructive to the cattle of continental states.

It was last September that the author was consulted by Mr. Statham, farmer, of Datchett, near Windsor, in reference to a destructive cutaneous disease which had broken out among his sheep. He had, two or three months previously, purchased fifty-six sheep of the Spanish breed in Smithfield, which after having undergone a short quarantine in one of his pastures, in order to discover if they were free from eczema epizootica, they were allowed to mingle with a flock of two hundred "downs," which appeared to be in perfect health.

A few days afterwards one of the Spanish sheep was found affected with a cutaneous eruption, which covered the whole surface of its body; but, as it was imagined that the animal had been stung with hornets, it was not removed. On the following day, more of the merinos were discovered to be affected: the disorder continued to spread, and many of the animals died. The sheep were then divided into three lots, and placed in fields at a distance from each other. The first lot consisted of downs, supposed to be healthy; the second of merinos, recovering from the malady; and the third of merinos and downs, still labouring under it: the latter our author carefully inspected.

"Those in the first stage of the affection were extremely low in condition; a mucous discharge from the nostrils was present; the breathing was quick and catching; the visible mucous membranes were inflamed, particularly the conjunctival lining of the eyelids, from which tears flowed in large quantities: all food was refused; rumination had ceased; the ears were lopped; the head held low; and a disinclination was evinced by the patients to associate with each other, some standing and having a most dejected appearance, and others lying down. The pulse was considerably accelerated, and scarcely perceptible at the maxillary artery, but at the heart it gave to the hand a jerking sensation; the skin was hot, red, and elevated in patches in the form of nodules or papulæ, approximated to each other. The chief seat of the eruption was on the inside of the arms and thighs, on the sides of the face, the labia of the female and the præputium of the male, parts which are either nude or covered only with hair; but, on separating the wool, the whole of the skin was seen to be similarly affected, although less intensely.

"In the second stage greater debility and emaciation existed: the discharge from the Schneiderian membrane was increased, viscid, and adherent to the alæ of the nostrils, impeding the respiration; the capillaries of the eyelids were in a highly congested state; the pulse was indistinct even at the heart; the ears and feet were cold; and the wool came off easily, showing the skin underneath it inflamed, the redness existing principally between the elevations, although no distinct areola was present. The summits of the nodules were blanched, arising from effusion of a very small quantity of serous fluid beneath the cuticle, which scarcely gave to it the character of a true vesicle. All the papulæ, however, had not taken on this change.

"In the third stage the vital powers were prostrate; the fever had become of a typhoid character, the discharge from the nostrils fetid, and the other general symptoms much aggravated. The cuticle covering the majority of the nodules had assumed a brown colour, and pus here and there was formed on the margins of some of them, showing the ulcerative state to have commenced; in others, simple desquamation of the cuticle had begun to take place.

"In some extreme cases the ulceration had

extended to the subcutaneous structure, and large unhealthy sores existed on the sides of the face, the inferior parts of the abdomen, the prepuce, and the inside of the thighs. I was at once struck with the resemblance of this disease to smallpox in the human subject, and the identity of the two was further proved by the fatality of the affection in the febrile and third stages; upwards of twenty sheep having already died, and others being in that state which precluded all hope of ultimate recovery.

"The treatment recommended in the first stage consisted of a dose of laxative medicine at the onset, followed by the daily exhibition of mild diffusible stimulants, in conjunction with febrifuges; such as the spirit of nitric ether, acetate of ammonia, and very small quantities of the antimonial compounds. After the acuteness of the attack had passed off, vegetable and mineral tonics conjoined were administered, as the compound tinctures of bark and gentian, and the sulphate of iron.

"When there were symptoms of approaching ulceration of the cutis, a very dilute solution of the chloride of zinc was applied; and the same was directed to be used when the ulcerative stage was established. Careful nursing, and generous and varied diet, were especially enjoined.

"As prophylactic measures, isolation of the apparently healthy sheep was strictly enforced, with daily inspection, and instant removal of any in which the slightest indication of the affection manifested itself. The exhibition of aperients occasionally, the feeding of the animals on grass land where they could have access to water, and the placing of rock-salt in their troughs, were also recommended."

From a series of experiments the special character of this affection was determined, and its contagious nature proved.

"The experiments were undertaken with a view to ascertain, first, whether the disease could be propagated among sheep by inoculation; secondly, what the time of the incubation of the malady would be, if thus induced; thirdly, whether the epidermis, having its cells charged with lymph, could, when removed from the papulæ, be depended on as a vehicle for inoculation; fourthly, if the constitutional derangement would be increased by a small quantity of pus, in addition to the lymph, being employed; and whether the danger to the animal would be rendered greater thereby; and lastly, if so rough a method of operating could safely be adopted. With regard to the two latter, we may observe that it was important to arrive at a correct conclusion with reference to them with as little delay as possible; for, should the necessity arise for inoculation to be generally adopted in this country, to protect our sheep from the sad and often fatal consequences of an attack of smallpox, it would, in all probability, be found that farmers, shepherds, and uneducated cattle-doctors, would not hesitate to undertake the performance of it, and to continue their practice even though the lives of many valuable animals should be sacrificed thereby. Few men who have had experience of the way in which operations are performed on animals by such persons, will gainsay the assertion that their proceedings are alien to both humanity and science. We, therefore, hope we have proved, by the progress and virulence of the affection in the cases recorded, and by the result, that great nicety is required as well in the selection of the fluid for ovination as in the manner of performing the operation; two points on which the educated veterinary surgeon alone is capable of forming a correct judgment.

"It will be seen that, early in the above cases, there existed a considerable amount of inflammatory action, accompanied with a discharge of pus from the inoculated places; and that both the sheep suffered severely throughout the progress of the malady, and ultimately died from the fever of smallpox, which, during the continuance of the papular stage of that disease, is so often attended with a fatal result in the human subject. The fever, however, took on a more aggravated character in the sheep into whose system the pus was introduced; a circumstance we are not surprised at, knowing that the absorption of this fluid, even when there is no reason to doubt its purity, is frequently attended with serious consequences."

In reference to ovination as a prophylactic our author remarks:—

"Several writers affirm, that, when the natural smallpox is allowed to run its course, the greater portion of the flock will be sacrificed; but, if inoculation be had recourse to, it is seldom that more than a twentieth part is lost, while it often happens that the whole will pass favourably through the disorder. The experiments performed at the Alfort Veterinary School show that only one death in four hundred cases was caused by ovination. In Hurtrel D'Arboval's treatise on "Clavelée" it is recorded that 32,317 sheep were inoculated, out of which 32,121 took the disease, and 196 escaped; that of the 32,121 infected animals, 31,851 recovered, and 270 died; being at the rate of three in every 400. The efficacy of the operation was further tested by exposing at different times 7697 of the inoculated sheep to the influence of contagion, and not one of them suffered therefrom.

"Many other particulars of a similar kind might be added, but no better proofs could be afforded of the beneficial effects of ovination. Our experiments are too limited to suggest correct conclusions; and they have shown a result so different, that, were we to found an opinion of the merits of ovination on them alone, it would not be in favour of the practice. The deaths have been at the rate of 20 per cent.; and even greater losses have attended Mr. Ceely's experiments, as he informs us that four sheep died out of fifteen which he inoculated. Nevertheless, in the event of sheep-pox becoming an established disease in this country, ovination must be adopted as one means to stay its ravages; and, as we shall hereafter show, vaccination cannot be used in its stead.

"If annual inoculation should be rendered necessary, care must be taken not to operate on very young lambs, as the malady proves fatal to them: it would be expedient, therefore, to delay the operation until the animals are three or four months old. The French veterinary pathologist from whose writings we have so frequently quoted, inoculated six lambs, two on the second day after their birth, two on the third, and the others on the fourth: five of the number died in the eruptive, and the other in the second, stage of the disease. Similar experiments have been repeated by other persons, and always with analogous results. With the exception of very young animals, sheep of any age may be ovinated; but it is necessary to select the lymph from the mildest cases, and to choose, if possible, temperate weather for the performance of the operation. In the opinion of Captain Carr, 'the most favourable season for yearly inoculation is late in the spring, or early in the autumn.'"

From experiments Mr. Simonds is of opinion that vaccination of sheep cannot be depended on as a prophylactic. He also remarks that the susceptibility of either men or animals to be affected by inoculation with the virus of sheep-pox is a subject on which great difference of opinion prevails.

The essay should be read by the members of the medical profession; but we especially recommend it to the veterinary surgeons and to those agriculturists who keep large flocks of sheep.

PRECAUTION AGAINST INFECTION.—MALTA.—On Monday last Dr. Vella, the syndic of Casal Zebbug, summoned Giovanni Tagliana and Paolo Bonavia before Dr. Ceci, the sitting magistrate, charging them with keeping in the above Casal a quantity of pigs, in a place so confined as to be not only a nuisance to the neighbourhood, but a source of danger to the health of the village, from the effluvia emitted. The learned doctor established his point, but the prisoners were ultimately dismissed with a caution.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 9, 1848.

PRESENT STATE OF THE MEDICAL STAFF OF THE FRENCH MARINE.

WHEN France, rising in her might, shook off the oppressor, the Court, and the privileged class, the dynasty of the *bourgeoisie aristocratique*, all educated men, all men of energy and ability (we speak not of genius), exulted, no doubt, in the hope that the days of nepotism and corruption were numbered. It is curious to observe, however, that by a sort of fatality which seems to pursue the medical man all over the world, he is not to be permitted anywhere to reap the benefits of the advances made towards public liberty. He is still to be the slave of the despot of the day, whoever that may be. The Bourbon succeeds Napoleon, restoring to the kingdom the political debasement and rottenness of centuries of misrule; Orleans follows, himself a sham and a mockery, and with him the attempts to consolidate that *constitutional* rottenness *à la manière anglaise;* but it would not do. High-spirited France arose and drove the trader in cliques and rotten boroughs from her soil. Still another arises—a Cavaignac appears: he suspends the liberty of the press, tampering with the natural enemies of his country.

Ex pede Herculem is a well-known phrase: you may know Hercules by his foot: so may the tendencies of the supreme head of the French Republic (?) be known—perfectly understood—thoroughly comprehended by the smallest staff appointment. Against the first principles of he constitution as established by the National Assembly, he named, of his own choice and without deigning even to consult the medical association of Paris, a personal friend to the highest medical staff appointment. The great principle of *election*, which had been laid down and assented to by all, was in a moment rejected by the Chef de Gouvernement Provisoire when it came to touch him *personally*.

But the matter does not stop here: by the report, of which we present merely an abstract, it would seem that the citizen Minister of the Marine and Colonies of France is by no means disposed to carry out republican principles as regards the medical staff of the marine; just as one might say, "Liberty, equality, and fraternity are fine things to talk about in the abstract, but, as regards the service of the marine, it must be clear to all that such views are Utopian and impracticable."

Before we advert to the sad condition of the same class of men, naval surgeons, in the service of Britain—a subject which still merits careful revision and deep consideration—we shall at once proceed to consider, in this article, the complaints of the French naval service, in order that in our next number we may, by the additional light so gained, be the better enabled to suggest to our naval medical brethren those improvements in their condition which the service admits of, which their courage, education, and humanity justly entitle them to, and a healthy national feeling in their favour may enable them to extort from a *model* Admiralty and a *model* Legislature.

Our medical brethren of France complain that the benefits to be expected from the Revolution have not extended to them; that the *régime* of

privilege is not extinct as regards them; that a constitution similar to that of the medical department of the army had been promised them but refused; and that the base and skulking reasons put forward for refusing the marine medical service its just position simply masked the aristocratic and dynastic tendencies of those in power—the shabby remains of *court* and *privilege*, those grand oppressors of the human mind, within whose withering circle inventive genius shrinks and dies; all manly energy is struck down and cowed. Alarmed, he asks permission of the burly court flunky merely to live; it is granted him on condition that he for the future respect and venerate that privilege whence flow all wealth, honour, and reputation!

This *ancien régime*, for it is very ancient, though still in full vigour in Europe and its islands, the French naval medical staff had hoped had ceased. Vain hope, it would seem; it is this they complain of, and justly, no doubt. But the grand delusion under which they labour is, the fancying that they live under a republican government! Worthy souls! Would it not be better to give up such mockeries, and admit at once that they do not comprehend the very meaning of the word liberty? Can liberty exist in a fortified camp—a city armed to the teeth, walled and bastioned round about—passports the order of the day? *Qui va là*, shouts one. Straightway a bayonet is at your breast. It was the same during the despicable monarchy. Truly these men have most extraordinary notions of liberty. Let us return to the French doctors.

The caprice of authority (mark the expression) is in full play as regards the unhappy French naval surgeon. The mischief done by Molière to the French medical man, repeated by Smollett in England, and from which perhaps neither have yet recovered, is distinctly hinted at in the report before us. They accuse the Government of purposely injuring their material interests; and, what in the estimation of this high-spirited race is *still worse*, of placing them in situations calculated to injure their dignity and wound their feelings. We have read this accusation with astonishment. Under the dynasty we could easily comprehend how a naval medical officer was exeluded from Court levées (which we should have thought a matter more for rejoicing than complaint); that he could not become a royal equerry nor master of the horse, even though he did belong to the horse marines; that he was not well fitted for a groom of the bedchamber, having been accustomed neither to beds nor chambers; but how, in the Republic one and indivisible, the withering satire of Molière should still blast his hopes and embitter his lot is to us incomprehensible. We feel almost disposed to say to him, as we certainly shall to our British naval surgeons, quit it—leave the service suddenly and at once. No one compels you to remain. No pressgang sweeps you into its meshes. Remember, it is always *a service*.

For the vast majority of the French naval surgeons all promotion stops with the rank of captain. The $\frac{12}{22}$ of surgeons of the second class cannot ever reach this rank. Now, if by the rank of captain is here meant post-captain, we esteem the rank sufficiently high for any medical man whatever. But what have physicians and surgeons to do with military or naval rank? They are civilians, ever and always; and by so much the more that they ape the soldier and the sailor, by so much the less will they prove themselves good professional men. This is the great mistake. Naval and military surgeons forget that they are civilians. Could they but see this in its true light, Governments, whether rotten and monarchical, or rotten though republican, would, we are persuaded, listen to them. Let the surgeon, naval or military, attend to the material interests; never mind "*le grade de capitaine.*" See how quietly the paymaster and purser pocket all questions of rank, attending wholly to the material interests. We strongly counsel our *confrères* to look to this; be civilians and professional men, and leave off the mountebankery and tricks of captains and colonels. Rank in either service is intended to confer *power;* that is the first object it aims at; secondly, it improves the worldly means of the holder. Now, the medical officer has nothing to do with the former; and the latter will be best attended to by despising the first. We shall return to this particularly in our next number, when suggesting the means of improving the condition of medical officers in each service; in the meantime let us follow the French naval surgeon into his list of grievances.

He complains that nepotism and favouritism prevail in the election to professional chairs, implying that some naval medical colleges exist at the various ports. We venture to pronounce the whole system vicious. This insulation of the French naval surgeon from his fellow-students, when a student, if such a plan exists, is of a piece with the system of rottenness hitherto followed. It puts forwards a pretence that a peculiar system of education is required for the naval and for the military surgeon, which is not, and cannot be, true. After this insulation from his medical colleagues in the commencement of his career, it is not to be wondered at that the sedentary civil surgeon should cease to take any interest in his position, his interests, his complaints. Why should he, indeed? The naval surgeon becomes a man of a class—an *esprit de corps;* gets up, and he talks of "the service to which he has the honour to belong." What has the civilian to do with him? Neither before nor after his period of service does he return into the mass of civil life. For a paltry retired pension or half-pay he keeps himself aloof from his professional brethren. Let the Government refuse him this pension; let it call from the medical staff of the nation able men, qualified to act as surgeons anywhere and everywhere; let it pay them well when on active duty, and cease paying them when not on duty; let them have a preference when again required for active service, provided they can prove that when unemployed by the Government they yet carefully improved their professional knowledge; let them be paid according to their duration of service, and we are persuaded that all complaints will cease.

In addition to the abuse of the professional chairs, bestowed by the late monarchy on sneaking courtiers and political partisans, as it is in Britain, the French naval surgeon complains that, on a paltry pretext of ability, worthy men are passed over by the unworthy; they demand that due consideration be given to length of service, and that this alone should regulate promotion; they complain of the mode of inspection by a single officer instead of a council of health; of uncertainty in the laws of *concours;* of acts of partiality exercised by the Minister; of placing the hospital *materiel* on board ship under the charge of the surgeon, thus adding duties to which he is unequal; and of establishing distinctions calculated to degrade him in the service.

Other matters are complained of, less in seeming importance to the above, but galling and vexatious to brave and honourable men; they need not be enumerated here. But, after all, may the active service on the African coast not have something to do with a portion at least of these complaints? There is room for suspicion. It was announced lately, and even alluded to in the House of Commons, that, as a consequence of injustice and bad usage, qualified surgeons were no longer disposed to enter the naval service of Britain. We always wondered that any such persons could be found; but, whether the rumour be well founded or not, certain it is that "the service" is by no means in favour with young surgeons at present.

But has the loss of life on the African coast and even in the China seas nothing to with this? There is room for suspicion.

In conclusion, the measures demanded by the French naval surgeon will not better his condition. He has disunited himself from the professional world; he belongs to a class, and must take the results. He sinks the professional character in the naval officer aspiring to be a *grand capitaine* with power. This is the error on both sides of the channel. Here the surgeon submits to be called a second-class surgeon—a distinction adopted, we perceive, from the French (whom we ape in all things excepting revolutions), and introduced into the military staff of Britain. It came in, probably, with the comical hat now worn by our infantry, also borrowed, as usual, from France.

Length of service should entitle a man to consideration and promotion, but it is a questionable testimonial as to professional ability. A varied and extensive knowledge of disease and its treatment is neither to be acquired nor maintained on board a ship of war, nor by accompanying a regiment of healthy young men from place to place. This is not the field for professional experience; civil life alone can furnish such. There must be no *esprit de corps* with professional men; a surgeon is merely a surgeon, call him first or second class, as you may think fit; grades in the profession cannot exist. Increase the pay, the substantial interest, if you will, but as to the matter of rank, it is a mere humbug. All sensible men know this. We have ourselves seen many a full inspector whom nobody would consult.

The French medical naval staff demand reform, but finality Cavaignac stands in the way: "What you claim may be abstractedly just, but the public service will not admit of it. The Republic is a fact accomplished; I am its interpreter." The man of Ghent is not the only one who seems to have studied the working of the British system. The head of the Provisional Government is evidently an apt scholar.

The French naval surgeons demand—

1. The immediate application of the principles of assimilation in all respects with the medical staff of the army.

2. Alteration of the name of the service to that of Medical Staff of the Marine. At present naval surgeons are demominated "*Officiers du service de santé.*"

3. The promulgation of a law to regulate the medical staff.

4. The enjoyment of all honourable privileges accorded to others.

5. The permanence of professional chairs.

But why should we proceed? Their demands are expressed in twenty-two articles; they may,

in so far as regards their tendency, be summed up in twenty-two words:—"Act justly towards the naval surgeons of France, and see that, in so far as they are concerned, the Revolution be not a mockery and a sham."

But, with all respect for the excellent men who thus complain, we feel assured that they now proceed in the wrong direction; and this we shall endeavour to show in the following or, at least, in an early subsequent number, when we bring before our readers the well-grounded complaints of British naval surgeons.

MR. GUTHRIE'S METHOD OF SCARING QUACKS.

When Mr. Guthrie was examined before the Medical Registration Committee last spring, he suggested a novel mode for putting down unqualified practitioners. It appears to differ from all that was ever proposed before, though we have little faith in its efficaey. Mr. Guthrie is no friend to fining and imprisoning persons merely for practising the healing art without having received authority from some one or other of our professional corporations; but he would have such individuals *take out a licence and be marked as irregular and unqualified practitioners.* He would thus establish a class of medical nonconformists who, provided they were not ashamed of being known as "irregular practitioners," might physic her Majesty's subjects without any other fear before their eyes than that their advice and medicine would be given "gratis," if not paid for on delivery. The following is Mr. Guthrie's proposition:—"He (the quack) should put over his door that he was Mr. So-and-so, an unqualified practitioner; upon every prescription he wrote, or upon every card he issued, he should write the same; and I would not allow him to demand in law for anything, nor allow him to give a certificate; nor allow him to be appointed to any office whatever, filled by a surgeon, physician, or apothecary; nor should he call himself by any of those names, but he should be an irregular, unqualified practitioner, incapable of procuring his money or doing anything but just what people asked him to do."

This notable proposition for ridding the profession of all intruders forcibly reminds us of a method adopted by some wags for the purpose of scaring away any bold quadruped of the canine species which may be found intruding into places where he has no business, and which process is technically called "tinning." It consists of attaching to the caudal extremity of the animal by a stout piece of string an old saucepan or kettle, which, according to the velocity at which the beast moves to whom it is attached, produces terrifying sounds. It is a well-known fact, however, that canine sinners, accustomed to this mode of punishment, eventually lose all fear of "tinning," and, instead of yielding fun to the spectators, actually obtain them respect. Mr. Guthrie's method of "tinning" the quacks, to scare them away from the domain of medicine, would prove about as effective as the like process upon dogs. The public, at first, may be inclined to laugh heartily at the man who is compelled to carry with him wherever he goes the title of "unqualified practitioner;" but boldness would soon convert ridicule into respect, and with this would assuredly be connected a hearty patronage.

Mr. Guthrie is evidently a strenuous advocate for free trade in physic, provided a sufficient distinction be made between the diploma'd and uneducated practitioner; and he evidently supposes that, if the people are made sufficiently acquainted with these distinctions, they would generally make choice of a qualified surgeon. But what says experience on this subject? There is no denying the fact that quacks and charlatans exercise their iniquitous vocation with greater effrontery at the present time than in any subsequent period since medicine was incorporated into a profession. There is scarcely a newspaper that does not contain at least half a dozen advertisements of as many different nostrums, and the proprietors of these patented poisons reap an abundant harvest from the credulity of the people.

Medicine, being a science yet in its infancy, affords abundant opportunities for impostors to enrich themselves by exciting the hopes or fears of persons labouring under disease. Individuals in every class of society are constantly entrapped by the unblushing pretensions of quacks. Lord Ingestre, some years ago, actually gave to St. John Long a certificate that he saw him extract from a man's head a fluid resembling quicksilver! The practice of that impostor lay principally amongst the rich and titled; and he contrived during his life to ride in his carriage, and at his death his dupes erected to his memory a splendid mausoleum. While he rubbed in arsenic and grease into the bodies of his patients, he turned in a large amount of gold into his own pocket. There is scarcely a respectable street in this metropolis in which may not be found some pretender to medical knowledge with a lucrative practice. He now laughs to scorn all diplomas and penalties, and, should quacks become legalized in the way suggested, these "God-made doctors," with their divine skill, would leave only to the diploma'd schoolmen the grape-gleanings of the vintage. We regret that Mr. Guthrie, a gentleman so much revered for his talents and for the interest he takes in the welfare of the profession, should be so mistaken as to suppose that legalizing quacks would be the most effectual means of putting them down.

Let us examine the scheme somewhat in detail. The unqualified person is to write himself down as such; but how will this benefit general practitioners? If we come to names, the quack will, at least, have a *new* one, which, perhaps, may never be immortalized in the same way as that of apothecary. Who does not know Romeo's soliloquy, written by our immortal bard, commencing thus—

"I do remember an apothecary."

The satire has lost none of its keenness after the lapse of a couple of centuries, though the apothecary has now become an educated and diploma'd medical practitioner. It would require a second Shakspere to arise and imprint an indelible mark on the name of "unqualified practitioner."

Mr. Guthrie, further, would not allow a quack to write a certificate. This in many instances would be a privilege rather than a penalty; for writing certificates often places upon the shoulders of the surgeon a large amount of responsibility without his receiving any pecuniary remuneration.

The unqualified practitioner, moreover, is not to be appointed to any office whatever filled by a surgeon, physician, or apothecary. And what offices worth having are there within the reach of general practitioners? They are excluded from all our metropolitan and from most of our provincial hospitals. At the Middlesex, ten years' penance is required to atone for the sin of having practised midwifery and pharmacy. True, there are poor-law appointments, and they are so poor that if the surgeon does justice to his patients he, in many instances, ruins himself. An apothecary also may stand a chance of getting an appointment in a provincial hospital or metropolitan dispensary, for which he will receive the large sum of £70 per annum, with coals and candles.

If there are any offices worth having, physicians and surgeons get them, and the general practitioner must trust to private patients as the means by which he shall obtain his livelihood. But, if quacks are to be let loose upon society in the way Mr. Guthrie proposes, the qualified medical man will assuredly go to the wall. He would not dare to resort to the means which the other does to obtain patients—he would not keep them "under his hands" as long as possible, to get money out of them, while he would have to sustain numerous losses from bad debts. The quack would not keep a ledger, as he would make his patients pay as they received their medicine; and the result would be that, when the present race of highly-educated general practitioners had passed away, a degenerate race would occupy their places, a disgrace to medical science and to our country.

Would Mr. Guthrie, then, wish to see professional learning retrograde, and the majority of medical men ruined? Not for a moment do we believe that he would. He is too honourable and patriotic for this, and his past efforts show that he feels a deep interest in the welfare of his profession. With the best motives, however, he would sanction one of the worst schemes that was ever devised for putting down quackery. Till medicine becomes an exact science, the general practitioner must be protected as much as possible from the assaults of ignorant and unprincipled charlatans. This will best be accomplished by the Legislature discountenancing nostrums, and punishing those who dare to exercise the healing art without having undergone a suitable education tested by examination.

DRUGGISTS' COUNTER PRACTICE.—CORONER'S INQUEST AT YORK.

The people appear for a long time to have entertained the idea that persons who deal in drugs are capable also of using them scientifically in the treatment of disease. Hence we find that individuals who follow the calling of retail chemists frequently take upon themselves to prescribe for patients who are foolish enough to trust their lives in their hands. Counter practice is the most profitable part of the drug-seller's business, and were it not for this, the returns and profits would be so small that two-thirds of the trade would be compelled to shut up shop.

The fact is, that nearly the whole body of druggists make no scruple of treating diseases whenever called upon to do so. A question then naturally arises, are they capable of doing this? Have they received such an education as fits them for even the ordinary exigences of medicine? We think not; for from all that we can learn they neither expend time, intellect, nor money in acquiring the rudiments of a professional education. There is no doubt whatever that medical men suffer greatly from druggists' practising medicine and surgery, and they afford no other guarantee to the public for their skill than that which results from their own presumption.

It is argued in defence of their practice, that the apothecary infringes upon the privilege of the druggist by keeping an open shop, and en-

deavouring to obtain all the retail and dispensing trade he can; and that, therefore, the chemist is obliged in self-defence to extend his business by counter practice. A more flimsy argument could not possibly have been made, as the general practitioner, if he chooses to keep an open shop, is qualified by his education to do so, which his opponent in the drug-trade cannot boast of. The Pharmaceutical Society has no power to examine those who intend exercising the calling of retail chemists; and a large number of them originally served no apprenticeship to the business, and they know little of the properties of drugs, save that senna purges, and ipecacuanha vomits.

As a natural result circumstances will arise which bring druggist prescribers into trouble, and which show the necessity of some check being put upon counter practice.

A case recently occurred at York, where an infant, seven months old, was seized with pains in the bowels and convulsive fits. The mother, in consequence, went with the little patient to Mr. Spurr, a druggist, who advised that some magnesia should be given. This not having the desired effect, ipecacuanha wine was prescribed, in doses of half a teaspoonful at a time, at stated intervals, till the medicine operated. Several doses were given to the infant, who became sick, and grew worse until it died.

Mr. Procter, surgeon, was called in previously to the child's death, and he was of opinion that the giving of an emetic was very injudicious treatment, and against all the established rules of medicine. There was no doubt that the deceased had died from convulsions, and it was impossible to say that the drugs exhibited had either produced or accelerated death. The jury, in consequence, returned a verdict, "Died from convulsions, produced by natural causes."

Mr. Spurr has fortunately escaped the charge of manslaughter; but this case should operate as a warning to him and others in the same business, not to interfere with the functions of the educated medical practitioner. Let them confine themselves to the sale of drugs, and the compounding of physicians' prescriptions, and leave to the members of the profession the duty of diagnosing and treating diseases.

REPORT OF THE NATIONAL INSTITUTE ON THE PRESENT STATE OF THE MEDICAL-REFORM QUESTION.

(Continued from p. 295.)

"In stating their opinions thus strongly, the council of the Institute are not unmindful of the fact, that if all other objects were abandoned, and the demands of the general practitioners restricted to some such power as that sought for by Mr. Guthrie to be given to the council of the College of Surgeons, enabling them to make another selection from the members of a limited number of individuals to be created fellows, restricted probably to those of twenty, or even twelve, years' standing, possessing certain qualifications, and under certain certificates of recommendation, that by some considerable effort on the part of the great body of the members of the college such a demand might ultimately be conceded. The profession will observe, that the augmentation of the fellowship in the College of Surgeons to this extent, and even further, is by no means inconsistent with the principles of reform as agreed upon, nor has it any bearing whatever upon those measures for the future regulation of the profession which all parties deem so desirable. The council of the Institute consider such a step would enable the council of the College of Surgeons to do, although but partially and tardily, an act of justice to a few of its injured members, and that '*pro tanto*,' it it would be acceptable. But it would not even thus partially satisfy the justice of the case as respects the remaining nine thousand or ten thousand members. Of the one hundred and thirty-eight gentlemen who have appended their names to the Shropshire petition, if half a dozen were created fellows to-morrow, and the cause of the others delayed or abandoned, would the remaining one hundred and thirty-two be satisfied? and amongst the gentlemen who attended the meeting at the Freemasons' Tavern, if one or two of the more active were made fellows, would this advance one iota the cause of medical reform?

"There is only one other point in the scheme propounded in the petition from Shropshire to which the council think it necessary to advert, viz., the proposal for the appointment of a joint board of examiners by the Colleges of Physicians and Surgeons. The National Association and the National Institute have offered no opposition to the institution of such a board, either for the purpose of a preliminary or a final test of the qualifications of the candidate, provided the general practitioners are at the same time admitted to corporate rights, and they are assured that the qualifications of their own class will be sustained, either by members of their own class being placed on such joint board, or the powers being vested in themselves, of examining and testing the qualifications of the future general practitioners. The reports of the joint deputation already adverted to indicate this. The gentlemen who sign the Shropshire petition wish for a preliminary examination, which every candidate is to pass previously to undergoing such examination or examinations as may be required for obtaining his licence to practise, or being registered, under any 'grade' or title in the Colleges of Physicians and Surgeons respectively. This scheme, therefore, implies grades in the College of Surgeons; and accordingly, as the council of the Institute conceive, that the great body of the profession, the general practitioners, are to constitute an inferior grade. For, except so far as the general practitioners can obtain it through the ruling powers of the College of Surgeons, they will have no control over the qualifications and examinations of their own class. The control will be given entirely to the College of Physicians and the fellows of the College of Surgeons, since, although the examining board is to be subject to the supervision and approval of a Council of Education, that Council of Education, in the absence of any representative head of the general practitioners, must also necessarily be composed of physicians and fellows of the College of Surgeons. In order to render this plan of a joint board consistent and satisfactory, the general practitioners ought to be represented thereon; for which purpose one of two things must be brought to pass,—either the College of Surgeons must be converted into a college of general practitioners or a new college must be instituted. The petitioners object to the latter, and the impracticability of the former has been shown, which would almost induce a calm spectator of the movements of the profession to doubt whether these gentlemen sincerely desire any reform whatever.

"A petition has been presented also from Gloucester. It is signed by *Dr.* Wright, as chairman of the meeting, and Mr. Wilton, a fellow of the College of Surgeons, as honorary secretary. This association is, accordingly, not an association of general practitioners exclusively; a circumstance which the council of the National Institute would not have remarked upon, but that the petitioners undertake, on the part of the general practitioners, to call in question the powers of a council numbering forty-eight, every individual being a general practitioner, upon which council the duty has been imposed of representing the interests of an association of general practitioners numbering at least four thousand. No statement is given of the number of individuals who attended the meeting at which the petition was agreed upon.

"Other resolutions and memorials of the same tenor have come before the council of the Institute, but they contain no new point worthy of notice. Memorials have also been presented in favour of the 'principles' of the conference, and the council cannot refrain in this place from the remark, that had the subject been better understood, and the spirit of those documents generally acted up to, the probability would have been greatly increased, that by this time an act of Parliament might have been obtained and the whole question settled."

We feel much pleasure in appending the subjoined testimony of Mr. Guthrie, inasmuch as it was carefully held back from the pages of a contemporary professing to republish the evidence taken before the committee of the House of Commons. Truth will be heard.

"Having thus brought under review the special objections contained in the above documents, the council have now to deal with the assertion, that a new college of general practitioners must necessarily be an inferior college, which has been so positively made and so industriously reiterated. It occurs in the resolutions already commented upon, but the dissentient parties have in no instance stated in what that inferiority will consist. The council have in vain looked for evidence on this point, and all they can find is the unsupported, bare assertion. If the assertion could be verified, the council would one and all repudiate any connection with such an institution. On the other hand, the council have had to contend with parties holding an opinion directly the converse, viz., that the proposed college must necessarily be co-ordinate in rank with the existing institutions; and this, in truth, has constituted one of their chief difficulties, since they have had to appease the fears of those who infer from this that a college of general practitioners would in a short time supersede the functions and rise superior to the elder institutions. It may be useful to show on which side the weight of authority lies upon this prevision. The gentlemen who quote Mr. Guthrie and adopt his views will doubtless admit him to be of the highest authority; and the following is a record of his opinion respecting the inferiority of a college of general practitioners:—

"'*Extract from the Minutes of Evidence taken before the Select Committee of the House of Commons, on Medical Registration, &c., March* 3, 1848, *the interrogatories being on the subject of the proposed "Royal College of General Practitioners of England," as to its rank, equality and influence, &c.*

"'G. R. GUTHRIE, Esq., examined.

"'Do not you consider that their being connected with a college of a lower grade would be likely to lessen them in the public estimation?—They do not propose that it shall be of a lower grade but an equal grade.

"'Is it not proposed in the document to which I have referred, that the college shall be called "The College of General Practitioners," and not the College of Surgeons?—In the first place I do not profess to know what a general practitioner is myself, but it does not follow that they should be a college of a lower grade.

"'Would you yourself give your support to a college of equal rank and privilege and influence with your own?—It must be so if it is established. That is a matter for the Government, and not for me, to consider; if it is made so I cannot help it.'

"In the memorials of the Colleges of Physicians and Surgeons to the Secretary of State, the opposition of these colleges to the establishment of a new college has invariably been founded upon the danger in their opinion likely to result, from the number and respectability of the general practitioners, to the stability and permanency of these institutions; and the council of the Institute must candidly confess that they believe the fears of those who anticipated evil from the increasing importance and probable influence of the new college, were far better founded than the anticipations of evil from its inferiority; eight or ten thousand individuals associated together in

a representative collegiate institution, with the means of giving encouragement to learning and science, and conferring honours, emoluments, and rewards to the distinguished and deserving, might become a one faculty, and soon, in the language of the Minister of the Crown, 'strand' the existing institutions, if the latter were not shielded by some efficient safeguard. It is this which has influenced successive Ministers in declining to accede to the prayer of the general practitioners for a charter of incorporation, without the consent of the corporations, and a general bill defining the power and privileges of each of the royal colleges; it is this dread of the overwhelming influence of the general practitioners under favourable auspices which has rendered the existing institutions reluctant in giving their assent to a new corporation.

"There is certainly one specious reason which has been advanced to prove that the new college will be an inferior college, viz., that it will not have the power to license. The parties who urge this objection omit to state, that under the proposed bill, and the charters which are to accompany it, none of the colleges will have the power of licensing. The licence to practise will be the registration certificate, and all other powers of licensing by the Colleges of Physicians and Surgeons, or the Societies of Apothecaries in the United Kingdom, will be abrogated. It is true that the right to register will depend upon having passed certain examinations, and being admitted to the membership of certain institutions. In this respect the proposed new college will be placed, in reference to the general practitioners, on an equal footing with the Royal College of Surgeons.

"However disagreeable such a duty may be, the council are not at liberty to shrink from the exposure and denunciation of the practice of misrepresentation which has but too frequently disgraced the discussion of the medical-reform question. They believe that such a practice has never been deemed necessary, would never have been resorted to, or, if resorted to, would never have been tolerated, in the agitation of any other great public question. For instance, it has been broadly asserted that under the new arrangement the members of the College of Surgeons are not to be registered as surgeons. There are numerous individuals, both in and out of the profession, who meeting with this assertion, made with confidence, and having no data to refute it, may thereby be rendered opponents, and, before their minds can be disabused, become committed to an unjust opposition to the proposed measures. With the view to illustrate how, even in the highest quarters, misapprehensions have arisen, the council cannot do better than refer to a portion of the printed evidence, given on the 3rd of March last before the parliamentary committee, premising it with the following quotation from the 'principles' which had been sent into that committee by the Conference at the College of Physicians, bearing date the 8th of February.

(COPY.)

"'That those persons shall be entitled to be registered as surgeons who shall have been admitted as fellows or members by the Royal College of Surgeons. That the members of the College of Surgeons who dispense medicines, or supply medicines to their patients, shall be required to enrol themselves in the College of General Practitioners, and to be registered as surgeons and general practitioners; and, after the passing of the act, members of the Royal College of Surgeons shall not be registered as surgeons unless they be also admitted as members of the Royal College of General Practitioners, and registered both as surgeons and general practitioners.'

"'*Extract from Mr. Guthrie's Evidence before the Parliamentary Committee, March* 3, 1848.

"'By Mr. Wakley.—(248.) You state that there have been meetings between the existing corporate bodies and persons calling themselves the National Institute; have you been present at those meetings?—No; the executive officers manage the business of the college.—(253.) I will read you a passage from the document I refer to—"But, after the passing of this act, those who shall be admitted as members shall be also admitted by the Royal College of Surgeons, and registered as general practitioners." Do you consider that it would be fair to deny to those gentlemen the right of being registered as surgeons, or that it would be satisfactory to the profession generally?—Certainly not; I know it would be very unsatisfactory to the great body of the profession.'

"The bearing of the questions propounded and of the evidence given will be fully appreciated by the profession, when they are informed that no proposal was ever made in the conference to exclude the members of the College of Surgeons from the register as surgeons.

"An inference has been drawn and an *ad captandum* argument founded upon it, for the purpose of sowing the seeds of dissension more plentifully still where the rank growth is already but too abundant, and of preventing the profession accepting any measure which will really benefit it, unless such measure not only satisfy the desires and aspirations, to the fullest extent, of all the more honourable of its members, but also the unreasonable expectations of the misinformed, the vain, and the discontented. The council refer to the inference that a measure of medical reform of the present day must necessarily be final—that it must be a settlement for the 'next century,' as if, where everything else is 'progress,' medicine alone must stand still. That, so far as the medical institutions are concerned, inertia has hitherto too much prevailed, none will deny. That it must continue to do so there can be no doubt, unless the profession be content to hold to a substantial benefit within its reach, rather than be amused by catching at a shadow which an evil genius flits before it. But that, once organized and constituting an independent and essential part of the machinery of society, with the facilities for advancement increased tenfold, that the profession should cease to advance and to improve its institutions is beyond reasonable credence. The views entertained by the council under this head are, that by the proposed bill, if it become law, the profession will be clearly defined; after a very short period there could be no mistake whatever as to what it consists in, or who does or who does not belong to it; every individual will be represented by the council of the college or colleges, one or more, to which he belongs; a Secretary of State will form, as it were, one of its integral elements. Under these circumstances, all that is good in the arrangement will, in the ordinary course of events, be perpetuated; but should any part prove defective, after a reasonable period for testing the working of the measure, the facilities for amending it would be increased a hundredfold as compared with the present state of affairs. Suppose any practical grievance suffered by the general practitioners, the members of the new college, through their representative council, will have a direct communication with the Government, whereby such grievance can be made known; and should any Government prove neglectful of its duty to any part of the profession, that Government will be liable to be called to account in either of the Houses of Parliament.

"In concluding their report, the council of National Institute implore the members of the profession, of all classes, to bear steadily in mind that medical reform is not an abstract question—that medicine and its institutions can only be properly regarded in their relation to society at large, and the spirit of the form of government under which we live. The council urge upon the general practitioners, as an axiom, that the Legislature of this country will not be readily induced to concede to any portion of the profession, however numerous or important, powers and privileges which will either set aside the existing Colleges of Physicians or Surgeons, or modify the special character with which, from the period of their foundation, these institutions have been vested, for the separate encouragement of medicine and surgery respectively. Where interests are so opposed, and opinions so diversified, as in the medical profession, some dissatisfaction must arise, and accordingly some opposition must be expected to any measure, from whatever source it may be derived, or however satisfactory it may prove in the main. There are individuals, within and without the pale of the profession, who have their advantage in the present undefined state of professional rights, titles, and privileges, and if, in a community like this, good measures were arrested because they cannot obtain universal approval, society would retrograde. The council trust this will not be the case with the medical-reform question. They venture to express a hope that the conference will resume its sittings on the approach of the next session of Parliament, and, with the public spirit which has hitherto characterized its proceedings, that it will complete the great work which it has so well begun. They hope that the influence which the conference must necessarily possess in the highest quarters will be brought to bear upon the success of the proposed measures; and that under the auspices of the Government, a bill, founded upon the 'principles' agreed upon, will be introduced into the House of Commons early in the session, by some member of station and influence.

"Finally, placing their utmost reliance on the honesty of purpose, good faith, and public spirit of their professional brethren, of all classes, who by their representatives in the conference have been parties to the proposed measures of medical reform, the council of the Institute trust that those who have hitherto dissented will be induced to withdraw their opposition; that, while sanitary measures are engaging so much of the public attention, a bill may be carried through the Legislature with the cordial support of the profession at large; and that under a new act of Parliament, and a new order of things, society will rapidly reap those advantages which must sooner or later flow from the subsidence of medico-political agitation, the improved social and political status of the profession, and the steady progress and general diffusion of sound practical and scientific medical knowledge.

"NATHANIEL CLIFTON,
Vice-President, Chairman.

"4, Hanover-square, Aug. 9, 1848."

ON MEDICAL REMUNERATION.

[To the Editor of the Medical Times.]

DEAR SIR,—I am happy to observe from the perusal of your columns that the subject of remuneration occupies, at present, in a more than ordinary degree, the attention of medical practitioners. It is a subject which deserves the most serious consideration, for, in the whole range of agencies which exercise an influence upon the medical profession, there is not, perhaps, one to be found more intimately connected with the horde of prevailing abuses, or more deeply affecting her interests and character.

An opinion is expressed by men of the highest rank in the profession that moderate recompense is incompatible with a high standard of medical education; or that, in order to meet the wants of the mass of population, an inferior grade of practitioners is necessary.

Sir Benjamin Brodie says, "Throughout England generally, and more especially in the rural districts, the poverty of the people prevents the payment of more than a very small modicum of reward." He is evidently of opinion that a subordinate grade of medical men is indispensable to the public.

Mr. Green, alluding to general practitioners, says, "He is afraid that if the public, as they require practitioners who can only be paid at a moderate rate, must content themselves with something lower in the scale of education."

There is no doubt that the great body of the people, not only of England, but of every country, are in need of medical men whose advice can be obtained for a sum proportionate to their condition. There is no doubt, also, that every community requires a corps of skilful, erudite practitioners; for, in the language of the classic Cabanis, "L'érudition qui fortifie quelques têtes robustes, mais qui le plus souvent étouffe les intelligence communes est encore, d'une indispensable nécessité pour les

médecins." I think I may venture to assert that men of the highest grade of education are more requisite still for the mass of the humble and ignorant, than for the rich and intelligent. In the treatment of the former, the medical attendant has not only their infirmities to combat, but the want of comforts, the scarcity of conveniences, and rude habits, demand a considerable amount of ingenuity, and the exercise of many qualities which the more favourable circumstances of the latter render much less necessary. At all events, disease is disease, whether the subject be a prince or a beggar; and, if any benefit results to the one from superior enlightenment, it is inhuman to deny that advantage to the other, whose position exposes him to greater danger.

The question is this: Can the medical system be organized in such a manner as will ensure respectability to the profession, and, at the same time, enable the great mass of society to obtain the best medical aid for a sum commensurate with their fortunes?

It may be said that, in England, all those who cannot afford a large fee are supplied with dispensaries, infirmaries, and hospitals. True, there are such institutions, intended as asylums for the destitute sick; but is it not bad policy to accustom those who are willing and able to pay moderately for advice to seek relief in such quarters? Is it not a certain inducement for many to contract mendicant habits? Are not idleness, avarice, and meanness thereby encouraged? Thousands obtain medical aid gratuitously who pay their lawyer, clergyman, tradesman, every one except the doctor. The great luminaries of the profession, and all the little stars that shine in the same firmament, if paid at all, require large fees, and hence arises this gratuitous phenomenon. Practitioners of a high standard of education become disgraced by the acceptance of a small fee, and the result is that they are the unrequited slaves of one vast section of society, whilst another section, too independent to receive alms, however disguised, becomes the spoil of every pretender to the art of medicine. This system of large fees converted the Apothecaries' Hall of Ireland into a school of medicine. A similar effect was produced in England. The frequent demands made by the mass of the public upon the limited knowledge of the apothecary caused him to extend by degrees the sphere of his information, until at length he became ashamed of the name, and justly assumed that of general practitioner. If efficient medical aid could have been obtained in Ireland and in England for a moderate sum, the apothecary would not have required medical and surgical knowledge, and we would now, in all probability, possess a national school of pure pharmacy. This change was the inevitable consequence of the high fees of physcians and surgeons; for it would have been impossible to confine apothecaries to pharmacy, as in France and Prussia, unless the mass of the people had been supplied at the same time with cheap medical and surgical advice. Dr. Henry is considered a shabby man in Dublin by the youngest tyro for accepting 5s. a visit. I have heard him contemptuously called Five-shilling Henry, although practising in the poorest country in the world, where efficient medical advice for a moderate recompense is the greatest boon that any man can confer upon society. Yet, on the Continent, the best medical authority in the world can be consulted at an expense of only five francs. In the city of Cork I knew a physician who was looked upon as a sort of tinker for taking from humble people half-a-crown a visit, where, as in a provincial town in France, a man of the highest qualifications is not paid more by the wealthiest individual. Now, if ever the mass of the profession is to grow rich it will be by abolishing the disgrace attached to the small offerings of honest people. But in order to do justice to the profession, as well as to the public, the present state of medical administration must be profoundly modified. Advice and drugs must be made distinct, the latter simply considered as materials to give the former effect. Many think their medical adviser sufficiently paid by his drugs. It is a general belief, and generally acted upon. The practitioner, by that means, becomes a trader, and might, without being guilty of an inconsistency, have his shop well stocked with wine and porter and many other hygienic articles daily recommended by him to his customers. Unfortunately drugs are made to appear everything, and the ignorant are deceived into the belief that they comprise everything. Besides, the pernicious custom of employing unqualified medical assistants and apprentices to visit and prescribe must be removed. Druggists and chemists must be confined to sale, and prevented from poisoning their dupes. Quackery must be kept in check in all its varied forms by precautionary repression. Punishing a quack only when his victim is maimed or killed is absurd. Yet such is the law of England, although legislators must know that quackery sends thousands to their graves silently and unperceived whose cases never meet the eye of justice. Sir James Graham would introduce no restraint upon medical practice, because, he said, there was a disposition in mankind to be cheated. Nevertheless, game-laws are introduced, and we are not allowed to kill or wound hares and rabbits unless we previously take out a licence. In order to enable medical men of a high standard of education to charge small fees, and thereby bring their services within reach of persons of moderate means, those small fees must be multiplied. The practitioner, instead of visiting a solitary patient occasionally and by accident for a guinea, must have a numerous and steady *clientèle*, capable of meeting a small charge; and when such a system is pursued, the intelligent practitioner of easy and cheap access is sure of an independence. In France, small fees answer all the wants of the profession, and no one of humble means is prevented from seeking the best advice by the terror of paying a guinea:

"No summons mocked by chill delay,
No petty gain disdained by pride."

However, it must be borne in mind that the laws of the country guarantee to the medical men of France a condition which is essential to the existence of moderate remuneration, namely, a numerous *clientèle*. This is effected by an enlightened administration of medical affairs. In the first place, any one who practises medicine unauthorized by a regular diploma is considered guilty of an illegal act, and it is in the power of any member of the community to bring that person under the notice of the procureur of the Government, whose duty it is to protect the profession and the public from the mischief of charlatanism. I knew a man in this neighbourhood named Duponchel who practised during many years under a false diploma, kept a pair of good horses, and got most respectably married. He was at length detected in his imposition, and confined a year in prison. However, he resumed his practice again, and subjected himself to a similar punishment. He was found dead in his apartment the day decided for him to go to prison, and I am credibly informed released himself from the *ennui* of the dungeon by poison. What a glorious career such a man might have had in England, controlled by no form of salutary restraint!

In France, also, the apothecary profession is totally distinct from the practice of medicine and surgery. It is considered as extraordinary a proceeding for an apothecary to prescribe for a patient as it would be for a butcher to amputate a limb. There are no such things as counter consultations, and, unless a prescription be signed by some qualified man, it is returned. Besides, there are no unqualified medical assistants or apprentices treating disease. By this arrangement all who require medical aid are obliged to have recourse to the qualified practitioner, who is enabled, by numerous visits and consultations, to demand a small sum for his services. The great mass of tradespeople and servants, and all persons of small resources, having sound medical advice thus brought within the scope of their means, are protected from the necessity of begging for relief at a public institution, or wasting their time in the antechamber of a private house. Those poor people pay without hesitation, for their independence is respected, and a most important social advantage is thereby attained, namely, the encouragement of self-reliance.

Having mentioned the scrupulous isolation of pharmacy from the other branches of the profession, it may be suspected that the apothecary of the Continent is less fortunate than his *confrères* in England or Ireland. Certainly not. He is paid more for his preparations than they are for advice and medicine together. We find him even in the country village possessed of a good house, a neat, well-stocked laboratory, keeping a good table and an enviable cellar of wine. He suffers no injury from his complete ignorance of medical practice, because no one is allowed to intrude upon his department. No physician or surgeon is permitted to sell a drug. Both are paid simply for advice, and all prescriptions are considered the legitimate property of the pharmacien. He is also protected from the druggists and chemists by a law which prohibits them to sell anything in medicinal quantities. By this wise plan of mutual repression and protection, all can live honourably and amicably; confusion is avoided; the art of medicine throws off the garb of traffic, and becomes invested with all the dignified attributes of a real science.

It is generally alleged that men of high qualifications cannot be expected to devote their time and attentions to the masses for a moderate reward in consequence of the great expenses of education. Such may be, to a certain extent, an excuse for individuals, but it is no excuse for the state. If the outlay upon medical education is so large as to exclude the great body of the people from the best remedial advisers, it is the duty of the Government to remove such an impediment by cheaper instruction, and thus ensure for all classes equal hope, consolation, and safety in the hour of suffering and danger.

I have the honour to remain, dear Sir, your obedient servant,

S. S. MORIARTY, M.D.

Dieppe, 132, Grande Rue.

DOINGS AT UNIVERSITY COLLEGE.

[To the Editor of the Medical Times.]

SIR,—The entire profession, more especially that section of it which belongs to University College, feels deeply indebted to you for your clear and able exposition of the recent proceedings and doings at that institution. As an old student I feel grateful to you; nothing, Sir, but a complete routing of the jobbers and intriguers can save the institution from ruin. Already King's College has passed it by; there is now a majority of students from King's College in the last list of candidates who passed the M.B. examination at the University of London, in the proportion of six to five. Formerly it was five to one the other way. Again, at the recent matriculation examination the University College did not obtain a single honour! Formerly it had nearly all. I can see in this the result of the disorganization caused amongst the students by the proceedings of evil-doing persons. How can the professors do their duty in teaching if they are immersed in petty intrigues and foul quarrels with their colleagues, as shown by the recent flood of pamphlets; and how can students, with excited and disgusted feelings, attend to their studies? Certain professors will ruin the school, having first taken care of themselves by "sinecures and pluralities," including the "Eye Infirmary"! A little more of your physic—your Russell purge—and the sanitary condition of this once famous site will be greatly benefited.

I am, Sir, your obedient servant,

AN OLD STUDENT.

P.S.—It is reported, and I fear with too much truth, that three students of the college have within as many months destroyed themselves. Is this another result of the doings?

London, Aug. 30.

LIBERALITY OF POOR-LAW MEDICAL OFFICERS.

[To the Editor of the Medical Times.]

SIR,—I was very sorry to see in to-day's *Medical Times* an appeal from Mr. Martin, of Reigate, treasurer to the Poor-law Convention, to the medical officers for additional subscriptions towards defraying the current and necessary expenses incidental to the effectual working of the Committee of Convention. I would have addressed you sooner on this topic had it not been that I was willing to believe that the "Report of the Committee of the Convention" would have aroused the dormant niggardliness of my brethren to this important subject; but my anticipations are blasted, as Mr. Martin's letter unfortunately proves.

Individuals of high and merited standing in the profession gave up their valuable time to our interests, and cheerfully enrolled their names as members of the committee, never doubting for one moment but that the boasted liberality of our calling would stand by them and supply them with the necessary funds. How far these rational expectations have been fulfilled let their report say.

Such a paltry species of liberality, as the "treasurer's report" therein shows, never scarcely fell to my lot to behold. With what countenance can we heap upon boards of guardians all the opprobrious epithets of niggardliness, &c., when we find that out of 805 medical officers who sent returns to the committee only 246 accompanied the returns with a subscription? Let us, then, as a body, come forth at once, and, by our pecuniary contributions towards this cause, redeem our character in the eyes of the public, and show that we are true to ourselves, and are determined to uphold those who have willingly undertaken to fight our battles and, if possible, gain for us a victory. But as deeds, not words, are what I advocate, I call upon my poor poor-law medical brethren to follow the example of the

Thame and Wycombe Union medical officers, who are going to hold meetings on this subject, to forward subscriptions to the committee. If all would only act thus, what a lesson it would teach our oppressors. They would then say, these men have their work at heart; for you may depend upon it that the public measure a man now-a-days very often by the length of his purse.

I am, Sir, your obliged servant,

H. HASTINGS,

Medical Officer, Thame and Wycombe Union.

Stokenchurch, Oxon, Sept. 2.

LITERARY PIRACY.

[To the Editor of the Medical Times.]

SIR,—The following note, which, I think, requires no explanation, was sent to the editor of the *Lancet* nearly five weeks ago. The note and the receipt of the pamphlet were acknowledged the next week. In the next *Lancet* it was stated that "the contributor of the article was in the country," but that on his return the circumstances should be made public. Two *Lancets* have since been published, but no further notice has been taken of the matter. I think you will agree with me that this is not just. As it must be evident that my property has been purloined by some one, I conceive that it was not too much to expect that the mistake—if, indeed, it be a mistake—should have been publicly acknowledged before this.

I shall be obliged by the insertion of this and the following in your next number, and am, your obedient servant,

W. M. HUGHES.

14, St. Thomas-street, Sept. 2.

[To the Editor of the Lancet.]

SIR,—I beg to inform you that the "Statistical Researches on Chorea," in the "foreign department" of your number for July 5 (page 75), attributed to "Dr. Easelmann," who is stated to have collected the cases from various authors, are derived solely and entirely from a paper of mine in the 4th vol. (new series) of the "Guy's Hospital Reports," of which paper, entitled "Digest of One Hundred Cases of Chorea," I herewith enclose you a copy.

I beg also to inform you that the materials from which that paper was composed were collected solely and entirely by myself from the records of Guy's Hospital.

I shall, therefore, feel obliged to you to correct the mistake into which you have fallen by the introduction of this note into your next number; and I shall feel additionally obliged to you if you will kindly inform the professional public and myself from what source you derived the facts incorrectly attributed to "Dr. Easelmann," of whose name I do not recollect to have previously heard.

I have the honour to be, yours, &c.,

W. M. HUGHES, M.D.

14, St. Thomas-street, Sept. 2.

EXPATRIATION.—CAUTION, EMIGRATION, &c.

[To the Editor of the Medical Times.]

"Multis minatur qui uni facit injuriam."—LORD BACON.

SIR,—My attention is called to statements in the public prints that will, I fear, prove disastrous to professional men. Already have the law societies of England, "in safety to their own rights," got their eye upon one flattering, glittering, but "hollow," object, that has found its way into your columns; but of that more anon.

My present communication, however, is on one point only—to warn surgeons and assistants against another tempting bait, *i.e.*, emigration.

From several recent instances under my notice (I cannot doubt their truth), I would strongly advise every individual member of the profession to pause, weigh well what he is about,—remembering the advice of the American judge, Storey, "There is room enough for all." Ay, and in England too.

Is it true, Sir, that statements have been laid before Parliament and elsewhere, "That the greater part of the British colonies are in a state of ruin, from commercial and 'other' causes? That medical men are returning, ruined? And in Australia, in particular, the climate is so good they are not wanted?" Also, that men who have passed "Hall and College," emigrating with the "fairest hopes," after arrival have exchanged their last sovereign, and are now, from want of friends or money, actual "herdsmen" in the vast sheepwalks?

Through you, Sir, I would say, "Pray, gentlemen, ascertain whether this is true or not; look over the files of the daily *Times* in addition; and you may have to thank this novel (though it be) but, perhaps, necessary address by, very faithfully yours,

HUGH PYKE, Medical Agent.

87, Chancery-lane, and Verulam-chambers, Lincoln's-inn.

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of ROBERT PALMER.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

GOSSIP OF THE WEEK.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, August 31:—William Wightman, Swinefleet, near Goole; Walter William Miller, Eye, Suffolk; John Baker Boley, Bristol; William Gillett Cory, Brighton.

SURGICAL APPOINTMENT.—Mr. William Bird Herapath has been recently elected to the post of honorary surgeon to St. Peter's Hospital, Bristol. Dr. Staples is the retiring surgeon.

THE CHOLERA.—A letter from Aleppo, published in the *Constitutionnel* of Wednesday, gives a frightful account of the ravages of the cholera morbus in Asia Minor. The number of deaths increases daily, and between the 17th and 19th of July, nearly 1000 patients succumbed. Belief in predestination prevents the Mahometan part of the population from taking any precautions or resorting to any remedies. Since the 15th of July, the average diurnal number of deaths has amounted to 140. To aggravate the evil there are only three European physicians in Aleppo, with a population of 80,000.

It is said that of 14,000 men who formed the Russian corps which entered Wallachia, 1800 have died of cholera.

The cholera has greatly decreased at St. Petersburg, but has appeared at Warsaw. It is on the increase in Berlin, and is making fearful ravages in many parts of Turkey.

THE CHOLERA IN SMYRNA.—The following is an extract of a letter, dated Smyrna, 16th of August, five days later than the advices which have appeared in the London papers:—"The cholera has appeared here, and a great many cases have proved fatal. At first it began amongst the lower classes, about five in a day, but now it it evidently increasing, and several people in our first streets have been taken off. A servant girl next door to mine died in six to eight hours. People are dreadfully terrified, and are all leaving town for the villages, being so much put out of the way that they do not think of commerce. Until lately the fig crop has promised well, but recently some of them have turned yellow on the tree and dropped off The Turks being obliged now to fast all day until the malady is over, the fruit will be kept in the interior."

ELECTRO-MAGNETIC INSULATION IN THE TREATMENT OF CHOLERA.—At the sitting of the Academy of Medicine on the 8th ult., M. Fourcault made some observations on the etiology of cholera. He thought that the cause of this disease must be attributed to the non-equilibration of the atmospherical electricity with the terrestrial magnetic fluid, which is shown by the perturbations of the needle. He, therefore, proposes as one of the means of curing the disease, that patients should be isolated; and he has had constructed for this purpose an appropriate apparatus. M. Fourcault says that for some time past electro-magnetic insulation has been employed at the Bicêtre in the treatment of epilepsy; and in Algiers, Dr. Pallas has placed many of his patients on beds supported on glass legs. All recommend a similar plan to be adopted for persons affected with cholera, and they have noticed that the general results are decidedly favourable to this mode of treatment in epidemics. For this purpose the frames of bedsteads ought to be made of non-conductors of electricity, suited to the circumstances of all classes of society. These hygienic precautions are indispensable in the East, where the people sleep in the open air. During the reign of cholera, of plague, of yellow fever, or of dangerous intermittents, these means exercise upon the public health a most beneficial influence. It is not by supposed deleterious emanations that the earth destroys rapidly a number of individuals who sleep abroad during the night, but by the removal of two agents essential to life—caloric and electricity. This doctrine has been already demonstrated by an authenticated number of facts, wrongly interpreted by physicians, who attribute to an imaginary noxious principle the grand source of epidemics. M. Fourcault says that his experience of the functions of the skin proves that the suppression of the perspiration and the urine is the true cause of the development of cholera in individuals.

ALTERATION OF QUARANTINE.—MALTA.—The Asiatic cholera having manifested itself in the Levant and parts of Egypt with such intensity as to render it highly important that measures for the safety of the city should be taken, the Board of Health, on Saturday last, came to the following resolution, as regards arrivals from Egypt, Syria, or any port or island under the dominion of his Imperial Majesty the Sultan, viz.:—"All vessels, without distinction, must consume fifteen days in quarantine, in port; and are obliged to discharge non-susceptible goods into the lazaretto. Passengers arriving in such vessels will consume twelve days' quarantine in the lazaretto. Susceptible merchandise must be discharged into the lazaretto, where it will be subjected to depuration for twenty days. Any vessel arriving under circumstances of a graver nature, the measures adopted by the Board of Health on the 8th of November, 1847, will be carried out."

MORTALITY IN PARIS.—In the year 1847, in the city of Paris, there were 32,823 deaths; 12,276 of which occurred in the hospitals. Of this last number there were 2485 deaths from consumption. In the 12th, 8th, 6th, and 5th arrondissements the greatest mortality prevailed.

THE NAVAL MEDICAL SUPPLEMENTAL FUND.—An act of Parliament was passed on the 14th ult., to authorize for ten years the regulation of the annuities and premiums of the Naval Medical Supplemental Fund Society. In 11 and 12 Vict., cap. 58, it is recited that by an order in Council, dated the 13th of August, 1817, the Naval Medical Supplemental Fund Society was established for the relief of widows of medical officers in the Royal Navy, and that rules were made for the society; and that it is now expedient that the rate of the said pensions, annuities, and premiums, now paid or payable, should be continued during the continuance of this act, unless it be found necessary to increase or reduce the same. It then provides that the amount of pensions and annuities by the society shall continue to be paid, unless the patron and president shall think fit to vary such payments. The act is declared to be a public act, and judicially to be taken notice of as such.

MEDICAL EDUCATION IN THE UNITED STATES.—"At a convention of the Physicians of the state of South Carolina, held on the 14th of February last, the following resolutions were adopted:—"That this convention earnestly recommends to the members of the medical profession throughout the state of South Carolina to satisfy themselves, either by personal inquiry or written certificate from competent persons, that all young men who may hereafter apply for admission into their

offices as students shall be of good moral character, and shall have acquired a good English education, a knowledge of natural philosophy and the elementary mathematical sciences, and such an acquaintance, at least, with the Latin and Greek languages as will enable them to appreciate the technical language of medicine, and read and write prescriptions. That this convention also recommends to the members of the medical profession of the state of South Carolina, when they shall have satisfied themselves, that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception in the medical college in which he may intend to pursue his studies. That the Medical College of the state of South Carolina be, and it is respectfully recommended and requested to give its aid and assistance in establishing the above requisitions, by demanding such a certificate from every student of medicine who may hereafter apply for matriculation; and, when publishing its annual list of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the necessary and required preliminary education."

THE MICROSCOPE IN THE DIAGNOSIS OF CANCER. There has for some time been a great effort to enlighten surgeons on the nature of cancer by the aid of the microscope. Unfortunately, science has as yet gained little from these experiments. M. Velpeau removed one half of the superior maxillary bone from a man, who had a large tumour in that situation which was thought to be cancerous, and which offered the characters of encephaloid. Sections of the tumour were given to the most skillful microscopists of Paris, who failed to detect in it cancerous cells. M. Velpeau is convinced that the microscopists are in error, because the man before leaving the hospital, one month after the operation, showed appearances of a return of the affection. He would not subject him to a second operation, thinking that it would not be successful.

CHLORINE GAS AS A DISINFECTANT OR DEODORIZER.—Mr. F. L. Smith, of No. 2, Princes-street, Westminster, has lately submitted to us for inspection a very ingenious apparatus for creating and liberating chlorine gas in sufficient abundance to entirely disinfect apartments pervaded by an unwholesome atmosphere arising from various causes. It is at once simple, effective, and economical, and, besides, portable enough to allow of its employment in all cases. It is formed of unglazed stoneware, and is moulded in a very pretty pattern.

ON THE DECOMPOSITION OF NITRATE OF SILVER BY HEAT.—In order to ascertain whether nitrate of silver was affected by a certain amount of heat, in the same manner as the alkaline nitrates, Persoz heated the salt in a small retort until gas bubbles were evolved from the melted mass, and red vapours began to appear. The gas which was collected before the appearance of the red vapours proved to be pure oxygen, and the residue in the retort dissolved in boiling water, with the exception of a small quantity of pure metallic silver. The solution, when left to itself, deposited some very fine needles which were nitrite of silver, and the mother liquor contained the excess of undecomposed nitrate. On boiling this mother liquor for a short time with the silver that had been reduced in the previous experiment, in order to ascertain whether the nitrite had been formed by the action of the metallic silver on the nitrate (which does occur according to Proust), no similar salt was obtained. The whole of the nitrate could not be converted into nitrite by heat, for the nitrite alone was found more easy of decomposition than the nitrate, but it acquired stability by the presence of the nitrate of the same base, as also by that of an alkaline nitrate.

MORTALITY TABLE.

For the Week ending Saturday, Sept. 2, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	998	972
SPECIFIED CAUSES...	996	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	397	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	38	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	95	120
Diseases of the Lungs, and of the other Organs of Respiration	72	80
Diseases of the Heart and Blood-vessels.....	24	28
Diseases of the Stomach, Liver, and other organs of Digestion	63	79
Diseases of the Kidneys, &c.	16	8
Childbirth, Diseases of the Uterus, &c.	8	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	7	7
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	36	50
Violence, Privation, Cold, and Intemperance.....	50	31

TO CORRESPONDENTS.

"Scipio."—The note is of no value to us.

"A Bachelor of Medicine."—It consists of urea, uric acid, and saline matters, with a substance partially soluble in alcohol.

"M."—It is supposed to be formed of nucleated cells, which originate from the transformation of a single cell.

"A Reader from the Beginning."—1. Glycerine is obtained by boiling litharge and oil together in a little water, when it separates and remains dissolved in the water. Its usefulness probably consists in not evaporating even at a considerable temperature. 2. A lotion composed of half an ounce with ten ounces of water effectually prevents the skin from becoming dry.

"Mr. Manfred."—The mistake is not likely to be of much importance.

"Juvenis" should avoid empirics, from whom he appears already to have suffered much. We would advise him to consult some respectable practitioner.

"Amicus Humanitatis" suggests that the wealthy members of the profession should unite and establish a society for the relief of their indigent brethren.

"L. L. D."—We have had no practical experience of either of the systems referred to, and we decline giving our correspondent any advice on the subject.

"Medicus, Lond."—The statement is perfectly correct. We must decline, however, furnishing the name of the gentleman from whom we received it.

"Justitia."—We doubt the legal validity of the claim.

"A Retired Surgeon" mentions a very important fact, about which we should be glad of further information.

"M.D." must excuse our non-publication of the letter.

"A Student of St. George's."—Cretinism prevails in deep valleys, so situated as to receive the direct rays of the sun during a few hours only each day, and its light sometimes only reaches those places by reflection.

"Dr. Elliott."—The communication shall be published.

"Socius."—The society is dissolved.

"A Country Practitioner."—Apply to G. Ross, Esq., Hanover square Rooms.

"Homœopathist."—We cannot promise to insert the papers.

Z. X. Y.—It depends on the way in which it is contracted.

"An Expectant Pupil."—The school is a respectable one.

"F. G."—Received.

"H. L." is undoubtedly open to prosecution. We think, however, the threat will not be carried into execution.

"A Well-wisher to University College" will see that we have fully treated the matter in another place.

"Tyro."—Such things vary much; and we are not aware of any statistics to refer to.

"Mr. Steel."—The fault does not lie with us. Inquiry should be made at the Post-office.

"Amicus" does not sufficiently understand the subject on which he writes.

"O."—Any person may carry on the business of a chemist and druggist.

"A Constant Reader."—The debt cannot be recovered, as our correspondent is not a licentiate of the Apothecaries' Company.

"B., Trinity College, Cambridge."—Yes.

"Omicron."—The cyathus contained about 0.469 solid in.

"Lector."—The fee is £26. 5s. for a year.

"A Subscriber to the *Medical Times*."—Our correspondent is entitled to payment.

"Procrustes."—We cannot allow any article in our columns which reflects upon the religious opinions of particular persons.

"A Licentiate of the Company."—A coroner may summon any qualified medical practitioner he please.

"J. G., Mile-end."—The pay of an assistant-surgeon in the army, of less than ten years' actual service, is 7s. 6d. per day.

"A Civil Surgeon."—Mr. Guthrie's "Lectures on Wounds and Injuries of the Chest" will suit our correspondent.

"A Well-wisher."—Yes.

"Chemicus" writes under an erroneous impression.

"Scotus."—In the Hospital of St. Louis, Paris, which is especially devoted to skin diseases. No fee is demanded of a British surgeon.

"Leonard B."—The number of pupils is limited to six, and no one is admitted as a pupil who has not studied his profession for four years, or attended the medical practice of a hospital for eighteen months.

"Rusticus."—The meetings of the society will be resumed in November.

"M. R. C. S."—The surgeons to county lunatic asylums are, we believe, appointed by the magistrates.

"A Member of the College and Licentiate of the Hall."—The examination at Heidelberg for the degree of M.D. is conducted *viva voce*, and by written questions in German, Latin, English, or French. The candidate must also translate an aphorism of Hippocrates into Latin. Fee, £23.

"M. D."—We have not overlooked the case.

"Discipulus."—"Noad's Lectures on Electricity."

"A. B. C."—We see nothing illegal in the rules of the benefit club named. The mode of appointing the surgeon is objectionable.

"Mr. G. Anderson."—Anatomy cannot be learned by plates; they may serve, however, to refresh the memory.

"M. D., Edinburgh."—The Apothecaries' Company will not prosecute any medical practitioner with a diploma.

"An Obstetric Student" should ask advice of the lecturer whose class he attends.

"J. F. G."—Communication received.

"Hippocrates."—Yes, if properly certified.

"A Correspondent" sends us a printed paper of the celebrated and most extraordinarily gifted anatomist, physiologist, botanist, and chemist of the age, the great and good Baron Spolasco, M.D., M.R.C.S., A.B., A.M., K.O.M.T., and C.L.D.H., &c. &c. The baron, we are informed, has recently left the neighbourhood of Gloucester and Cheltenham. The baron is a wonder.

"Mr. Clipping Rackley" is witty, but inadmissible.

"Kâf."—Communications received.

"Dr. Matthew, George-street, Glasgow."—Communication received, but the name we cannot make out. Will our correspondent send the address more legibly written.

"Mr. Wm. Fenwick, Naturalist, Morpeth," writes as follows:—"I have been recommended to write to you respecting the cholera, both English and Asiatic; the disease amongst cattle; and the potato disease, the secret of which I am in full possession of, and am induced to write to ask your advice how I may make it known to the world. I have had a long and tedious time in investigating the above cause, and was at length successful in finding it out; and, likewise, I have discovered something very particular respecting the ebbing and flowing of the tides, which the greatest philosophers have never yet touched upon, which will astonish the scientific world."

"An Irish M.D." asks "What punishment is an apothecary liable to for wilfully substituting one medicine for another—when a patent medicine is sent for, sending a manufacture of his own?"

"Medicus, St. Albans, Herts," says, "By far the greatest enemies to the medical profession are those practitioners who establish medical clubs at a penny, and even a halfpenny, per head. This trivial sum includes payment for all medicines, surgical appliances, and journeys, averaging from five to ten miles. Patients, however, now see that it will not do to support such a system of insufferable quackery during health. What must they think of their former doctor's bills, when now-a-days they can obtain medical assistance so cheaply, but that they have been hoodwinked and plundered."

"Mr. Lord, Hampstead."—Communication received.

"Mr. P. Brady, Harrow," "On the Treatment of Spasmodic Cholera by Chloroform," received.

"R. S. T., Chester."—1. Yes. 2. Yes.

"Mr. Wm. Bird Herapath."—Communication received.

"A Subscriber, Bury, Lancashire."—It is at the will of the coroner.

"W. R."—We fear our correspondent has no remedy; but he must wait till some serious case occurs, which will require his assistance.

"X." shall receive an answer next week.

"Nil Desperandum."—The lectures of Mr. Startin, in the *Medical Times*, may be consulted with advantage. Our correspondent mistakes the disease.

"Germanicus."—We do not know the name and address of the agent for the Rostock and Erlangen Universities.

Letters and communications have also been received from Scipio; A Bachelor of Medicine; M.; A Reader from the Beginning; Mr. Manfred; Juvenis; Amicus Humanitatis; L. L. D.; Medicus, Lond.; Justitia; A Retired Surgeon; M. D.; A Student of St. George's; Dr. Elliott; Socius; A Country Practitioner; Homœopathist; Z. X. Y.; An Expectant Pupil; F. G.; H. L.; A Well-wisher to University College; Tyro; Mr. Steel; Amicus; O.; A Constant Reader; B., Trinity College, Cambridge; Omicron; Lector; A Subscriber to the *Medical Times*; Procrustes; A Licentiate of the Company; J. G., Mile-end; A Civil Surgeon; A Well-wisher; Chemicus; Scotus; Leonard B.; Rusticus; M. R. C. S.; A Member of the College and Licentiate of the Hall; M. D.; Discipulus; A. B. C.; Mr. G. Anderson; M. D., Edinburgh; &c.

No. 468. **SUMMARY.** Sept. 16.

ORIGINAL LECTURES—
Lectures on the Races of Men, by ROBERT KNOX, M.D. 315
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq..... 316
Clinical Lecture on a Case of Hypertrophied Mamma treated by Air-pressure, by JOHN ADAMS, Esq. 317

ORIGINAL CONTRIBUTIONS—
Observations in the Hospitals of Paris after the Revolutiou of June, by CHARLES KIDD, M.D... 318
On the Treatment of Spasmodic Cholera by Chloroform, by P. BRADY, Esq..... 320
Case of Asiatic Cholera, communicated by G. PLIMMER, Esq..... 321

PROGRESS OF MEDICAL SCIENCE—
Academy of Sciences; Meeting of Sept. 2..... 321
On the Means best calculated to ensure Success in Amputations 321
Academy of Medicine; Meeting of Sept. 5..... 321
Rheumatism—Sulphate of Quinine..... 322
Gangrene of the Arm..... 322
Hopital St. Louis—Gunshot Wounds, by M. Jobert 322

MISCELLANEA 322

REVIEWS—
On the Nature and Treatment of Stomach and Renal Diseases, by William Prout, M.D..... 323
Practical Hygiene of Warm Climates, by E. Celle, M.D., Paris 324

LEADERS—
Restoration of the Forests of France; Sanitary and Health of Towns Bills in England; Different Forms which the Labour Question assumes in France and in England 324
Medical Progression and the Apothecaries' Society 325
The Epidemic Scarlatina 326
The Medical Protection Society 327
Poor-law Medical Appointments 327
James Bird, Esq., on Medical Reform 327
The Cholera 329

GOSSIP OF THE WEEK..... 329
The Vegetation Society..... 329
Guano as a Medicinal Agent..... 329
Protection from Burns by Fire 329
MORTALITY TABLE 330
TO CORRESPONDENTS..... 330

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,
Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 301.)

HISTORY OF THE DARK RACES OF MEN CONCLUDED.

PART II.

Dr. Lesneur, a military surgeon in the French service, reports (10th of April, 1847) that, after having raised expensive barracks and other military works at Foudouk, it was discovered that man (Frenchmen) could not live there. It was the same at the camp of El Arouch. In 1844 every possible effort had been made to improve the place; all that labour and genius could do was done, without the smallest benefit. In the month of August two-thirds of the garrison were in hospital. Of twenty-five births there was not a child alive six months thereafter. The civilians were in the most deplorable condition, and to preserve a garrison there it seemed most advisable not *to attempt acclimatation*, but to replace the troops rapidly by others, so as to prevent the deleterious influence of the climate taking full effect. So much for the acclimatation of French troops at El Arich.

"At Mered, as at Mahelma," says Marshal Bugeaud, "I was constrained to associate the military colonists in pairs, in consequence of the severity of the climate."

Dr. Boudin has no faith whatever in the theory of acclimatation; I was all my life, also, sceptical on this point; but Holland furnishes some curious facts in favour of the theory of acclimatation, to which I may afterwards return.

Neglecting less important details, the following table will tend, perhaps, to clear away the delusion in respect of those charming countries, those Mediterranean shores, around which centred the civilization of the ancient world:—

ALGERIA.

Military.—1837.	100 deaths per 1000.		
1841.	108	,,	,,
1840.	140	,,	,,
Civil.—1842.	44.28	,,	,,
1843.	44.20	,,	,,
1844.	44.60	,,	,,
1845.	44.50	,,	,,
1846.	44.72	,,	,,

Although, for many reasons, I cannot venture to consider this important question decided, namely, the probability of the colonization of Algeria by Frenchmen (its abandonment is quite another question), I may yet venture to remark that, although England has not colonized India, and never can (she never even proposed so mad a scheme), she thinks not of abandoning it.

It may here be worth while considering for an instant if Algeria ever really was cultivated by European hands,—by the white races of men now or formerly existing in Europe. M. Boudin believes that it never in this sense was a colony of any European race. The Carthaginians may be said to have been in possession of Algeria as colonists and agriculturists, but still this is doubtful; not that they did not hold possession of the country, but that they were the *bonâ fide* cultivators of its soil. Even as soldiers they never seemed to me to have been numerous. The Carthaginian armies were recruited in Gaul, that is, in France. The victories of the Thrasmene Lake, of Cannæ, and a hundred others over the Romans were decided chiefly by the Celtic men of ancient France. When driven back to Carthage, Hannibal could not induce the warlike French to follow him into Africa; and then the Carthaginians were easily defeated at Zama, on their own territory, when left to their own resources.

But admitting that the Carthaginians did exist in Africa as cultivators of the soil, which is extremely doubtful, we must not forget the difference of race. The ancient Carthaginians, of whom we know so little positively, were an Asiatic people—Phœnician, no doubt—allied to the Jews. Now, the Jews stand their ground very well in Algeria: in their race the births exceed the deaths. *But they do not labour.*

General Cavaignac, whose name stands so prominently before the world at the present moment, brought this question some years ago before his Government:—

"Avant tout, il fundroit savoir jusqu'à qu'el point l'European peut se naturalizer en Algerie. Jusque ici l'expérience est doubteuse."—(General Cavaignac, "De la Régence d'Alger," p. 152.) "Above all, it is essential to know to what extent the European can become naturalized in Algeria. Hitherto experience is doubtful."

These important words, by a man of such ability, should have roused France at once to a sense of her position in respect of extra-tropical Africa. Then was the time to have engaged the Negro labourer; then was the time to have sent a powerful armed force, accompanied by a large trading community, up the Senegal, across the mountain ridge, and seized on the valley of the Niger and Central Africa; then was the time to have invited the Saxon labourers from Northern and Central Germany to have joined with them in this great enterprise—the Saxon farmer, agriculturist, trader, manufacturer, each of whom respectively is worth a hundred French Celts. But France did not do this: she was cruelly oppressed by a filthy dynasty, seeking merely place and patronage for their flunky partisans. The result is known. But the question still remains—Can extra-tropical Northern Africa be colonized by the Celt; can he establish here an African republic of Frenchmen?

There exist no historic proofs that Northern Africa was ever colonized by European hands, as agriculturists. This is M. Boudin's strong expression, and I perfectly agree with him. The researches of Messrs. Dureau, De Lamalle, and Enfantin, seem equally to prove that the Roman dominion over the cities of Northern Africa amounted merely to a military occupation, much as the French rule in Corsica; or, in other words, that these cities were to Rome what those of Corsica are at present to France; that is, cities and a country inhabited by a race of men called French citizens, but who, in fact, are not of the French or Celtic race. Verily, the history of the races of men must be rewritten from the beginning. Nothing is correctly known of the Corsican race; still less of the Sardinian; the remains, no doubt, of primitive races once inhabiting the shores and islands of a series of lakes now comprised in the Mediterranean Sea; primitive races, like the Basques, of whom so little is known, who yet may, in remote ages, have played a conspicuous figure on the globe, before Sahara was a desert, or the Atlantic a sea.

Thus it would appear that the Corsicans are called Frenchmen by law, as we call the Celtic Welsh, Irish, and Highland Scotch, Britons; citizens of Britain; and sometimes, which is most amusing, Englishmen! The same legal fiction extends to India, and to Caffraria, and to New Zealand. The Hindoos, then, are Englishmen, as the Corsicans are Frenchmen, and the Mauritanian inhabitants of Northern Africa were called Roman citizens! Human contrivances, to mystify, to job, to rob, to plunder. It is a portion of the organized hypocrisy which marks the statesman wherever he exists. France has never colonized Corsica, which remains in the hands of its primitive inhabitants; England has never colonized Ireland, three-fourths of which remains in the hands of its original Celtic inhabitants.

The manufactory of Roman citizens was an extremely profitable business for Rome; it became a trade, and a thriving one too. England has done a good deal of business in this way; it has a decided influence over the revenue. It is mentioned by Plutarch,(a) that the 300 Roman citizens mentioned by Cato in Utica were *merchants*.

I have been greatly surprised to observe a statement by Messrs. Foley and Martin, in the *Gazette Médicale*. They ascribe to *pride* the dislike of the European to labour in a tropical country. Statements like these merit not the slightest notice; they are opposed to the most direct observation and experience. Admirable as is the climate of extra-tropical Southern Africa, I have some doubts as to the competency for severe field labour by the European, even there. I allude more particularly to the country extending from the Great Kei to the tropic. The country to the west and north of Natal is not healthy, and the banks of the rivers in and about Delagoa Bay are sickly places for Europeans. It appears to be the same in Northern Africa.

In England the mortality of children, from birth to fifteen, is twenty-six per 1000. In Algeria it stands thus:—

(a) Quoted by M. Boudin.

In 1841	63	deaths	to ·1000
1842	45	,,	,,
1843	79	,,	,,
1844	75	,,	,,
1845	78	,,	,,
1846	97	,,	,,

For every twenty-two births there is one still-born, or dead birth.

France entertained, and perhaps still entertains, hopes that her armies in Algeria might in time become acclimatized; in these hopes the nation is almost sure to be disappointed. It is still a mere hyphothesis, and the existing facts are all against it. Suggestions have been made to send thither the inhabitants of the South of France, which seems a reasonable enough proposal; but there still remains the question of race, which has its influence not merely in one climate but in all.

In 1843 the Prussian Government directed statistics to be made in respect of the numbers and condition of Posen, forming at this moment a portion of the Prussian territory, and no doubt considered in this country as a place inhabited by the loyal subjects of his Majesty the King of Prussia. But how stands the case? Posen is occupied by at least three races, who have not, nor ever will mingle with each other. These races are—

The Sclavonian,
The German,
The Jew.

Now, the tables of disease for the three races give the following results:—

For 1000 Sclaves	29	sick.
1000 Germans	18	,,
1000 Jews	11	,,

These are the leading facts, then, as to the colonization of extra-tropical Northern Africa by a European race of men, the Celtic race. Great difficulties lie in the way, and none of them has as yet been overcome. England, more fortunate than France, holds India, lording it over a feeble race; France encountered in Africa a deadly climate and a brave and energetic race; *Arabes indompti*—the unconquered Arab. Her proper plan is to penetrate as fast as possible to the mountainous districts of the country; her armies should avoid labour. But an agricultural class is wanted for Algeria; we shall see presently how this may be remedied.

I incline, then, to the opinion that the dark races may for many ages hold the tropical regions; that many countries now in the military occupation of the fair races may and will revert to the dark; that it would be a better policy, perhaps, to teach them artificial wants and the habits and usages of civilization. Commerce alone, I think, can reach Central Africa; the Negro must be taught the value of his labour. When this happens the slave-trade must of necessity cease. Of other admirable regions adjoining the tropical ones to the north and south I have my doubts,—doubts as to the possibility of acclimatation by the Saxon and Celtic races. We have seen that Algeria, so wide of the tropic, is about to prove a failure as a colony; the Arab race will become extinct or retire to the desert and to Central Africa; no *coloured* population is there to succeed them. The French would do well, perhaps, to encourage the immigration of Coolies or Negroes as we do to the West Indies. The trade (a modified slave-trade) is free to all. Call them *apprentices* as we do; there is much in a name: or by sending a force up the Senegal sufficient to protect French commerce, the mountain range dividing the sources of the Senegal from those of the Niger, and shutting out the western territories from Central Africa, the valley of the Niger and the rich basin communicating, perhaps, by a portage of no great distance with the waters of the White Nile, may thus be reached. A chain of forts extending from the mouth of the Senegal to the sources of the White Nile would put France, and with her the Celtic race, in possession of a country as rich as India; secure for her ultimately the military possession of Algeria, Morocco, and Tunis; enable the race to extend themselves, their language, their commerce, and civilization over a considerable portion of the globe; offer an escape, or safety-valve, as it is called, to Europe, by the employment of her restless, idle, warlike population; relieve Europe from a portion of the 540,000 armed men who must be employed some way or other; extinguish the slave-trade, and secure for a season the peace of the world.

I here conclude this brief and hasty and imperfect sketch of the dark races. No one seems much to care for them. Their ultimate expulsion from all lands which the fair races can colonize seems almost certain. Within the tropic, climate comes to the rescue of those whom Nature made, and whom the white man strives to destroy; each race of white men after their own fashion: the Celt, by the sword; the Saxon, by conventions, treatics, parchment, law. The result is ever the same—the robbing the coloured races of their lands and liberty. Thirty years ago a military *rhazia*, composed of English soldiers, Dutch boors, and native Hottentots, devastated the beautiful territory of the Amakoso Kaffirs. We reached the banks of the Kei, and the country of the noble Hinsa, where wandered the "wilde" of Nature's creation. All must disappear shortly before the rude civilization of the Saxon boor—antelope and hippopotamus, giraffe and Kaffir.

I shall conclude with a single remark on the position of the copper-coloured race or races of Northern America, and on the *progress* the question of race has made since the delivery of my first course of lectures on the races of men.

When, some ten or fifteen years ago, I maintained publicly that neither the Saxon nor any other fair race transplanted into the American continent would during a historic period or era exhibit any important modifications in physical structure or psychological character, as a result of climatic influences or governmental—that is, conventional human arrangements (for all governments in church and state are merely accidental circumstances and human contrivances usually arranged for particular purposes)—my opinions were met by such observations as the following. I was told, for example, that the men of the United States already differed from their Anglo-Saxon, German-Saxon, and Celtic (for the Celtic race abounds in America) forefathers and brethren, physically and morally. My opinion then and now was that these assertions are devoid of all foundation, and are based on a surface view of society. This opinion I developed more fully in a course of lectures delivered before the Philosophical Society of Newcastle about three years ago, in which I endeavoured to show that the races had not altered by being transplanted to another (the American) soil; that the Celtic race had carried with it all its characteristics unaltered and unalterable; that historians, journalists, and mankind generally mistook the slight modifications impressed on form and character for permanent alterations in the organic forms of humanity, fancying they saw in the civilized Celt or Saxon a being totally different from the uncivilized one. This is the delusion I have always combated; and, although at first the doctrine met with almost universal opposition, it makes its way with most unexpected rapidity; judging, at least, from some articles which have appeared lately in the daily press.

In the brief reports of my lectures, at various philosophic institutions, it will be found that the amalgamation of races, in America or elsewhere, had been distinctly denied by me for a period of more than thirty years; and in my first course of lectures, carrying the doctrine to the American shores, I ventured to point out that, after many ages, the Saxon, Celtic, Sarmatian or Russ, and aboriginal or copper-coloured Indian, would remain, and be found to be quite distinct; that these *races*, transplanted to the New World, would endeavour to carry out their destinies as they had done, and were now engaged with, in the Old World; and that *nationalities*, however strong, could never in the long run overcome the tendencies of race. An article which appeared last week in the daily *Times*, on the future destinies of the races in America, is, as nearly as may be, a reprint of my views and ideas on all these great questions; but the editor has not shown his usual candour; for the reprint does not acknowledge the source whence the information was derived; and there is in the reprint the usual mystification of the compiler.

In my next lecture I proceed briefly to examine the history of the dominant races of men: the Celtic, the Saxon, the Sclavonian, and the Sarmatian.

A COURSE
OF
LECTURES ON SURGERY.
BY
SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXXII.

(Continued from page 265.)

Gentlemen,—It is my intention this evening to make some further observations on fractures. With respect to the symptoms of fractures, there are several which occur in other cases as well as in these, and are, therefore, regarded as equivocal, and not enabling you of themselves to come to any decisive conclusion respecting the nature of the injury. Take, for example, the pain which attends a fracture, also the swelling; these may attend other conditions—sprains, for instance, and rheumatic affections; they are, therefore, not to be relied on as of themselves fixing the character of the injury. In the situation of a fracture you might have perceived an interspace or depression occasioned by the separation of the ends of the bone, or else you will see in the situation of the fracture a projection of both ends of the bone; this will make a swelling. I ought to mention, with respect to the prominence of broken bone, that this will come within the consideration of deformity; but this deformity will be one of the signs by which you will be enabled to detect the nature of the injury. Then the crepitus is the symptom on which most dependence can be placed—the grating noise produced by the friction of one end of the fracture against the part from which it has been broken when they rub against one another. This is one of the most unequivocal symptoms of fracture, yet its absence will not always justify the surgeon in concluding that no fracture exists. If the accident has happened a few days before, the crepitus will sometimes be difficult to make out. I need not tell you that two ends of the fracture must touch to make the crepitus; and, therefore, in some fractures there is no crepitus, as in fracture of the thighbone, where the limb is retracted. In some parts of the skeleton crepitus is peculiarly difficult to feel at first; when the leg is broken towards the upper part, crepitus is not readily perceived. Unless you make alternate pressure with the thumb also in the upper portion of the tibia, when that is broken, the crepitus is not perceptible without much care. Sometimes crepitus is prevented by the intervention of muscular fibres or cellular tissue between the ends. I was present at a case once where, upon examining the limb, much muscle and cellular tissue had been forced down over the ends of the fracture, and many similar cases are recorded. With respect to the swelling which takes place on the occurrence of fractures, it must arise from one of three causes, or all of them. Thus, when a bone is broken there is bleeding (?); this is one cause of the swelling; then, another cause is the projection of one or both ends of the fracture, afterwards inflammation comes on, and the swelling is increased; but the first swelling of all is to be accounted for by the extravasation of blood. Projection of ends of broken bone is the other cause of swelling.

With respect to those displacements which occur after fractures, they may be divided into

four or five kinds. Where you have the thigh-bone broken you may have displacement; if it is a transverse facture, displaeement will only occur in the transverse direction in most cases. Another kind of displacement occurs in a longitudinal direction, where the fractured limb is shortened. A third kind is called the rotatory displacement, in which the lower part of the broken bone is twisted inwards or outwards,—a case which good surgeons are anxious to prevent in fractures of the thigh. Another kind is called angular displacement, where (if it be the tibia), in consequence of the weight of the foot, or the action of the muscles of the leg, the fragment projects forward, or if the heel is too much raised in a posterior direction. In the treatment of fracture of the leg, where the patient lies on his back, you may have angular displacement from the heel sinking too much downwards. In some cases you have displacement of another kind, as in fractures of the skull, part of the bone being depressed inwards towards the brain.

What are the causes of displacement in fractures of the cranium? We know that, when a body strikes against the skull, the same force which produces the fracture also is sufficient to displace the fragments; and this happens also in fractures of the limbs. A wheel, perhaps, passes over the head, or the person meets with a blow producing fracture, and, falling down, the broken bone is driven inwards. So, also, when a man has his thigh broken, and is carried away to an infirmary, through the careless manner in which he is handled, displaeement may easily happen. But the chief cause, and the source of greatest trouble, is the action of the muscles. These are often affected with an involuntary spasmodic action, sometimes sufficient of itself to produce displacement, giving rise to the greatest difficulty in keeping the bones together in their proper position.

Now, the prognosis of fractures is very varied according to the manner in which the bone is broken and the complication of the fracture. You know that compound fractures are much more serious than simple, and often occasion the patient's death when they do not go on favourably, sometimes leading to traumatic tetanus, while in other instances the patient may die in the suppurative stage, excited by hectic. Sometimes extensive necrosis will follow; the patient is worn out by irritation, confinement, and discharge. Some are dangerous on account of being comminuted; sometimes long bones are broken in two or three places at once; this in some fractures leads to the formation of large abscesses. Fractures of the leg and thigh together are awkward cases to deal with. Then the complication of hemorrhage and injuries of the spinal cord must lead you to see that many are attended with great danger.

In the treatment of fractures there are three grand indications embraced. First, reduce the fracture, or, in common language, set it. The reduction comprises extension and coaptation. Extension is the drawing the limb away from the trunk in that direction which will bring the ends of the fracture in their proper place. Then, to make that extension efficient, counter-extension is employed; if you merely pull the bone you may pull the patient out of bed—hence the necessity of counter-extension. Having made counter-extension to a proper degree, you proceed to coaptation, or setting, and arrange the ends as well as you can to make them lie to one another, which you must do with the least degree of violence. It is often proper to relax the muscles, which are capable of making much resistance. Thus, when trying to reduce large fractures of the leg, you find great facility by bending the knee and relaxing the strong muscles of the calf. It is a general rule to relax those muscles which have the power of producing displacement; of these, however, there are some which do not admit of this treatment, as in fractures of the thigh.

There are two points to be observed after the fracture is set: first, to keep the ends of the bone steadily together, and the parts motionless. In some fractures you can make use of the most efficient apparatus for keeping the ends in place; this is shown in fractures of the thigh, in which, if you flex the thigh, you can use splints—the most powerful of all apparatus for keeping a fracture motionless. Most modern surgeons deviate in certain cases from the rule above mentioned, and keep the limb in an extended position. Dr. Houston's opinion is entirely averse, and he found that extending the limb enabled the surgeon to reduce the fracture more easily, and assisted him to keep the ends of the fracture together; and he adduces several cases in support of these views. He was an accurate observer, and noticed that there was greater tendency to spasms when muscles were relaxed, and believed the extended position, whether in fracture of the leg or thigh, to be the best means of averting spasms. So that, as I have before said, many who adopt Potts's opinions concerning the relaxing of the muscles, deviate from them in certain cases, and they do so on the principle that by adopting the straight position they can employ better apparatus than in the bent posture of the limb.

The means which are employed to maintain the fracture quietly in its natural position are mechanical, such as splints, bandages, slings, double oblique planes, and the starched or stiffened bandage. These last are not much employed in this country.

The stages of the process by which broken bones are united is fourfold. In the first stage of fracture blood is effused. If it is a fracture of the thigh or leg, and you examine it, you find extravasation of blood; it gets effused in the surrounding tissue, and between the fragments and in the medullary texture; then ecchymosis, as it is called, extends sometimes considerably above and below the fracture; after a short time inflammation comes on, and the part becomes very painful and swelling. In four or five days you examine the fracture; you find increased swelling has taken place; this is called by Dupuytren the *swelling of the callus*. Nothing more than extravasated blood, which becomes blended with fibrine, and soft texture surrounding the fracture, partake in the inflammation; these become thickened and contribute to the swelling. This, the first stage, lasts about ten days. At this period the red blood is absorbed, and in its stead you have a gelatinous substance not tinged with blood, and which gradually grows more firm and consistent.

The second stage extends from the tenth to the twenty-fifth day. During this period the fibro-cartilaginous substance gradually fills up the cavity of the bone, and the medullary cavity acquires greater consistence, and the soft textures round the bone become more blended with this effusion on the outside of the fracture. Towards the end of this stage you find the tumour of the callus becomes more distinct, limited, and circumscribed, and does not extend up and down the bone.

The third stage extends from the twenty-fifth to about the sixtieth day, and in old and unfavourable constitutions till the ninetieth day; and may be considered the most important stage of the whole process, as it is that in which the fibro-cartilaginous mass, which Dupuytren called the tumour of the callus, becomes ossified. The substance interposed between the ends of the fracture is not ossified till a later period. The cartilaginous substance outside assumes a bony structure, and a hoop or ferrule round the broken fragments. This external callus is only a temporary formation, and was, therefore, called by Dupuytren the *provisional callus*, as we call it the *temporary callus;* and at the same time that this is produced the fibrous mass diffused in the medullary cavity gets harder and more solid, and is at length connected into a bony cylinder: this the French call *la cheville* (a peg), because it is like a peg placed in for the support of the whole. But, like the provisional callus, this, also, is absorbed; and you must, therefore, look to something else for the strength and steadiness of the broken bone. This is supplied by the definitive callus; this is formed from the substance interposed between the ends of the bone. At the end of the third stage this substance becomes ossified; the temporary callus then is unnecessary, and is taken away.

In the fourth stage the peg as well as the provisional callus gets increased; it becomes of a softer texture and cellular, and is taken away, and succeeded by the reproduction of the medullary membrane. These are the means by which strength is given to the broken bone. The provisional callus differs from the definitive, not only in the time of its formation, its direction, and situation, but also in its properties; for you find that the temporary callus is not nearly so strong as the definitive. Sometimes persons in a few weeks after a fracture get out, while the fracture is only united by the provisional callus, and use their limbs, and sometimes this callus gives way. If you have any deformity during the existence of the provisional callus it is not too late to rectify it by mechanical contrivances; but the definitive callus does not admit of this kind of treatment; and, when once the bone is united by its means, neither disease nor mechanical contrivances can break the bone in the same place. If any disease can destroy or disorganize the definitive callus it is scurvy in its aggravated forms. You read in the account of Anson's voyages that fractures which had long been healed became disunited; but it may still be doubted whether the definitive callus can be disunited by disease. When a compound fracture heals, it does not do so by means of the provisional callus, which is not formed. The end of the bone softens and throws out granulations, which deposit an osseous matter which unites the bone.

CLINICAL LECTURE ON A CASE OF HYPERTROPHIED MAMMA TREATED BY AIR-PRESSURE.

By JOHN ADAMS, Esq., Assistant-Surgeon to the London Hospital.

Jemima Anne Mason, aged twenty-seven, a native of Butterwick, in Lincolnshire, applied to me on the 10th of April, 1848, in consequence of an immense enlargement of the right mamma. She gave the following history of her case:—

She was in delicate health prior to the commencement of the enlargement of the breast, which took place five years last February. She began to menstruate at the age of seventeen, and has continued to do so tolerably regularly since that time, but her menstruation was always attended with some pain. The first indication of the disease was afforded by a small hard lump beneath the skin. This continued to increase until the breast attained a very large size—indeed, it was even larger than it is now; occasionally, however, it has diminished. She has suffered much throbbing and aching pain, occasionally passing through the back; pain, also, was felt in the other breast; the pain was always greater at the menstrual period, and continued so during the whole of that time, and gradually diminished afterwards. She states that sometimes she could distinguish lumps like kernels in the tumour, and that at others it was (to use her own expression) all over alike. The nipple is sometimes invisible, and the areola is broad, but is always broader at the menstrual period. She has used belladonna and iodine in combination as an application, and has taken the iodide of iron and the iodide of potassium internally, to the improvement of her general health, but with no local benefit.

Present State.—The breast measures sixteen inches in the transverse diameter from its connection with the chest on one side to the other, eleven inches in the vertical diameter, and twenty inches in circumference at its broadest part, and seventeen where it is attached to the chest; the nipple is considerably to the inner side, and is flattened; the areola is broader and paler than on the sound side; the breast is permeated by

large veins; the breast has a uniform appearance, but when examined it is found divisible into large lobulated, solid masses; these are more perceptible at the outer and under part, which is most painful; the enlargement is evidently at the external side of the breast, as the nipple is much to the inner side of the tumour, and, when carefully examined, it seems almost possible to separate the tumour entirely from the true mamma, but this cannot be completely done; the left mamma is well developed, and contains abundance of fat.

She was admitted into the London Hospital on the 19th of April, and on the 29th air-pressure was applied, by means of Arnott's apparatus, made by Walters, of Moorgate-street. She took little medicine, except such as was necessary to regulate her bowels, and some for a nervous hysterical attack, to which she is liable. She has had one or two attacks of pain in the tumour, with slight fever; these, however, speedily subsided.

The pressure has been continued to the present time (July 20), and she continues to wear the instrument: the breast having evidently undergone considerable diminution. She is advised to go into the country, and to continue the use of the pressure.

In remarking on this interesting case, I feel quite justified in denominating the disease "hypertrophy of the mamma," because I believe it to consist essentially of a preternatural extension of true mammary tissue, rather than of any distinct tumour appended to the breast itself. I believe that, in this case, the secreting or glandular part of the breast and the fatty substance, which makes up so large a portion of this organ in many women, together with the fascia which supports its large lobes, have all, *pari passu*, undergone considerable enlargement or hytertrophy; and that no other disease independent of this exists in connection with the tumour. I come to this conclusion from a variety of circumstances, and these I will proceed to explain—first, the general aspect of the tumour, which resembles the mamma itself in external appearance; secondly, the increased diameter in the areola, as if this had become enlarged to adapt itself to the increase of the breast; thirdly, the evident sympathy existing between it and the uterine functions; fourthly, the long continuance of the disease without any visible alteration, independent of increase of size; and, lastly, some circumstances connected with such cases as I shall have to mention presently.

The cause of the disease in question is involved in great mystery, and the only analogous instances to which I can refer you are those remarkable enlargements of natural parts, to which all parts are more or less liable, and of which the cause lies in great obscurity. A preternatural increase in the size of such parts is always attended with an increased size of their bloodvessels, there being an increase of nutrition of parts thus circumstanced; but this explanation goes but a short way in reaching the true cause of such affections. I need not say I do not believe in its malignancy.

I shall now direct your attention to the bibliography of similar cases; and on this subject you will find an excellent memoir by Dr. Fingerhuth D'Esch, of Cologne, in a German journal, "Zeitschrift per die Gesaminte par Dieffenbach, Fricke, et Oppenhaien." In this the disease is described as commencing at the period of puberty, coinciding with the ordinary development of the breasts, either before or after menstruation. The right mamma being more frequently the one affected. The voice is occasionally hoarse; the nipple is flattened and enlarged, and the areola more extended; the gland acquires an extraordinary magnitude, and weighs from ten to twelve pounds; the veins are dilated; the swelling may attain a certain magnitude and then remain stationary for years, and may persist without producing any other disturbance than that resulting from the bulk of the part; it never returns to its normal size, but subsides to a certain size and remains stationary.

The structure of the gland is, with few exceptions, but little altered; and, although the organ generally and the glandular granulations are considerably increased in volume, no change is observed in the ultimate tissue of the parts. The cellular tissue is more loose and its cells larger, and there is an abundant quantity of fat; the galactiphorous tubes are dilated. The most effectual remedies have been found to be local depletion, iodine, &c.

Bonetus relates a case where the breast weighed sixty-four pounds. And in "The Philosophical Transactions" for 1695—1757, a case is related by Dr. Dariston, of Plymouth, whose left breast after death weighed sixty-four pounds, and the right forty. It is stated, on opening the gland, the tubuli and parenchymatous flesh were purely white and solid, and no other than what we see in the soundest breasts of women and the udders of animals.

You will find other instances on record. In "Guy's Hospital Reports," vol. 6, page 203, there is a case of enlarged right mamma; the subject of this had formerly been a patient at this hospital, and, as the tumour had diminished to a great extent, and always enlarged during her pregnancy, she was advised to have it removed, but she would not consent. I have since heard that the breast was amputated in St. Bartholomew's Hospital. I shall not quote the entire history given of this case in the work just mentioned, but I wish to direct your attention to a few particulars, as they tend to illustrate the nature of this disease. The tumour was first perceived about the twelfth week after her first confinement, in the form of a swelling about the size of a hen's egg, in the right axilla. She having become pregnant within eight months of her first confinement, it continued to increase in size to the period of her delivery, when it measured eighteen inches in circumference. It became afterwards painful, especially on the third day, when the milk was at its height, and, although the milk continued to rush into the tumour, it began from this period sensibly to diminish in size, till, at the eighth month, when she weaned on account of pregnancy having again occurred, the morbid growth was not larger than a small orange. During this pregnancy the tumour again increased in size, so that it measured in circumference twenty-nine inches. It became the seat of suppuration, after puncture, performed in consequence of a collection of milk in a cyst; and she miscarried at the seventh month, having lost a considerable quantity of blood on two occasions from the opening in the tumour. A fourth time she became pregnant, after which the disease decreased but very slowly, and not to any great extent.

Dr. Ramsbotham related a case to me of a lady afflicted with a similar enlargement of the mamma, which nearly disappeared during lactation.

I allude to these cases as bearing strongly on the disease in question, and tending most fully to confirm the opinion I have expressed, that this is really an hypertrophied condition of the mamma rather than a distinct tumour,—a matter of diagnosis of very considerable importance.

Now, as to the treatment of this case. Is it possible to cure the disease or not? To this, I believe, the answer may be given, that you cannot completely cure it by any of the ordinary and known methods of treatment. Are we, therefore, to amputate the breast? This circumstance requires careful consideration. No doubt amputation can be safely and successfully performed, and, in my opinion, should be performed if the disease were making rapid progress; but so long as it remains stationary, both in size and condition, and more especially if there be any tendency to diminish under treatment, I would not advise amputation, but rather the employment of those measures calculated to retard the growth of tumours, of which I believe pressure, applied in the manner advised by Arnott, is one of the best.

The slight improvement this case has undergone must not make us too sanguine as to the ultimate result; and if any change occurs as to the increase of size, or any decided alteration takes place in the tumour, the operation of amputation may again be entertained.

I saw the patient about five weeks since, and I am less sanguine as to the success of the treatment.

ORIGINAL CONTRIBUTIONS.

OBSERVATIONS IN THE HOSPITALS OF PARIS AFTER THE REVOLUTION OF JUNE.

By CHARLES KIDD, M.D., M.C.S., Limerick.

(Continued from p. 289.)

It is singular, with all the disadvantages under which Larrey and the men of the last century laboured, such as those I have just spoken of,—healing the stump by a large open ulcer, the application of the actual cautery, &c.,—that the rate of mortality was actually less than under the more improved surgery of the present time. Much of this, as ably put forward in the leading article of a late number of the *Medical Times*, may be due, perhaps, to the unsettled state of opinion among even the most eminent men at present in Paris. My own impression, however, is that it is mainly attributable (and this itself is a lesson of no ordinary value) to the quicker decision of the old French surgeons on the field, and the greater frequency, with respect to the gravity of the wound, of primary operations then than now. What appears an unmerciful proceeding on the part of Larrey, Graefe, and some other German, and not a few English, surgeons of the *impitoyable* class, — performing amputation in every instance where any colourable pretence for so doing existed,—in point of fact lessening the rates of mortality very considerably.

With respect to the relative mortality after primary and secondary amputations the surgical world seems settled; with respect to the mortality after the ordinary practice, and the "expectant" mode of treatment, we have but M. Malgaigne's figures. The experience of ten years of the various hospitals of Paris, he says, gives a mortality of *sixty-four cent.* The experience of the "expectant" treatment, as lately practised, but *forty per cent.* It is somewhat unfortunate we should have two such able men as Roux and Malgaigne so much at odds about a thing one would say patent to the entire "hospital-going" community of Paris. Speaking to Roux, myself, I must confess he appeared to me in something of the same mood as the man in the old distich, convinced in some way "against his will." Statistics, of course, to be worth anything, must be founded on the largest and most comprehensive data; but all men do not live to that fine old age of the celebrated surgeon of the Hôtel Dieu, and, even if they did, would they like to be perpetually digging in the very perturbable field of statistics? Malgaigne gives the results of ten years of all the hospitals of Paris, and if he cannot go back to the times of Louis Quatorze, when that monarch walked the earth with a coat covered with diamonds, and had his wig actually powdered with gold-dust, why, it is but the ordinary lot of men writing on any subject. It was one of the sayings of Robert Macaire, if I remember rightly, that nothing was immortal or unchanging in Paris, save and except *les badauds*. Recent events look, indeed, very like it. Not that I would wish to bring M. Roux's great experience into any such category; but, before demolishing the figures of M. Malgaigne, he should have shown something in their place.

The truth, as often happens, lies somewhere, perhaps, after all, in the middle, between the opposing notions of both. The expectant system has failed, I take it, from what I saw in the various hospitals—as far as figures go at least—because of the nature of several disturbing elements in the circulation, elements chiefly of a mental and political character.

Any one, for instance, who would bring himself to believe that the number of deaths after amputations in a well-disciplined, well-fed army, carrying all before them—we will take, for instance, the army of the Duke in the Peninsula, or our aggressive friends in India and China that Dr. Knox hits occasionally so hard in his wonderfully able lectures—that the average mortality of such healthy, well-fed, high-spirited subjects should be equal to that of those wretched beings in Paris that I have endeavoured to sketch, would find himself very much disappointed: the two sets of patients are quite different. At the risk of being tedious, I would direct attention again and again to the moral influences at work in the various hospitals since the desperate days of June. The various men who have written on the subject of gunshot wounds generally are quite eloquent on the matter. I shall not go furbishing up their old facts, however: the thing is self-evident. Shakspere, who knew a little of everything—more physic and surgery, indeed, than most of us—puts into the mouth of one of the king's philosophie friends in "Love's Labour Lost" the well-known words—

"The mind shall banquet, though the body pine;"

and poor *Antonio*, in "The Merchant of Venice," is represented as

"Not sick, unless it be in mind."

Plato (to go farther back in the world of observation, not theory) quietly ascribed all maladies to the mind; and in "Plutarch" we are told if the body goes to war with the mind it would most assuredly get a verdict for all the trouble and annoyance it causes the latter! But what use to multiply instances. Any one who has ever had an ordinary fit of dyspepsia requires no such illustrations.

So much has been written from time to time on the subject of gunshot wounds, that one would think there was little else to be said on the matter. Yet any one who will take the trouble to examine the subject minutely or philosophically will find it still about one of the most perplexed and involved in the entire field of surgery, and the most different and often the most opposite lines of action marked out by the most eminent authors. There is a something of prescriptive right among medical men generally to differ, and something of the same, perhaps, to stick by old and time-honoured opinions, so that we are more anxious, possibly, very often for the triumph of some preconceived notion than the troublesome elimination of truth. France, indeed, has been peculiarly distinguished in this way; her "specialists," and their name is "legion," parcelling out the world of opinion among them after the most approved fashion.

It is much to be regretted, indeed, I think, that in France men do not adhere close enough to facts—to the multitude of facts with which their every day's experience actually teems. The great waves of socialist opinion that have swept from time to time over this unhappy but wonderful country appear to have caught up even the medical men, and theories of every kind seem but too often to supplant more rigid induction from observation and experience. Every man, as the French idiom well expresses it, "dreams" for himself the benefits of his new theory, sets up his own little school, and, under the benign influence of some Menecrates or Podalirius, begins to set the world all right in his own particular way. In the political world Saint Simonism and Jeremy Benthamism have given way long since to the sheer absurdities of Fouricrism and Proudhonism; and, of course, in medicine our lively neighbours must have a Fourierism and a Proudhonism also. This is actually the fact, and more than one medical society has been established in Paris for the professed object of putting forward such views. In matters of pounds and pence the argument runs thus: Disease is a capital in which medical men obtain a greater or lesser interest (practice); holders of capital are robbers (*voleurs*); this capital must enter into circulation; *ergo*, the rich physicians must share their practice with the juveniles! This has been actually said, and quietly sought to be acted on. The system in physic is still more iniquitous—in fact, the old idea of Sangrado, bleed all round and dose all round! These things look as like absurdities as possible, and would not be worth a passing notice, but that they are facts. Quackery, indeed, of all imaginable shades, is in the ascendant in Paris, and one inquiring into the medical institutions here would require to be on his guard. The "specialists," something more legitimate, muster very strong. Thus we have M. Piorry percussing and repercussing everything and everybody, and M. Donné microscopizing everything, with a score of others.

With these few exceptions, perhaps, things medical are managed very well in France; the hospitals are quite wonderful; the wards are, perhaps, not so lofty as those in London, and have something more of the air of prisons; but in the general arrangements are unexceptionable; ventilation is much attended to, and general hygienic rules. The Provisional Government, indeed, had scarcely been installed at the Hotel de Ville when they appointed a delegate, M. Thierry, to see that all was right in this department of the public service. Overpowered with the duties thus devolving on him as Minister of Public Health, Thierry soon associated with him two others—Dumon, the editor of the *National*, who kept the thing before the public eye; and M. Voillemier, the associate of Professor Roux at the Hôtel Dieu: the result of all which has been most favourable to these institutions. A committee of public health is now also about to be formed, in the event of the cholera reaching Paris. The people here, indeed, and the Government seem to feel a pride in having the medical profession to call on. Of course, where there is such a multitude of men in practice, there must be certain little bickerings and jealousies, but I do not know that they are noised abroad so glaringly as in our own press at home; perhaps, in this we would do well to imitate our neighbours. Not, indeed, that there are not some people in the world who require some hard knocks. Their differences of opinion, however, their running after novelty, their specialism, founded, no doubt, on the division-of-labour principle, was better left to themselves.

This specialism, in particular, I think is peculiarly ruinous. Pope told us something about

"One science only will one genius fit;"

but this confining of one's ideas to some one corner of human knowledge unfits a man for forming an opinion on anything else. The thing in this country went out in a great measure with Abernethy, whose great catholicon was blue pill. The ablest men in Paris, indeed, have had their peculiar crotchets. Dupuytren, in 1830, dilated all sorts of gunshot wounds; while Lisfranc as religiously avoided it. John Hunter, at this side of the water, again, was an opponent of the principle; while John Bell upheld it: an impression at one time being very general that a gunshot wound differed from all other wounds; that a round wound, in fact, required to be made a long one, and should be opened up.

This want of general fixed principles is remarkable in the last degree among the French school; and in no other way can we explain the very singular and incongruous results of different men's practice, as exhibited in the following table, which I have with some difficulty made out. (See Table in next column.)

The mean per centage of deaths from general surgical operations, calculating from this immense number of facts, leaving out the last, is something about twenty-five: one-fourth of all those operated on, perhaps, within the present century, having died. Yet we find this number varying, in particular instances, from four per cent. up to ninety! The circumstances under which different patients are placed will, no doubt, modify such results. Constitutional peculiarities also will, more or less, interfere with the best-concerted measures of the surgeon, and epidemic and other influences greatly disturb the general average.

RATE OF MORTALITY AFTER VARIOUS SURGICAL OPERATIONS.

According to the experience of	Per centage of deaths after amputation shoulder.	Per centage after do. thigh.	Per centage of deaths after general operations.
Baron Larrey	10	75	25
M. Faure (battle of Fontenoy)	..	..	90
M. Chelius	..	70	..
M. Fercoq	..	..	3·3
Baron Percy	..	80	6·6
M. Blandin	..	60	..
Mr. Guthrie (New Orleans and Toulouse)	..	83	17
Spanish war (English forces)	..	..	12·5
M. Malgaigne (hospitals, Paris, ten years)	..	77	64
M. Malgaigne (expectant treatment)	..	60	40
M. Gosselin (Hôtel Dieu)	..	..	28
Some Prussian patients	..	..	11
— Austrian ditto	..	..	9
— Russian ditto,	..	..	4
M. Dupuytren	..	..	23
Mr. Alcocke (British Legion in Spain)	..	65	44
Mr. Philips (result of 640 cases)	..	..	23
Mr. Guthrie (army, Duke of Wellington, Spain)	39*	54	46
Ditto (army in the field, primary operations)	3	15	8
Ditto (battle of Toulouse, on the field)	14	20	19
Ditto (battle of Toulouse, secondary)	20	50	41
Battle of Salamanca	..	..	10
— Albuhera	..	..	15(?)
Late events, according to Malgaigne, to take even the most favourable results—after primary amputations	..	..	66

* Operations upper extremities, not including shoulder-joint, from this to the end.

Independently of all this, however, there is a peculiarity in the figures which nothing can explain, save the different and, not unfrequently, opposite modes of treatment pursued by different practitioners: the facilities afforded on the field for primary operations, as I have just hinted at, and the general decision and firmness of the surgeon in avoiding those of a secondary character.

The loss in primary to that of secondary operations I need scarcely say is much lower—in the upper extremities alone ranging as low as one to twelve. This fact by itself has led the men of Paris to think whether they could not do away with secondary operations altogether: this, indeed, is one of the most useful novelties elicited by the late events.

It is a curious thing, but capable of explanation, perhaps, by some of our more able actuaries, that the rate of mortality of 90,000 or 100,000 men engaged under the Duke of Wellington was exactly the same — 1 to 12. It would appear then, perhaps, that if in addition to the original fatality of the wound this element were added. It requires, indeed, little laboured observation to perceive that an individual suffering for some days under a serious injury must be in a very bad condition for any such grave operation as that of amputation. So much time has been clearly lost: we have got on a lee shore, so to speak, with a storm overhead; to remain where we are till the latter has subsided is the best seamanship. To put up canvas and go into the jaws of death were veriest madness. The subject of secondary amputations is one, indeed, of the most intense interest, and as such has been studied with all that painstaking care for which the Paris medical men have been celebrated. M. Velpeau is coming to England to study our surgery; and if he succeed in making men more decisive on the field, and greater worshippers of Nature, he will have effected a great deal.

This decision on the field, I need scarcely observe, has nothing to do with the abolishing of secondary amputations, and the subsequent expectant treatment, only, inasmuch as it leaves more manageable cases for Nature to work on, it must diminish the rate of mortality, perhaps in both ways. An English surgeon, studying in

the hospitals of Paris for the last two months, would say that the expectant system had most signally failed. My own impression, however, is that it has not had a fair trial, with those elements of a political character against it that I have already alluded to. The neglect of the wounded in the first instance on the field of battle, the ebb and flow of the revolutionary tide for some time in France and Italy, the reflux of the Austrian power, and other things, which terrify and make these wretched beings tremble, —for they are all, to a man, politicians—these things go a great way in disturbing the calmness of the system necessary for the healing of wounds and the reducing of feverishness and irritation. Many of them, too (it is hard to know what exactly to call them) patients or prisoners, were unhealthy, ill-fed beings, victims of various old and confirmed diseases, about the very worst subjects that one can conceive for any kind of surgical treatment.

The peculiarities of the last encounter, indeed, might go a great way in explaining this greater mortality, if we had not the events of 1830 and the fearful conflicts of June, 1832, already fresh in our memories. The hand-to-hand nature of the conflicts, the deadly resentful passions everywhere in force, will explain, of course, the terrible character of some of the wounds. Yet, independently of all this (and this, indeed, is very worthy of notice), there seemed some great moral depression at work, particularly among the insurgents, that no ingenuity of the medical men could obviate; and hospital gangrene, lately spreading with unusual severity, was only wanted to fill up the horrors of these eventful and very memorable scenes.

From the absence of anything like *post-mortem* examinations, I am inclined to think, too, that many of those that died were more severely wounded than one was aware. In the anxiety of the people, however, to get away their friends, so many victims "*pour la patrie*," necroscopic inquiries of every sort were neglected. The great historian of the former revolution, Dupuytren, mentions a case where the humerus was smashed in pieces by a ball, though the skin was uninjured; and another very remarkable instance is cited by him—a soldier, in whom the lumbar vertebræ and kidneys were in the same way destroyed without any abrasion of the surface, and only brought to light by *post-mortem* examination.

The recent events also have shown that the *smallest* wounds are not without danger. The course of balls, however, has been so *bizarre*—refracted and reflected, so to speak, in a hundred ways—that one could scarcely ever divine the result, *à priori*, at all. A wretched insurgent was ever and anon brought in, wild and haggard to a degree perfectly frightful, with his hair and moustaches streaming in the air—in fact, with all the appearances of being "more dead than alive," to use an expressive phrase. A few hours before, perhaps, he was to be seen on the top of a barricade, or in all the horrid excitement of the battle, urging on his brothers. Brandy and wine, too, helped to feed the flame. The storm, however, had now given place to a calm, and, if not watched and still supported, he sank into a state of collapse. There was no wound: a "wind contusion," as our older surgeons would call it. There was considerable mischief, however, going on underneath; some vital organ crushed; the periosteum of some bone destroyed, followed by constitutional irritation, necrosis, &c.

The character of the wounds in general has been quite frightful, which no *one* cause will explain; many agencies such as we have alluded to being at work. And if the mortality has been unprecedentedly great, as it seems allowed on all hands to have been, it must not be all placed to the account of the palliative system. The "post hoc ergo propter hoc" fallacy is not yet banished from Physic, much less from its elder sister, Surgery; nor is it likely to be till we have, perhaps, got rid of "specialism;" till we have a sounder and more general mode of reasoning from a multitude of facts. The ablest and most argumentative work lately published, for instance, on physic, that of Dr. H. Kennedy, of Dublin, shows that fever has no connection with famine; in other words, that the starvation state will not produce febrile symptoms, as we were in the habit of thinking.

To say that the expectant system failed, after the late events, is, perhaps, in the same way not an exact statement of the fact. Here a *post hoc* was put for a *propter hoc* in the same way.

The danger likely to arise from a gunshot wound seems clearly reducible to one of two circumstances—the injury done directly to parts, by which their function is at once destroyed, as when a ball traverses the spinal marrow; or, secondly, the inflammation and other untoward circumstances attending a less severe or more protracted injury. To which class we are to refer accidents of the character just mentioned it is not easy to decide; all the facts, however, tend to show that internal organs, of the most indispensable use in carrying on the functions of life, were at once destroyed, even without any very evident external signs. A crowd of circumstances of these various kinds thus come to disturb the general average: the main fact of about twenty-five per cent. of those undergoing amputations after battles dying, being the only thing we have to rest on—the only thing with which we can compare the results of the late very much divided, and but too often contradictory, practice.

(To be continued.)

ON THE TREATMENT OF SPASMODIC CHOLERA BY CHLOROFORM.

By P. BRADY, M.R.C.S.L. and L.A.C., Harrow.

My successful treatment of a case of malignant cholera by chloroform, published in the *Medical Times* of Aug. 12, has, I am happy to perceive, induced Mr. Stedman, of Whittlesea, Isle of Ely, to test its efficacy in the same disease; and his very interesting cases, appearing in the *Medical Times* of the 26th ult., fully confirm me in the high opinion I have been induced to form of it.

Since the publication of my former paper I have had an opportunity of testing its powers in a case of extreme severity, and in which, before resorting to chloroform, I administered the usual remedies for the disease without avail.

Case.—Mrs. Kidney, aged 55, of very delicate constitution, was attacked on Thursday, the 24th ult. with diarrhœa, for which she took a dose of "rhubarb and brandy." The diarrhœa not having abated on the following morning, she sent to me for a remedy; and, conceiving that it might have depended on irritation induced by indigestible food, I ordered her the following draught:—

℞. Olei ricini, ℥ij.; Tæ opii, m. xx.; ol. terebinth., m. xx.; aq. m. pip., ℥j. M. ft. haustus.

This draught procured her a temporary relief; but during the night the diarrhœa increased, accompanied with severe tenesmus and spasm of the stomach, with vomiting of a greenish acrid fluid.

On Saturday morning at seven o'clock I was called in haste to see her. I found her labouring under the symptoms above named, with an extremely anxious countenance and a quick and feeble pulse; the dejections watery, with a white curdy precipitate; tongue covered with a dark fur; the temperature of the body natural; urine suppressed. Ordered sinapisms over the abdominal and gastric regions, and the following medicines:—

℞. Fellis. ǒov. inspis., gr. iv.; hydrarg. chlor., gr. ij.; capsici, gr. j. Fiat pilula omni horâ capienda.

℞. Mist. cretæ, ℥iij.; ammon. carb., ℈ij.; Tæ opii, ℥jss.; catechu., ℥vj. M. Capt. ℥j. omni horâ.

Ten o'clock, A.M. Vomiting and diarrhœa still continue, accompanied with excruciating spasm of the stomach, and severe cramp in the legs. The difference in the aspect of the patient is remarkable: the features collapsed; the eyes deeply sunk; and the expression that of total apathy; pulse almost imperceptible; extremities cold; and finger-nails blue. Ordered mustard poultices to the calves of the legs and soles of the feet, and gave ten minims of chloroform in weak brandy and water; the nausea ceased at once. After a few minutes I inquired how she felt; she said that "she felt the medicine warming her all over."

Eleven o'clock A.M. No vomiting or purging; aspect much improved; pulse remarkably raised, as well as the temperature of the whole body. Ordered rice, milk, and a little wine-negus.

Twelve o'clock. Still improving; spasm in the calves of the legs occasionally recurring. I now gave a second dose (of five minims) of chloroform, and by two o'clock P.M. every symptom of the disease had vanished, with the exception of extreme debility, from which she gradually recovered. During the attack thirst was excessive, but everything drunk was immediately rejected, until the first dose of chloroform had been taken, when the vomiting ceased entirely. I have given it in five cases of simple cholera, occurring in athletic labourers, in doses of fifteen and twenty minims; and, although it invariably raised the pulse and spread a sensation of warmth all over the body, the diarrhœa appeared to have been but little affected by it; the vomiting, however, is generally subdued in a most remarkable manner; and I am inclined to think that, in small doses, it will be found to be the most effectual remedy we possess in subduing the irritability of the stomach which accompanies many idiopathic affections.

In no case in which I have yet given it, even in doses of twenty minims, did it appear to exert the least narcotic influence on the brain. If it affected the cerebral function at all, its influence seemed to be that of a mild stimulant, the exalted action producing, however, no subsequent depression. This quality must render it peculiarly adapted to the treatment of malignant cholera, in which opium, ammonia, ether, and the large quantities of alcoholic fluids, that are usually administered in severe cases, even granting that they relieve the urgency of the symptoms in the earlier stage of the disease, must inevitably add to the depression and collapse, which are its most marked and unmanageable features towards the close.

In the severe cases in which I have successfully given it, after the irritability of the stomach and bowels, and the severity of the cramp, have been subdued, a pleasing slumber is enjoyed; but this is evidently not the stupor of a narcotic, but the quiet resulting from a sudden alleviation of pain and anxiety.

The exemption of the brain from its influence as a sedative is remarkable, considering how speedily a comatose state may be induced by its inhalation; but the dose of a volatile fluid which will produce a narcotic effect when inhaled will be no criterion of the quantity which may be introduced into the stomach with safety; and the converse is also true. A large quantity of carbonic acid gas may be introduced into the stomach with impunity: we know how fatal is its inhalation in comparatively small proportion; and the dose of ether sulphuricus which has been inhaled during some severe operations would, if taken by the stomach, have very probably induced fatal narcotism.

In the remarks on my case, published in this journal of the 12th ult., I ventured to express an opinion, founded on the symptoms of the disease, as well as on the almost total absence of pathological lesion in the stomach and intestinal canal, that malignant cholera was "produced either by a specific poison conveyed through the atmosphere and entering the blood, or by a disturbance in the electrical condition of the atmosphere, or other deviation from its normal standard, calculated to promote the generation in the blood of a product which acts as a poison to the sympathetic and spinal centres." An opinion in a great measure substantiated by the disordered state of the secerning function and the irritation of parts supplied by the spinal

nerves, as well as by the apparent absence of cerebral disease.

I am happy to find that so experienced a pathologist as Mr. Bulley, of the Royal Berkshire Hospital, has, since the publication of my views on the nature and seat of the affection, maintained a similar view in his interesting remarks on a case which occurred during the prevalence of the epidemic in 1832, published in the *Medical Times* of Sept. 2. It is a pity that Mr. Bulley should have so long witheld his case, with the suggestions it originated, from the profession. Even a stray thought on such an important subject is not to be thrown away; and the reflections of a mind so nicely disciplined should, doubtless, have led to practical deductions of great value. While, however, our general views on the subject are in perfect accordance, I am at variance with Mr. Bulley as to the nervous system first affected, which he believes to be the spinal, and through it the ganglionic. The symptoms first developed are, undoubtedly, the result of altered or enfeebled action of the sympathetic nerves; but I think it highly probable that both systems may be synchronously affected. That they are equally so at a later period of the disease seemed to me to have been forcibly proved, by the rapidity with which chloroform appeared to suppress the abnormal action of the spinal, and to restore the function of the ganglionic, system: the skin becoming warm, diaphoresis ensuing, the watery dejections ceasing, and the tongue speedily becoming clean. I have very little confidence in Mr. Bulley's plan of treating cholera by the hot-air bath. The records of cholera present us with many sad memorials of its inefficacy, as well as that by ammonia, aromatics, &c. Dr. Elliotson having repeatedly tried the hot-air bath without success, or even the least apparent benefit, had hot air passed into the lungs by means of a tube passing through hot water; a plan which proved equally unavailing. He says, "Some had opium and calomel in large and full doses, but they died. Hot air was applied externally, and I got two to breathe hot air. I had a tube passed through boiling water, so that they might inhale hot air. It was found vain to attempt to warm people by hot air applied externally; they were nearly as cold as before; we could not raise their temperature, and, therefore, I thought of making them breathe hot air; but both patients died. It was said that saline treatment was likely to be of use, and I accordingly tried it in some patients. At first I exhibited half a drachm of sesquicarbonate of soda every hour, and, thinking that might not be quite enough, I exhibited a drachm. In one patient at St. Thomas's Hospital I ordered an injection of an ounce of the same remedy; but the greater part of it came away, and the patient died. Hot air was used in this case as well as in the others." (a)

Both ammonia and the air-bath must be regarded as highly sedative in their action; the sedative influence in both cases being the result of primary excitation. Now, reasoning from all the facts connected with the disease, we should rather seek for remedies whose primary and secondary action is the converse of both these. I am quite certain, and I believe it will be admitted by all, that the chances of recovery will be diminished by adding the sedative influence of a remedy—although given with a view to its primary stimulating effect—to the inevitable prostration which marks the later period of the disease.

It is a curious and highly instructive fact that just before death the disordered action seemed in many cases to have been subdued, as though the peccant matter had been held dissolved, and was carried off in the excreted fluid. I allude to those cases in which the pulse again appeared, and the temperature of the body became elevated, shortly before the fatal termination. How much more certain will be the fatal result, if the efforts of the *vis vitæ* are at this critical period opposed as much by the effects of the remedies used as by the disease itself! I am strongly of opinion that no remedy has hitherto been found even of the least value in the treatment of malignant cholera. External applications, such as mustard poultices and strong liniments, may have assisted in relieving the urgency of symptoms, and aromatics may have been also found useful for a like purpose, but they cannot be said to have given a check to the progress of the disease; while opium, ammonia, calomel, &c., in large doses, have unquestionably rather added to, than diminished the number of, fatal terminations. Under these circumstances, I would once again respectfully recommend a trial of chloroform in this disease, should it unfortunately again visit our shores; as also in the severer forms of the indigenous affection, which has already numbered many victims. Chloroform may be, at least, regarded as by far the most powerful of diffusible stimulants we possess, and one which does not appear to exert any material influence on the brain, or produce on the system the depressing or sedative influence of a narcotic. But added to this, I think, high recommendation, I have much reason to regard it as possessing a specific action on the disease; and I have little doubt that it will be found equally powerful, in the hands of others, as it has proved to Mr. Stedman, of Whittlesea, and to myself. In the cases of Mrs. Kidney and Mary Parratt, its influence on the disease appeared truly miraculous, when

"Cita mors venit aut victoria læta."

it seems to check the ebbing current as with the wand of an enchanter, and add fresh vigour to the failing powers of life.

It may be given in doses of from six to twenty minims; six or eight minims shaken up with cold brandy and water, or a little thin mucilage, will, in the case of a delicate female, be a sufficient dose, to be repeated according to circumstances; but in that of an athletic male the dose may be twelve minims. The following formula, in which I have given it with complete success to a lady of extremely delicate constitution, who was reduced to a condition of great prostration by an attack of simple cholera a few days back, forms a very elegant and palatable mixture:—

℞. Mucilag. gummi acaciæ, ℥ij.; chloroform, m. xx.; tinct. cardam. comp., ʒ iv.; aquæ dest. ad, ℥vj. M. Quartem part. omni horâ si opus fuerit.

I have no doubt that chloroform will yet be found of the greatest advantage in the treatment of low fevers and other affections of a typhoid character, as a diffusible stimulant, inducing no apparent subsequent depression; it may be found a far more useful and manageable remedy than either wine or brandy; which, when given in large doses and long continued, must in the end, by inducing more or less narcotism, defeat the very object to attain which they are administered.

In cholera, a dose of ox-gall, repeated every hour, with perhaps two or three grains of calomel, will be an excellent adjuvant; nor would it be right in any case to dispense with external stimulants.

Harrow.

(a) "Elliotson's Practice of Physic," by Rogers and Lee, 1846; page 1081.

CASE OF ASIATIC CHOLERA.

Communicated by GEORGE PLIMMER, Surgeon, Melksham, Wilts.

The following case of Asiatic cholera resembles in every symptom the one communicated by Mr. Brady.

The patient, aged thirty-five, of slight stature, always enjoying good health, had slight diarrhœa on the evening of the 14th inst. At four o'clock A.M. on the 15th, vomiting came on very violently, with spasm affecting all the extremities; this continued, with diarrhœa, to increase till eleven, when I saw him; his symptoms being precisely the same as Mary Parrott, but, if possible, more aggravated. I determined on giving chloroform, after giving hydr. chlorid. with opium, which was immediately rejected. I gave the following mixture:—Chloroform, m. vj.; brandy, ʒ iij.; water, ℥ijss. I gave a third part, which was thrown up in half an hour; I gave him a second dose, which was retained: the vomiting and diarrhœa ceased; the spasm less severe. I gave him, in two hours, the remaining part, and during the next six hours I administered, in two doses, six minims more of the chloroform with the most decided benefit; and he is now, the 17th inst., convalescent. To the extreme tenderness over the region of the epigastrium I applied flannel soaked in rectified spirits of turpentine. I observed there was no urine secreted, and I am firmly of opinion that the usual remedies would not have met this case. I candidly confess I had no hope of success, from its severity, and, but for Mr. Brady's case, I believe I should have lost my patient.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of Sept. 2; M. Pouillet in the Chair.

OF THE MEANS BEST CALCULATED TO ENSURE SUCCESS IN AMPUTATIONS. BY PROFESSOR SÉDILLOT.

This was the title of a paper by M. Sédillot, in which the professor called the attention of surgeons to several practical points connected with the treatment of amputations, to which he attributed a capital degree of importance and the habitual success of his own operations. Since fifteen months M. Sédillot had performed twelve amputations—viz., one of the thigh, six of the leg, one disarticulation of the foot in the tibio-tarsal joint, one amputation of the big toe, one of the arm, another of the forearm, and a removal of the finger. Of these twelve operations one only had proved fatal: it was that which seemed to be attended with the least danger, namely, the amputation of the toe.

The two points upon which M. Sédillot chiefly laid stress were, in the first place, the substitution of the flap operation to the circular method; and secondly, the suppression of dressings.

The object of the dressings being to cause mechanically the contact of the bleeding surfaces, the flap amputation, which produced spontaneously this contact, rendered them useless. Such had been the view which had induced M. Sédillot to abandon the circular method, and to perform his operations in such a manner as to obtain an anterior flap, comprising the soft parts of the two anterior thirds of the limb, the incision being posteriorly terminated by a circular division: thus the flap was, by its own weight, maintained in juxtaposition with the wound, without the necessary assistance of dressings. A compress, folded double, and steeped in a digestive liniment, was applied around the bone, and, issuing through the central part of the wound, constituted a canal for the escape of fluids. This compress was removed after three or four days, at the same time with the two lateral sutures which M. Sédillot left at the angles of the incision until inflammatory action had fairly set in.

The stump remained exposed to view, and every unfavourable change in its appearance might at once be noticed and improved by treatment. The anterior angle of the bone was in all cases sawed off, in order to prevent the irritation which its contact might occasion in the soft parts—irritation which the interposition of the linen compress already mentioned likewise tended to prevent. The great secret of success (said M. Sédillot) was to prevent the possibility of retention of pus in wounds, an unfavourable disposition which was frequently generated by the mode of dressing most usually adopted in practice.

ACADEMY OF MEDICINE.

Meeting of Sept. 5; M. Velpeau in the Chair.

COLLODIUM, OR COLLODION.

M. Soubeiran mentioned a new method of preparation of this adhesive substance; his preparation yielded a purer collodium, and better

calculated for the purpose of rendering tissues waterproof.

M. Malgaigne stated, that for surgical purposes, a certain degree of impurity of the collodium was necessary; he preferred that obtained by the process pointed out by M. Mialhe. The following was the plan followed by that chemist:—

Pure gun-cotton, that which left no residue whatever after deflagration, was not proper for the preparation of collodium. A special gun-cotton should be used, obtained by the reaction of sulphuric acid and nitre upon cotton. Some precautions were indispensable: ℥ v. of cotton, ℥xiv. of sulphuric acid, and ℥x. of nitre, were the proportions of the various elements. The nitre and sulphur should be mixed in a china capsule, and, the cotton being added, the mixture should, during a space of three minutes, be agitated with glass sticks. After being well dried, the gun-cotton thus obtained was not very pure; it always contained sulphuric acid, but it had acquired the property of dissolving readily in ether, and, better still, in ether and alcohol. The formula was the following:—

℞. Sulphuric gun-cotton, ℥ ij.; rectified sulphuric ether, ℥iv.; rectified spirit, ℥ ij.

It was absolutely necessary that the parts upon which the adhesive liquid was applied should be preserved from all humidity until the ether had completely evaporated.

RHEUMATISM.—SULPHATE OF QUININE.

CASE.—A young woman, aged twenty-three, was confined, in the month of June, at the Hospital of La Maternité. On the ninth day after parturition she left the hospital, and accidentally took cold while suckling her baby at night. The consequence was, the development of an attack of acute rheumatism, which first invaded the right shoulder, and thence was propagated to the other joints. The disease had lasted for six weeks with unabated violence, when the patient was admitted into the wards of Dr. Briquet, at La Charité. Eighteen grains of sulphate of quinine were prescribed, and in a few days the disease yielded to the daily exhibition of this dose.

Another case of acute articular rheumatism was admitted into M. Rayer's wards; the subject was a vigorous journeyman, aged thirty; venesection was twice performed, and ℥ ss. of sulphate of quinine was daily exhibited. In the space of seven days the pains had ceased, and the patient was pronounced convalescent.—*Annales de Thérapeutique.*

We borrow from the same periodical the following interesting case, belonging to M. Robert's hospital practice, and also some remarks on M. Jobert's treatment of gunshot wounds at the Hôpital St. Louis.

GANGRENE OF THE ARM.—AMPUTATION—CURE.

CASE.—A young woman from the country, aged twenty-one, fell, on the 9th of August, and fractured the radius at its inferior extremity. A very tight bandage was applied, and intolerable pain was the consequence. On the 10th the patient was admitted into the Hospital Beaujon; the hand was already cold, and the extremity swollen and painful. On the 11th the hand was purple and cold, the forearm emphysematous, and the arm swollen, hot, and tender. The pulse was very frequent, and abundant venesection was prescribed, together with poultices and cooling drinks. On the morning of the 12th gangrene had invaded the forearm, and also the three lower fourths of the arm, extending inwardly as far as the axilla, and leaving barely sufficient room for the removal of the limb at the joint. The shoulder, breast, and clavicular regions were occupied by emphysema, and the characteristic odour of mortification was present. Under these unfavourable circumstances, the conduct of the surgeon was most embarrassing; a hasty consultation took place, during which it was observed that, if the disease was left to nature, the patient must inevitably perish, and that disarticulation of the arm would not materially increase the dangers of her position. The operation was accordingly resolved upon, and, the patient having been previously rendered unconscious by the inhalation of chloroform, the arm was amputated at the joint, on the very limits of the mortification. A quantity of frothy blood escaped from the wound, which was united by suture, and covered with ice. Against all expectation, the patient gradually recovered, and on the 29th of August all danger seemed to have passed away.

HOPITAL SAINT LOUIS.

GUNSHOT WOUNDS. BY M. JOBERT.

Thigh.—During the month of June eight gunshot wounds attended with compound fractures of the thigh were admitted into M. Jobert's wards. The surgeon attempted to treat these injuries without having recourse to amputation. Six patients died; the two others are doing well, the fractures having become consolidated; the limbs are considerably shortened. The treatment consisted in scarifications performed for the purpose of preventing strangulation, cold poultices, venesection, cooling drinks, small doses of opium, and strict abstinence during the presence of febrile excitement.

Knee.—Four cases of wounds penetrating into the knee-joint were admitted, and terminated favourably without amputation; yet, according to the precepts laid down on a recent occasion by the academy, these injuries imperiously demanded amputation. The treatment adopted was that above described.

Leg.—Two cases of compound fracture of the leg were admitted, and cured without amputation. Two deep lateral incisions were performed in each instance to obviate strangulation, and the cases progressed most favourably. In a third patient the ball struck the tibia, and perforated the bone through and through without occasioning any fracture. This injury also terminated well, a depression still remaining in the spot struck by the projectile.

Shoulder.—A young woman was wounded in the shoulder by a ball, which passed through the part. The joint was opened and fractured. Abscesses formed in various directions in the neighbourhood, and the splinters of bone were not removed. Case cured by ankylosis.

Hand.—In three cases of severe injury of the hand the surgeon likewise abstained from operation, and his treatment, based upon the principles laid down above, was crowned with success.

D. M'CARTHY, D.M.P.

Poisoning by Belladonna.—The following case of poisoning by belladonna, reported by W. Jackson, Esq., F.R.C.S., of Sheffield, was read by the secretary, at the meeting of the Provincial Association:—Thomas Greaves, aged seventy-five, a man of thin, spare habit, took by mistake a quantity of the extract of belladonna. It was intended that the extract (the quantity sent being five drachms) should be spread upon a plaster to be applied to the chest, but the poor old man mistook the verbal directions, and thought the box contained an electuary. The dose taken was represented, by a female who was present at the time, as so small as not to exceed four or five grains. This occurred about six o'clock in the evening of July 11. In a short time the symptoms became manifest, and at seven he had lost the power of articulation, and presented the general appearance of a person seized with slight paralysis. He was quite unable to stand or walk, and his limbs were in a state of tremour and agitation. He became cold, and nearly approaching a state of insensibility; the eyes had a wild, vacant appearance; the respiration was laborious and occasionally stertorous, and he moved the body almost incessantly backward and forward, as if his inward suffering (not otherwise expressed) was very great. At ten o'clock the temperature of the body had increased; face swollen; mouth and throat extremely dry; and insensibility more complete. Castor oil had been given but was rejected. Nausea prevailed at various times. No active delirium was manifested, but from the general appearance of the eye and features there was no doubt that peculiar derangement existed, subdued partially by the pressure upon the cerebral organ, so as more nearly to approach the character of apoplexy. At six the following morning he appeared considerably exhausted, but had still sufficient power to take some wine and water, and for the first time indistinctly uttered a few words. His mouth and fauces at this time, to give the language of an attendant, were as dry as a chip. His face was so much swollen and red as to quite change his usual appearance. His daughter remarked that the wrinkles of old age had disappeared, and he appeared much fatter than usual. Between nine and ten in the morning he appeared quite exhausted, and, his friends becoming alarmed, called in the assistance of Mr. Pearson, surgeon, who found him *in articulo mortis*. He died at eleven, being seventeen hours after having taken the extract. At the autopsy the external appearance presented nothing worthy of remark. The venous system of the cerebrum was in a state of the greatest distention; bloody points were most numerous on slicing the cerebral mass; the cavities of the brain were excessively distended with fluid. As we approached the base of the brain, more or less of softening of the structure presented itself; this condition was especially conspicuous in the cerebellum and medulla oblongata. The effusion completely distended the spinal canal, and surrounded the medulla. The congested state of the vessels of these parts of the nervous centres was singularly great. The lungs were in a highly congested state, and uncollapsed, and in colour almost black. Although he had been suffering from chronic bronchitis for some months, yet the inner coat of the air-tubes presented no abnormal appearance, excepting a relaxed state of the mucous coat. The heart was natural; the blood was fluid, except a slight partial coagulation in the left ventricle. There was no abnormal appearance in the alimentary canal, except in the stomach, on the mucous coat of which organ a remarkable alteration of colour and texture was presented; this dark brownish, or rather black, appearance of the mucous coat occupied several square inches of the greater curvature, not extending as high as the cardiac extremity. In this situation, also, the texture of the organ (*i. e.*, its mucous coat) was softened but not ulcerated. The colour in this case was more approaching to blackness than that purplish appearance which ecchymosis displays. The stomach was empty, except a quantity of grey and yellowish mucus. We thought the odour of belladonna could be detected in the contents, but not sufficiently so to justify our giving a positive opinion. The points of interest in the case are the sudden effect of the narcotic upon the organs concerned in the articulation and voice. A question here presents itself. Was the compression of the origins of the hypoglossal and pneumo-gastric nerves the result of the effusion of fluid, or did such effect occur previously? This poor debilitated old man had been suffering under an affection of the chest, probably chronic bronchitis, for a long period. That disease, together with his great age, would place him under unfavourable circumstances, as regards the effects of a poisonous dose of a narcotic. The course of the symptoms presented several of the characteristics of the early progress of a case of highly congestive fever. The first invasion of those symptoms, according to the testimony of the attendants, was marked by sudden prostration of the vital energy, loss of temperature, obscuration of the intellectual powers, embarrassed respiration, loss of the power of articulation, and probably depression of the circulation. Reaction gradually supervened, and the increased force of the circulation was marked by redness and a full, bloated appearance of the face. But, although this invigorated state of the circulation became fully established, yet the primary impression upon the centres of the nervous system continued unabated, and gradually increased, until the interruption of the supply of nervous influence to the vital organs finally extinguished life.

Localization of the Faculty of Language in the Anterior Lobes of the Brain.—M. Bonnafont adopts

the opinion of Bouillaud, that the faculty of speech is peculiarly dependent on the integrity of the anterior lobes of the brain. He adduces six observations in support of this view. The first is that of a huntsman who received a wound from a ball, which entered the anterior part of the left temple, traversed the anterior lobes, and came out at the right temple. The substance of the brain protruded at the two openings. This man was conscious and intelligent, knew his companions, and remembered both recent and old-standing occurrences. He had, however, lost the sense of smell, and was totally unable to articulate, although the voice remained entire. The second case was a soldier who received a bullet, wound above the right eye, the ball emerging above the left frontal eminence. He was only a short time under observation, but appeared to hear everything said to him, and, on attempting to answer, produced only inarticulate tones. The third case was that of a lunatic in the hospital of Nantes. When he first came under observation he was able to express himself well, with the exception of a stammer in his speech. As the disease advanced, articulation became more and more difficult, till at last he could only speak three words, and was obliged to use signs almost entirely. On dissection, an osseous tumour, of the size of a walnut, was found pressing on the anterior lobes, the left of which had almost disappeared. The fourth observation is unimportant. The fifth case was of a sergeant who received a wound from a ball above the right ear. The ball appeared to have entered the brain, but was not found. A sound passed four inches deep into the cranial cavity. He remained conscious, knew his comrades, and answered various questions, but appeared to have lost, in great part, his memory of facts, and frequently expressed himself surprised at his own forgetfulness. He died in twenty hours. There was no dissection. The last observation was in the case of an engineer in whom the left temporal bone above the ear was shattered, and several fragments driven into the brain, by a blow from a stone. The splinters of bone were extracted by operation. The memory was much diminished, but not altogether lost; the power of speech remained, although there were stuttering and difficult articulation, with loss of some words. He could write perfectly well the words which he was unable to pronounce.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 191.)

This affection does not appear to be connected with *organic* disease of the kidneys, the disorder of which appears to be entirely functional. Speaking of the proximate cause, we find the following observations:—"The proximate cause of this affection seems to be partly in the assimilating organs and partly in the kidneys. The chyle, from some derangement in the process of assimilation, is not raised to the blood standard, and consequently, being unfit for the future purposes of the economy, is, agreeably to a law of the economy, ejected through the kidneys; but these organs, instead of disorganizing or reducing it to the crystallized state, as usual (that is, instead of changing the chyle into the lithate of ammonia), permit it to pass through them unchanged. That this is a just view of the matter cannot, I think, be doubted; for, if the chyle was properly converted into blood, not chyle but blood ought to be thrown off by the kidneys. On the other hand, it may be stated, in proof that the kidneys are likewise affected, that I have often found chyle in the blood when a trace of albuminous matter has not been perceptible in the urine. In a healthy condition of the kidneys, therefore, even although chyle does not get into the sanguiferous system, it is not necessarily ejected as chyle, but in passing through the kidneys is subjected to the usual changes. The derangement of the kidneys, however, in this affection appears to be purely functional, otherwise the urine could not possibly recover, as it it sometimes does, its healthy condition."—Pp. 115, 116.

With respect to the treatment, little of a specific character can be stated; it must be conducted upon general principles, modified, to a certain extent, by the predominant diathesis of the patient, and any peculiarity from which he may be suffering. "If there be obvious inflammatory symptoms present," says the author, "general or local bloodletting will be proper. In the more chronic states of the affection, local counter-stimuli may be applied; but they seldom exert much beneficial effect. Thus I have known a seton, when first inserted, seem to do good; but the affection, even under its full operation, has soon become as bad as ever. In the more chronic conditions of the disease, also, I have seen the mineral acids and astringents, as alum, the acetate of lead, &c., arrest the affection for a while; though it has soon returned. The same is true of opium, which sometimes causes a temporary suspension of the symptoms. On the other hand, the disease occasionally disappears of its own accord for years, and again recurs, without any apparent cause; of which circumstance one or two instances have come to my knowledge."—Pp. 116, 117.

The author then gives the history of a very singular case of this disease which came under his notice, through the kindness of Dr. Elliotson; but to which, as the particulars have been detailed in nearly all the former editions of the work, it is unnecessary further to allude.

Serous Urine.—This form of albuminaria comes next under consideration. Although, as admitted by the author, there may be many varieties, still he confines them to two principal kinds or species; and these are further varied by the accidental circumstance of *quiescence* and of *inflammation*. "Hence," says the author, "one subject may be thus presented:—

Species *a*. Serous urine; the kidney in a state of apparent health . . .	Var. 1. Quiescent.	
	Var. 2. Inflamed.	
Species *b*. Serous urine; the kidney in a state of degeneration	Var. 1. Quiescent.	
	Var. 2. Inflamed."	

In a perfectly healthy condition of the renal structure,—the functions, too, being performed in a healthy manner,—albumen, it may be asserted, can never appear in the urine. "When, therefore," says our author, "albuminous matter is found in the urine, we may always safely conclude that some alteration from the normal condition of the kidneys is denoted. The question is, what is the nature of this aberration? In reply to this question, it is generally admitted that certain organic derangements of the kidneys give occasion to serous urine; and the only point to be considered here is, do mere functional derangements of the kidneys give occasion to serous urine?"—P. 120.

Dr. Prout considers that the function of the kidney is a "disorganizing" one, and that it is by this means that the kidneys are enabled not only to separate from the system unorganized and crystallizable matters already existing in the blood, but also disorganize or reduce to a crystallizable state other matters existing in the blood, which the welfare of the economy requires should be removed from the system. "Now, if we suppose," says Dr. Prout, "this disorganizing function of the kidneys to be temporarily suspended, the albuminous matters of the blood, which, in passing through the healthy kidneys, would have been converted into lithate of ammonia, &c., will pass through these organs without suffering any change, and consequently appear as albuminous matters in the urine; just as the chyle, under similar circumstances, was supposed, in a former paragraph, to pass through the kidneys unchanged. Whether such a state of simple suspension of the functions of the kidneys ever takes place alone, I am unable to decide; but my belief at present is that it does not, and that all such instances, as, for example, that of chylous urine just alluded to, not only a condition of the kidneys exists, to which, for want of a better name, I must apply the epithet "inflammatory," but that other parts of the system (especially those connected with the assimilating functions) are likewise more or less involved in a similar condition; and that, when this supposed inflammatory condition of these organs subsides, the kidneys resume, more or less perfectly, their natural disorganizing function; and the albuminous matter, as a consequence, disappears from the urine."—Pp. 120, 121.

Such are the phenomena connected with the thirst or quiescent variety. The peculiar condition of the system and this temporary suspension of the renal function may be produced by various causes. Certain medicines, or rather their abuse, as mercury, cantharides, and other urinary irritants, may give rise to such a condition. Such a state of urine, too, may follow certain forms of fever, or it may be caused by pregnancy, certain kinds of indigestible food, and severe mental emotions; all which, and many other causes of a similar description, may bring a temporary albuminous state of the urine. Upon all which the author of the volume before us makes the following comments:—"There is a point, however, of great importance connected with this inquiry, to which I particularly wish to draw the attention of the reader, viz., that the causes mentioned do not invariably produce serous urine in all individuals; the inference, therefore, must be, that in the persons liable to be so affected there exists a sort of latent predisposition (incipient degeneration?) to kidney disorders; otherwise every individual ought to be similarly affected by the operation of the same causes; which, as just stated, is not, according to my observation, the case. From what has been stated, then, the answer to the query above proposed will be—that in some individuals the urine is liable to become albuminous from certain derangements of the system in general, and of the kidney in particular, which cannot at present be otherwise defined than as functional derangements; though it is not improbable that such assumed functional derangements may partake of the character of incipient disease of the kidneys."—P. 121.

In the second variety of the first species, serous urine, the kidney in a state of apparent health, inflamed; the urine is, for the most part, transparent, or nearly so, when first passed; it becomes, however, on cooling, turbid, owing to the deposition of lithate of ammonia. The colour is deep, and the sp. gr. ranges between 1·018 and 1·030; sometimes it is even higher. The micturitions are generally very frequent; yet the quantity of urine voided in a given time is much below the healthy average. In some instances of great intensity, at the beginning of the disease, there is often no sediment, and in some rare cases the urine is mixed with blood. The lithate of ammonia when deposited is of a deep brown or red colour. In all instances, without exception, the urine, when raised to 150° or 160° Faht., becomes opaque, from the coagulation of albumen.

In this condition there is generally a great tendency to anasarca and œdematous swellings of an inflammatory nature, usually known as the inflammatory forms of dropsy. The constitutional symptoms are generally severe. The following is the history given by our author:—

"Inflammatory dropsy usually comes on rather suddenly, and is preceded by chilliness and rigors, which are usually followed by the well-known trains of feverish accompaniments, viz., a full and hard pulse; heat, dryness, and soreness of the skin; a state of anxious restlessness, and oppressive, drowsy headache. The

scanty and high-coloured urine, above described, is very frequently passed in small quantities at a time, and occasionally with more or less irritation. There is a dull, heavy pain in the loins, increased by pressure, and sometimes extending to the whole of the lower region of the abdomen, particularly to the groins. With these symptoms the stomach sympathizes; and there is almost always nausea, and sometimes vomiting; and pressure over the region of the stomach produces distressing uneasiness, or actual pain. After a few hours, or at most a day or two, the face and extremities begin to swell; and by degrees the œdema extends, more or less, over the whole body. The urine is now still further diminished in quantity; the drowsiness increases; and at length the patient becomes quite comatose; in which state, if active measures have not been taken in time, he usually expires, sometimes in convulsions. In other instances serous effusion, accompanied by high inflammatory action, takes place into the chest and other cavities. This is attended by dyspnœa, &c., according as the chest or other cavity is affected; and, after the most acute suffering, the patient rapidly sinks under the consequences; or, at the utmost, survives only to be miserable."—Pp. 122, 123.

This form of dropsy does not appear to be always connected with degeneration of the kidney, although such a condition of this organ would certainly predispose to it. It occurs, however, most frequently in young and robust subjects, generally from exposure, more especially to cold and damp, the combined effects of which often bring on the disease. Thus it has been known to occur in patients who, while intoxicated, had been exposed and slept for a considerable time in the open air, when the cold was intense. Cold drink, when the body was much heated, or perspiring profusely from active exercise; sudden repression of erysipelas, or of the other exanthemata; sudden depression of diarrhœa, or other habitual discharges, &c., have been enumerated among the exciting causes of this disease. According to our author the proximate or immediate cause seems to be "an inflammatory condition of the system generally, but involving the kidneys in particular."

With respect to the result, Dr. Prout observes, "The prognosis in this formidable disease, as above mentioned, is generally unfavourable. A large proportion of the cases terminate fatally, from the immediate consequences of the affection; and those who survive generally die, sooner or later, with all the symptoms of degeneration of the kidneys and serous urine in the worst forms, to be presently described."—P. 123.

(To be continued.)

Practical Hygiene of Warm Climates. By E. Celle, M.D., Paris. 8vo. Pp. 378.

The subject towards which Dr. Celle has directed his attention is one which has occupied many writers; and it is no slight merit, in our opinion, to present it under a new and, at the same time, important aspect. Although most authors have, doubtless, been struck with the differences observed in health and disease in warm climates, according as heat is attended with dryness or moisture, still none that we know of has made this great distinction the starting-point of his reflections; this Dr. Celle has done; nor does he limit himself to the fundamental distinction: he further enters into the description of the varieties of influence of dry or humid heat in low or elevated localities, which a seven years' residence in the Mexican empire enables him to illustrate in the most practical manner.

He shows that dry heat materially decreases the exhalation of carbonic acid from the lungs, and increases inordinately the evaporation of perspiration from the surface (two methods by which nature endeavours to diminish the development of animal heat). The secretions are less abundant, the bowels confined; hence the blood, retaining its carbon and the elements of various secretions, deprived, on the other hand, of a great portion of its water, acquires properties of a stimulating nature, and creates a formidable predisposition to inflammatory diseases of the thorax and abdomen—a tendency brought into play by variations of temperature or other secondary causes.

Humid heat, on the contrary, stimulates the skin with quite as much violence as dry heat, but does not permit the evaporation of perspiration; pulmonary exhalation is diminished; the blood retains an undue proportion of aqueous principles; the venous system is overcharged; the appetite disappears, and general debility follows, leaving the patient an easy prey to passive congestion of the viscera and to miasmatic intoxication.

Thus the primary modification of the system consists in alterations of the blood, of an opposite nature according to the combination of heat with dryness or moisture: a concomitance which generates peculiar aptitudes, affinities, and repugnancies, which are readily accounted for by whoever takes into consideration the above changes; but which, not being hitherto referred to their true cause, have induced physicians to lay down general rules of treatment applicable only in one or the other, and not in all warm climates. Thus, in humid tropical countries, the atonic state of the system requires much larger doses of medicine than could be safely exhibited in dry localities. In the former, animal diet is indispensable; in the latter, it predisposes to putrid and bilious diseases; antiphlogistics are, in a word, often necessary in dry climates, whereas stimulants must be put frequently in requisition in humid and hot countries.

Having thus established the groundwork of his book upon strictly logical and practical notions, the author enters into considerable detail with regard to secondary causes, the importance of which is doubled by the previous condition to which the peculiarities of the climate have reduced the system; and he concludes this really useful work by an interesting chapter relative to the regimen best calculated for the preservation of health.

We cannot conclude this brief review without stating that the work before us is particularly remarkable by the clearness and conciseness with which the whole subject is treated, and by the order which renders each part easily distinguished in a general glance at the *tout ensemble*. In these days of professional charlatanism, the critic is happy to be able to praise without restriction. This book is unpretending and useful; it will be read with interest and profit by the physician and by the traveller.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 16, 1848.

RESTORATION OF THE FORESTS OF FRANCE; SANITARY AND HEALTH OF TOWNS BILLS IN ENGLAND; DIFFERENT FORMS WHICH THE LABOUR QUESTION ASSUMES IN FRANCE AND IN ENGLAND.

There are no forests in England, Ireland, or Scotland worthy of the name; the New Forest has been proved to be, as was always known to the observing traveller, a sham and an imposture; its mismanagement, notoriously scandalous in every way, has now been shown to be a part of the great *system:* corrupt, rotten to the core—a type of legal, official scoundralism. We leave it and its affairs in the hands of the clearsighted writers of some articles touching the said New Forest, in the *Daily News*. The question we mean to discuss here is the restoration of the forests of France; its probable effects on that country and on Central or, rather, Western Europe; the question has its interest even in England.

At the opening of each new political era, it is natural for the actors, just appearing in the new drama, to be desirous of showing that their part is important; that it had been hitherto neglected; that much can be made of it by patient industry, study, and ability. We remember, some time after the restoration of the French monarchy under Louis *le désirée* (*!*), a discussion arose in one or other of the mock assemblies called Chambers respecting the forests of France. The then Minister declared that these national estates (for they really are so in France) were being destroyed—were becoming extinct; that no care was taken towards the restoration of the timber trees; the replanting of forest trees in the place of those required—1st. For supplying the nation with firewood; 2nd. For the maintenance of the national dockyards—the naval arsenals, where were and still are built those costly toys called French ships of war.

What was done we know not; but this we know, that the Minister, the French Woods and Forests man, did not state clearly, and in a business-like way, the cost of firewood (for, after all, this is the great point in France, where coal-mines are so few and unimportant); the cost of firewood in Paris and in the other great cities of France, and the cost of timber for the repairs and support of the navy, supporting his statements by a comparative list of prices under the Republic, the Empire, and the Monarchy. This he did not do: his statements then of the dangerous position of the national forests was nothing more than a simple opinion offered by an interested party. A something of this kind occurs almost daily during the session in our House of Commons. "In 1847, Vancouver's Island was a place of great political and social importance;" so says the Minister for the time. "We must secure it from the United States, by despatching to it a military governor and an adequate staff:" his object, in the meantime, being merely to extend the colonial patronage, and oblige some relatives, some friends, or some political partisans. "The House" perfectly understands all this, and gets furious and crusty when any one like Mr. Cobden is so obstinate, self-opinionated, and foolish as not to see it also. The press backs the Minister. What can such persons as Mr. Cobden know of colonial matters, seeing that he never was in the Colonial-office?

Again, in 1848, it has been just found out (*after the Vancouver staff had been fully appointed*) that Vancouver's Island is not so very important a place; and the same Minister proposes to sell it to a company! Such is British colonial legislation. Let us be thankful that the question of woods and forests in England means rather streets and roads. It is bad enough as it is; but, did the household fuel of the kingdom depend on such officials, we might soon experience the lot of Ireland.

With France it is different. She must have forests, cost what they may. A great nation must not be dependent on any other country for an article (the material for artificial warmth) so essential to its existence. As it is with corn, so it is with fuel: if you can import it cheaper than you can grow it, by all means do so; but prudently see that you do not neglect the growth to the extent your soil admits of. This is not political economy, but plain common sense.

With a new political era in France the ques-

tion of the actual condition of the forests has been again revived, without, we must confess, throwing much light on it. In accordance with the spirit of the day, it is made a *labour question*. How shall we employ the labourers of France (say the French Ministry) without sustaining any heavy national loss? Restore the forests—replant the forest lands (says M. Dufournel) with timber-trees; restore to France that ancient and magnificent vegetation of which some remains may yet be found in the neighbourhood of Paris and on the Pyrenées.

In England we have a *labour question* too, but every effort is made prudently to conceal it; a Jesuitical press will not discuss it; it is dangerous, says one; impolitic, says another. Wrap it up in mystery and call it a sanitary question; a Health of Towns Bill. As it is a question merely as to the employment of a certain number (say 100,000) of able-bodied men, who, unemployed, would prove exceedingly dangerous to the rest of the community, the tradesmen, the aristocracy, the Court, it does not much signify in what way they are employed, provided it can be done *without expense to the Government*. In a tour in the south of England lately, twenty thousand pounds were expended by a commission in the construction of what they are pleased to call drains and sewers: to us they seemed more of the nature of cesspools and dead wells: moreover, it will cost another twenty thousand to remedy the mischief; to undo what has been done and start afresh. Nobody seems to regret the affair: *it gives employment to the labourer*.

"The forests of France," says the *Union Médicale*, "are in a great measure destroyed." Now, unless some peculiar meaning be attached to the word *forest*, we cannot imagine how this can be. We doubt the fact until it be shown us that firewood has reached a "famine price" in Paris and in the other large cities of France. This is the test of the destruction of the forests. There may, it is true, be a scarcity of fine timber trees for the purposes of naval architecture. Of this we know nothing. Sure we are that France would be better off, richer, greater, without a a navy. But it is with nations as with individuals—constantly aiming at that they are not fitted for. Commercial, manufacturing, trading, seafaring Britain boasts of her armies! France of her fleets! National follies seem incurable.

We doubt the fact here stated respecting the forests of France; we have forests, it is true, in Britain, where few trees grow; the New Forest, for example; there are still fewer trees by a good deal in Ettrick Forest; and we never heard any one venture to say they had discovered a single tree in the Black Forest of Glencoe. Things should be called by their right names; these British forests are treeless, desolate, barren wastes.

Intermittent fevers, which once abounded even amongst the Lammermuirs (Scotland), but which are not to be found there any more than trees, are still very frequent in France. This tells you of the existence of forests. Trees and agues go together. So it was in Scotland where there were no marshes; and so it now is in Canada, and no doubt in many parts of France. By destroying the forests, it is Humboldt, we think, who says so, man deteriorates the climate, and lays the foundation of many diseases. With the destruction of the forests of some parts of the United States agues, it is true, have disappeared, but pulmonary consumption has, it is said, taken its place. Moreover, wheat will no longer come to maturity where formerly it was wont to thrive. Statements like these would require to be substantially authenticated. A mere newspaper notice, or passing remark of a traveller, will not suffice. Man is evidently placed between two difficulties in this matter. Without trees a country is bleak and cold. If they abound, agues appear, with much rain. The happy medium has not been found, unless it be in England, in so far as we know. It is complained of by the French journalist, and perhaps by the Government, that the land is now cultivated where vast forests once existed. Happy change, we should think, in favour of humanity,—grain, and wine, and oil, instead of timber trees. France desires to be a great commercial nation, and yet refuses to import any raw material from abroad. She cannot, therefore, have a commercial navy, and never can have a war navy, the one being absolutely based on the other. But with these points we meddle not; in this country they are well understood. Let us return to questions of medical topography connected with the subject.

In all national questions the Government, whether republican, red or orange, monarchical, or autocratical, can only look to the *revenue*. Therefore it is that general hygienic measures, however much they may be talked about, never for an instant receive the smallest attention from any Government as mere hygienic measures. Our Sanitary Bill is no exception to the great rule; it is a mere political question. Accordingly in France, when it is proposed in the National Assembly to restore the ancient forests, no one thinks of inquiring how far this measure may be carried out consistent with a healthy condition of the population. This, of course, is the last thing thought of, if thought of at all; revenue is the word. Will the measure improve the revenue; or will it protect us from the dangerous class of the population—the *ouvriers*—the workmen?

Let us listen to M. Dufournal, the member of the National Assembly who originated the proposition. To replant and restore the forests will employ (he says) a million of labourers, whose wages will in no shape be required out of the national funds. It is a question, then, almost solely of labour; it is the *ouvrier question* again. We manage it differently in Britain, but it amounts to the same thing precisely. A severe winter approaches, and railway labour will be scarce. By employing the labourer in the digging of drains, ditches, sewers, and drain-sewers, you employ the *working class at the expense of the people themselves*. The "total of the whole" will, as usual, fall on the middle class, who, as the most timid, must always bear the expense. By these drains and sewers and drain-sewers certain matters will be carried into the rivers, rivulets, and brooks, which will require to be carried out again. So much the better: more labourers will be required. *The Government pays nothing;* in the meantime, *the entire patronage is in their hands*. If it should happen, as is most likely, that very few of these drain-sewers will answer, the model official says, "*Good again!*" they will require to be taken down and rebuilt; we pay nothing. This is the Sanitary Bill and its object. Let it not be forgotten that these labourers are to be superintended by paid officials; that they may speedily be converted into an armed force—a third army; thus there will be three armies afoot—scarlet, blue, and green; her Majesty's Loyal Scavenger, Sewer, and Drain Corps: Colonel, the Right Honourable Lord Morpeth; Lieutenant-Colonel and Commandant, the Rev. the Dean of Westminster; Adjutant-General, Mr. Chadwick.

The editor of that well-written journal, the *Union Médicale*, very properly says, the question of reforesting France (*reboisemens*) is a question of climate. So it ought to be, no doubt; and the academy might be consulted with advantage. But the Government has difficulties to overcome; and the first of these, the most pressing, is the *ouvrier* question. It is the same in England precisely.

That forests may be planted with success in certain districts, and cut down in others, is, no doubt, true; but we see not how such views can be carried out. The sanitary condition of a valley may be greatly improved or equally deteriorated by the planting or by the cutting down a forest. It would be easy to point out such localities. But in a great national measure like this it is reasonable to suppose that the voice of the engineer and the agriculturist will be listened to in preference to that of the physician, however philosophic he may be. Similar, at least, was the course followed by our Government in carrying forward the Sanitary Bill. The medical profession it was not thought worth while to consult; they were excluded, therefore, from all co-operation respecting it. Surveyors, builders, bricklayers, plasterers, carpenters, &c., these men of "*high art*," as Mr. Chadwick calls them, were the persons, of course, best qualified for the deciding on all hygienic measures. Candour, at the same time, forces us to admit that we know of nothing in the *present education* of the medical man entitling him to be consulted on such questions.

In a future number we shall examine the latest proceedings of the Metropolitan Commission; the speech of the Chief-Commissioner of Woods and Forests at the closing meeting of the commission for the season; and, lastly, the details of the bill; principles it has none, nor could have, considering its origin and the character of its abettors. The medical profession, saving a few political partisans, has been, and still will be, excluded from all participation, all superintendence of the measure, such as it is. The civil engineers and surveyors have been plainly told by Mr. Chadwick, backed by both Houses, that the education of the civil engineer had been greatly neglected, when compared with that of the military engineer of her Majesty's Surveying Department, holding official appointments, enjoying well-paid salaries; low fellows in fact, fit only to act as journeymen carpenters and bricklayers, under the men of high art belonging to her Majesty's Ordnance and Surveying Department. What a libel on the educational institutions of the country! But let us hope that, after all, so sweeping a statement may be classed with the exaggerations with which a heated brain is apt to assail its opponents, especially when that brain, as in the case before us, mistakes system for science, and in "the commission" sees talent and ability.

MEDICAL PROGRESSION AND THE APOTHECARIES' SOCIETY.

For three-and-thirty years the Society of Apothecaries has existed as a licensing medical corporation. As the time is in all probability drawing near when it will voluntarily resign this privilege, it is right that we should consider what the company has done in behalf of the members of the profession. The history of this corporation is intimately blended with that of the English

medical community; for it is a singular circumstance that, while the Continental apothecaries have confined themselves to pharmacy and its collateral sciences, in this country they have been from the earliest times engaged in attending the sick.

As far back as the reign of Edward the Third we find the apothecary exercising all the functions of the physician, from whom he chiefly differed by compounding his own medicines and selling drugs. At this period it was not thought beneath the dignity of the sovereign to have an apothecary constantly about his person, and to attend him even in severe illness.

In the reign of our modern Solomon, James the First, the apothecaries received a charter of incorporation, at first with the grocers, from whom, however, they afterwards separated. The illustrious monarch who could discuss theology with a bishop, or write a "Counterblast against Tobacco," took the young society under his immediate patronage. He emphatically called it his "pet corporation," and bestowed upon it those privileges which were the foundation of its future greatness. The origin of the apothecary is, therefore, by no means so plebeian as that of the surgeon, who, in these modern times, considers himself infinitely his superior.

It appears, from the accounts which have come down to us, that when the great plague desolated London, the apothecaries took upon them the whole practice of medicine; and prior to this the physicians encouraged them to visit their patients, to mark the symptoms under which they laboured, and the effects of the medicine administered to them. The physicians, however, after thus encouraging the apothecaries to exercise their functions, repented of the indiscretion, and resolved, if possible, to limit the practice of medicine to themselves. A case was brought before the House of Lords, in 1703, "The College of Physicians *versus* Rose," in which the right of the apothecary to prescribe medicine was clearly established; and since then he has continued to enjoy this privilege without molestation. There is no doubt, also, that from an early period the apothecary not only practised medicine, but combined with it the use of the knife and the lancet, thus constituting what is now called a general practitioner. He, however, never disgraced his surgery by shaving and haircutting, which important operations were always performed by the "pures," whose *shops* were distinguished by the bandaged pole, "that all might know where to apply in time of need."

The education of surgeon-apothecaries progressed but slowly prior to 1815, for they had been opposed for many years by enemies more crafty and inveterate than the ancient physicians. These were the hospital surgeons of London, who had gradually risen into importance, and eventually, by a trick, obtained a charter of incorporation which constituted them a college. This remarkable event happened at the commencement of the present century, when the general practitioners were using efforts to found a college of medicine and surgery, the old corporation of surgeons having lost its charter by the neglect of a certain imperative duty.

When the new charter was published it took the whole profession by surprise, and excited the utmost indignation. All efforts, however, to have it modified proving powerless, the general practitioners were compelled, in self-defence, to ask for the Apothecaries' Society new privileges, by which it might become a useful medical corporation. The associated surgeon-apothecaries drew up a bill, which, had it passed the Legislature without mutilation, would have made it, comparatively, an easy matter for general practitioners to have obtained eventually the privileges they so justly demanded.

The physicians, however, would not suffer the bill to pass without dovetailing into it the apprenticeship clause, and the surgeons insisted upon having reserved to themselves the right of examining upon surgery. The medical reformers of that day were compelled to yield to the requirements of the two colleges, and the bill was subsequently passed, which has been a palladium to general practitioners.

The Apothecaries' Act, as it is called, required the society to perform two important duties—to superintend the education of general practitioners, and to protect them from the aggressions of quacks. How, then, has the corporation discharged these duties? With regard to medical education:—Mr. Ridout, deputy-master of the society, and a member of the Court of Examiners, in his evidence before the Medical Registration Committee, has stated some important facts in reference to the education required of candidates for the Apothecaries' certificate. Immediately after the passing of the act in 1815 the course of study was limited, and the examination was conducted with great forbearance; the time of study has been progressively extended; the examinations have taken a wider range; and there has been a gradual increase of strictness. In these respects the society has acted with great discretion, and is entitled to the gratitude of the profession.

It was early felt that the apprenticeship clause offered a considerable obstacle to the progress of a liberal medical education; and the society has done much to prevent it operating as injuriously as it was originally intended it should. Hence, while the act specifies five years of servitude, no particular way is mentioned in which this time is to be passed. Many students have been, therefore, admitted to examination without indenture, when the court has been satisfied with certificates and testimonials of the relation of the student to the practitioner corresponding substantially with the relation of an apprentice to a master. From the liberal construction put upon this clause, the master is expected to allow his pupil to attend such medical schools as will afford him increased information, though those schools are distant from the residence of the practitioner to whom the student is articled. The clause thus becomes comparatively of little consequence, as a youth can prosecute his studies in the recognised hospitals and schools during the time he is apprenticed. Doubtless, this part of the act in some cases operates injuriously, as when a person has gone through an extended curriculum, and is ready to undergo the severest examination with respect to his medical proficiency, and yet cannot give satisfactory evidence of having been apprenticed.

It has been said, in reference to the Hall examination, that, being one of routine, it encourages a system of grinding injurious to the pupil and derogatory to the profession. But grinding is not confined to the Hall examination. Advertisements constantly appear from which we learn that there are gentlemen ready to assist candidates who seek to obtain the diploma of the London College of Physicians or Surgeons, or the degrees of any of the British universities; and books are published containing answers to questions which are most likely to be proposed at Lincoln's-inn-fields, as well as at Water-lane If we may judge from experience, the College of Surgeons is certainly equally guilty with the Apothecaries' Society, for there are more instances on record than that of the Taunton pastrycook where candidates for the diploma obtained their knowledge in double-quick time by the process of grinding. The grinding firms have "printed forms" to suit any candidate in any place, and for any diploma.

We wish the society's efforts to protect the profession from quacks had been as well directed and efficient as those which have been made to advance medical education. Here the Apothecaries stand condemned. It was as much their duty to prosecute unlicensed practitioners as to send forth efficiently-educated medical men. In the one case, however, there was money to be expended; in the other, fees to be received; and, moved by a trading spirit, the Company chose rather that its members should receive a good per centage than that its licentiates should be efficiently protected.

When it was discovered that quacks might be punished as committing a misdemeanour, the profession imagined that little difficulty would be experienced in bringing them to justice. It was most unfortunate for the society's popularity that ever this was ascertained; for it would have been sheltered under the excuse which was long put forth—the expense and difficulty of prosecution. Now, however, this cannot be pleaded, cases having occurred in which licentiates have engaged to bear a portion of the expense, if the society would undertake to carry out the law. This has been ungenerously refused, and, as a natural consequence, the "penal clause" is of no benefit to the licentiates. At the present time, in London, there are numbers practising without the fear of the Company before their eyes; and in the provinces the most illiterate beings assume the functions of the medical practitioner without danger of molestation. Mr. Ridout acknowledges that *qui tam* prosecutions have not been instituted in any number, and yet representations are being continually made to the society of cases where the act is violated so palpably that convictions could certainly be obtained. The profession will not believe that the society is so poor till a debtor and a creditor account is published. This ought forthwith to be done, and we are sure that, if it should be found that the income derived from the sale of licences is inadequate to the prosecution of all quacks, a voluntary fund will be raised to meet the expenses.

Looking back upon the history of the society, we are compelled to say that it has done much to advance the best interests of the profession. Among the medical corporations it is one of the best; yet we fear that, when it shall have resigned its present functions as a licensing body, its good deeds will be forgotten, while its sins will be remembered—so true is it that,

> "While the good is oft interred with our bones,
> The evil that men (corporations?) do lives after them."

THE EPIDEMIC SCARLATINA.

The Registrar-General's report of this week contains a return of one hundred and forty-four deaths from scarlet fever; one hundred and forty of which occurred in children under fifteen years of age. For some weeks past this disease has not only been epidemic in the metropolis, but also in the provinces; and it is a remarkable circumstance that adults, who have been previously affected with it, have suffered considerably from

malignant sore throat, attended with an affection of the skin closely resembling scarlet fever.

It is stated by most dermatologists that this affection attacks an individual but once during life, yet cases are continually occurring which compel us to acknowledge there are many exceptions to the rule. Observations seem to corroborate the assertion, that malignant tonsillitis, attended with an eruption of the skin, and scarlet fever, are merely modifications of the same disease; and men who have had opportunities of extensively studying the present epidemic are of this opinion.

In the inflammatory sore throats of adults now prevailing, the membrane covering the tonsils appears first to be affected; and soon after the disease commences small ulcers appear, which extend over the fauces, the glottis, and pharynx. The affection is generally attended with fever of a typhoid character, with occasional delirium, and the skin puts on its usual appearance in scarlet fever. The disease has proved fatal to some adults, but it is upon children it appears to exercise its most malignant influence.

THE MEDICAL PROTECTION SOCIETY.

[To the Editor of the Medical Times.]

Sir,—It has long appeared to me very desirable, for the advantage of medical men, to establish a society whose special business should embrace all those interests of the profession which are separate from its art and science. The extensive part of such an undertaking, placed on a sound footing, which would collect many of the debts due to members, should not be held in low estimation.

No class of men do so much work for nothing, or find so many bad debts where they had expected to receive a just requital, as general practitioners; no class of gentlemen, having toiled through life, leave their widows and children more destitute.

It was a saying of the late Mr. Burton Brown, who made a creditable fortune by practice, always carried an abstract of his ledger in his pocket or carriage, gained and retained the confidence and regard of his patients, was raised to the bench of magistrates, &c. &c.,—"We do not blend enough the mercantile with the professional."

In early life—decoyed by the bubble reputation, earnest in the pursuit of knowledge and learning, enamoured, too, with the high usefulness and dignity of art and science—all except the grovelling are apt to value below par mere matters of pounds and pence. Yet how many, neglecting the mercantile, have rashly made shipwreck of "honour, happiness, and fair renown," each of which might have been secured had more pains been taken to reap the honest earnings for professional skill and labour.

On my receiving the first address and prospectus of the "Medical Protection Society," these feelings were strongly reawoke, and I now feel it a duty to address my *confrères* through the kingdom respecting this office, lately opened and advanced with considerable claims to public notice and confidence.

It is true, Sir, that "good wine needs no bush," yet, as a traveller, I have found it well to gain information of those who have gone the road, and a wrinkle or word of counsel from an observant fellow-passenger has often had more influence in leading to comfortable quarters than the puffs of a "touter," or the loud voice of a rival, greedy of gain or fearful of loss.

Approving of the outline of the "new project," I looked with interest to see names associated with it which might give a confidence to the public beyond the consequence inseparable from the scope and utility of the plan. I found this in Mr. Propert and others, and became a subscriber. The subsequent movement taken by the office relating to the position of the union surgeons (more zealous, perhaps, than discreet, as the subject was already under the care of the Hanover-square Convention, who are in communication with the President of the Poor-law Board and the Home-office) furnished at least a fresh point of interest to me, which was rather increased than lessened by the cowardice of an anonymous letter to Mr. Propert, disparaging the new project. On many accounts it is to be wished that the venerable Mr. Pennington had not hesitated, on account of his advanced life, to be the co-trustee with Mr. Propert; new names must be sought that the trustees and committee, as a body, may be stronger in numbers and beyond suspicion.

Brave men, with good intentions, satisfied of the practicability and usefulness of an object, are neither ashamed nor surprised to stand alone for a time in advocating a beneficial though novel measure; "fair-weather birds" cautiously keep aloof till a degree of success has crowned the undertaking, and then sometimes they encumber it with help, unless, through supineness or timidity, they have allowed the golden opportunity of doing good to pass, and the plan fail through lack of timely succour.

There can be no doubt of the importance of aiming to suppress all illegal practice. Many gross quackeries, such as patent medicines, are unhappily sanctioned "by law." Yet those who issue, puff, or vend these articles are, in my eye, "honest knaves" compared with the impudent, pretending, unqualified practitioners, who, sailing under false colours, laugh at the profession which they insult, at the public which they deceive and injure, at the law which they outrage with impunity. Prosecutions against these defaulters are too expensive or troublesome for individuals to undertake. Though the cost and process are now reduced and made more summary, the Apothecaries' Company does not act; hence this branch of the Medical Protection-office may be particularly useful and consolatory to the injured feelings of those gentlemen who live under the conviction that they suffer unjustly through the neglect of the company authorized by Parliament to defend them.

The mode in which the few business transactions in which the office has acted for me has been conducted has impressed me favourably regarding the address, vigilance, and even courteous delicacy with which the interests of medical men are treated. This fact must be of vital importance to the social feelings as well as the *status* of those gentlemen who are more or less pained to press for money, being familiar generally with the domestic and pecuniary affairs of their patients, many of whom, however, are often deficient in gratitude and moral principle, more than even in money itself.

The highest abstract excellence, the formation and distribution of the benevolent fund, at which the office aims may be the most difficult to attain to. The profession must be prosperous, confiding, disinterested in an eminent degree, before this can thrive. The existence of a similar fund attached to the Provincial Medical and Surgical Association (adorned by Mr. Newman, its treasurer and secretary) need not hamper its operations, nor lead to rival interest. The field is capacious enough; the metropolitan one is particularly unoccupied. While wants are wide-spread, the assuagement should be equally so; in matters of diffusive benevolence, two parties, like twin brothers, may live side by side, "prospering and to prosper."

As an agency establishment in all its multifarious ramifications, this office appears qualified to take a high position. The boldness of its design, the magnitude of its operations, and the character of even its subordinate officers, with whom I have come in contact, speak much in behalf of the judgment, liberality, and enterprise shown by the originators of this scheme.

But, Sir, I have nearly fallen into the error of puffing an institution, to the objects or principles of which I mainly wish to draw attention, being chiefly solicitous for the plan of co-operative efforts, on which some such society should be based.

The one in question promises to accomplish much by this, and I cannot doubt its meeting with much concurrence and ultimate success if it continue to embody in its operations the spirit of the motto, "Faites bien, et laissez dire;" should this be departed from, I must feel it right again to intrude upon your columns.

I have the honour to be, Sir, your very obedient servant,

Hampstead, Sept. 5. Charles F. J. Lord.

POOR-LAW MEDICAL APPOINTMENTS.

[To the Editor of the Medical Times.]

Sir,—In your number for August 26 you say, in reference to poor-law medical appointments, "It is really humiliating to think that members of our profession are placed below, comparatively, uneducated individuals in poor-law unions." In the name of goodness, what are unfortunate guardians to do? They want a medical man (Heaven bless the name); they advertise for him; they tell him what he is to be paid; and, on a day named, they are inundated with acceptances. Now, wherein are guardians to blame? I really cannot see. I think you falsely accuse them; they have not "placed" the members of your profession as you state. How are they to judge the value of medical labour but from medicals themselves? Why should they (from public funds) offer £100 a year to do work that the profession are fighting to be allowed to do for £20? You complain of their offering, but I complain of the profession accepting. The profession itself has done and is doing it; they have placed themselves in the position they hold.

The profession has the power within itself to help itself, but it wants unanimity to do so; and, until that delicate exotic takes root, your preaching is as idle words, vain.

We hear much of medical reform as a specific to raise the profession. No doubt, as the porter at the gate, it may be of use; but unless we reform ourselves, raise ourselves from the position we have reduced ourselves to, shake off the garment of moral filth that surrounds us, no legislative reform can do it. Alas! what a hopeless case is ours! All gloom.

Yours, truly,

An Irish M.D.

JAMES BIRD, ESQ., ON MEDICAL REFORM.

(Continued from p. 280.)

What was the number of those to whom the circular was sent?—Between 4000 and 5000; the circular went round to every member of the association at the time being.

And of those, from 2000 to 3000 returned answers?—Yes.

Is there anything in that circular or schedule which denoted to the party to whom it was addressed, that it had reference to the establishment of a college of general practitioners?—There was, and on the 20th of March a paper of transactions, proposing a college of general practitioners, was circulated to every member of the association.

That was one month previously to issuing the circular and schedule?—I believe it was one month previous, but it was a large number to get out; the meeting took place on the 14th; the getting the transactions into print, and forwarding them to between 4000 and 5000 persons, took up a considerable length of time.

Did not you find subsequently, from explanations which were given by some of your correspondents, that they had returned answers, under the impression that it was with reference to the reconstitution or reconstituting the council of the existing College of Surgeons, and not the establishing of a new council in the College of General Practitioners?—There were some, but very few. The answer was given before, that several members of the National Association were not members of the College of Surgeons; and, as this was an association comprising persons under various qualifications, its efforts could not be directed to the special object of opening the door of the College of Surgeons to all the members of the association.

Did the members of the College of Surgeons, in their communications with the secretaries of the National Association, express an opinion, and a strong opinion, that they had been injured by the provisions of the new charter which had been granted to the College of Surgeons?—They did in many instances.

Did they express themselves strongly as aggrieved persons?—Very much so, many of them.

In what way do you consider that those gentlemen would be relieved from the grievance which pressed upon them by the establishment of that charter, and by the institution of the College of General Practitioners, admitting them as members of that college?—I do not consider that the establishment of a new college in the slightest degree interferes with the position of the members of the College of Surgeons as respects the College of Surgeons. It leaves the question of grievance, as respects the members of the College of Surgeons, an open question, to be adjusted between themselves and the College of Surgeons. It was considered that the National Association, as an association, could do no more

than remonstrate with the College of Surgeons, on behalf of those persons who were members of the College of Surgeons, and who were also members of the association, but that in its collective capacity it had no right to make a demand upon the College of Surgeons on behalf of the whole.

Is it your design that the committee should understand, that by the institution of a College of General Practitioners you lay the ground for embracing, in the first instance, all persons who are qualified to practise in any department of medicine in this country?—Precisely, from the commencement.

And that with a view to subsequent registration?—And that with a view to subsequent registration.

Supposing that an arrangement could be made with the College of Surgeons, would there be any difficulty in carrying the same object into effect in that institution?—The council of the National Institute and the committee of the National Association have never had any other object in view than to promote a satisfactory settlement of this complicated question. The petition for a charter of incorporation for the general practitioners arises from a conviction that it is not practicable, in their opinion, to make the College of Surgeons the kind of institution that the requirements of the general practitioners demand at the present time. I wish also to state that I have an analysis of the members of the National Institute. The total number of provincial members of the Institute are 865; out of that number there are 530 members of the Royal College of Surgeons of England. The total number of metropolitan members are 485; of members of the College of Surgeons of England, 336; total metropolitan and provincial, 1350; total members of the College of Surgeons, 866.

Have those gentlemen all paid up their subscriptions?—The greater part of them.

Can you state how many?—Between 800 and 900.

Are you aware whether, of the provincial members, there are any of them belonging to the institutions of Scotland or Ireland?—There are a great many from the College of Surgeons in Edinburgh; there are likewise a number of graduates of the University of Edinburgh.

You have not the exact data?—I have not; I understood the point upon which I was to be examined was the number of the members of the College of Surgeons particularly.

That was in reference to a question asked by me, or by the honourable member for the University of Dublin, as to what Scotch or Irish medical gentlemen were connected with the Institute, being unconnected with the English schools or universities?—I could get even that; I apprehend that there are very few of the Scotch and Irish graduates, or of the members of the Scotch College of Surgeons of Edinburgh, who have got also a diploma of the Royal College of Surgeons of England, consequently taking 866 from 1350, would leave 484; that 484 would form licentiates of the Society of Apothecaries and Scotch and Irish graduates; there would be 484 to be divided amongst other parties.

Have you any idea of the proportion in which they are divided?—No; there are a great number of Scotch and Irish practitioners, out of those 484, who are practising in England; I cannot exactly say the number, but they are connected, of course, with the Institute. When I stated that not many Scotch or Irish graduates were connected with the Institute, I meant of those who were practising in Ireland or practising in Scotland; we have not many who are practising in that part of the country, but of those practising in England and Wales there is a very fair proportion.

That is to say, that the number of Scotch or Irish gentlemen connected with the Institute would hardly be considered as representing any opinion or feeling in either Scotland or Ireland, with regard to matters connected with the National Institute?—Certainly not.

There are now between 900 and 1000 who pay their annual contributions to the Institute?—Certainly.

You say there are 485 who are not members of the College of Surgeons?—Yes, there are; I do not mean out of the 1000, but out of the 1350.

You assume that of the total number you have mentioned of 1350, about one-third would be gentlemen holding the licence of the Apothecaries' Society and Scotch and Irish qualifications, they not being members of the College of Surgeons of England?—Exactly.

Do you know the total number of members of the College of Surgeons of England?—I really do not know, but there are a great many.

12,000 or 13,000?—There are a number of opinions upon the subject; they differ some thousands in the calculation by some persons.

Have you seen a number registered to the amount of 12,000 or 13,000?—Yes.

It is supposed that some of them are dead, is it not?—It is.

I think you said that there were some complaints made in answer to communications made by you respecting the College of Surgeons?—Yes.

What was the nature of those complaints?—They felt themselves aggrieved by the institution of the fellowship; they stated their grievances in a number of communications to the public journals, but to ourselves they stated that they felt themselves degraded by the institution of the fellowship.

Those were members of the College of Surgeons?—Yes, not fellows.

On that account did they decline to co-operate with you in your object?—A large number of the members of the College of Surgeons declined to co-operate with us in the application for a new charter of incorporation of general practitioners.

Their object being to be admitted as fellows of the College of Surgeons?—Their object being to be admitted fellows, I apprehend, or at least to get the council of the College of Surgeons further liberalized.

Did they consider that to be an object that ought to be promoted by your body?—They did; they considered that that was an object that ought to have been pursued by the National Association; it was explained that the general practitioners of this country were not all members of the College of Surgeons, and that our object was to provide a remedy for illegal practice by qualified men; that is a definition of the position of many practitioners in this country at the present moment; they are practising contrary to the act of Parliament, though they are not practising without a professional qualification, and the National Association felt the difficulty that there was no possibility of dealing with that large body of persons practising on professional qualifications, but still practising contrary to the act of 1815.

As not being sanctioned by the Society of Apothecaries?—Precisely.

Practising really as apothecaries, being members of the College of Surgeons, but having no sanction from the Society of Apothecaries?—Precisely.

What was the reason why you declined to pursue that object as desired by those parties, with respect to the College of Surgeons?—Because we were a mixed body, and we felt that it would still leave a large body of the practitioners in an anomalous position; that, in point of fact, whether the differences were settled between the council of the College of Surgeons and its members, or not, the position of those practitioners who were not members of the College of Surgeons would be precisely the same.

You do not consider that the diploma of the College of Surgeons in itself comprehended a sufficient qualification for a general practitioner?—We do not, neither in law nor in fact.

So that you consider it to be necessary that there should be a separate institution of general practitioners?—I think so; the general practitioners of this country believe that the high amount of professional qualification which they have attained up to the present time has arisen from the fact that they have had an uncontrolled power over their own curriculum of study, and that it has not been interfered with by the College of Physicians or the College of Surgeons; that it has been quite in their own power to raise the standard of qualification as high as the progress of science permitted; under the Apothecaries' Act this has been done, and it has consequently raised the position of the general practitioner up to its present standard. The original bill of Sir James Graham contemplated the abrogation of those functions, and placed the power of licensing and of framing the curriculum of study, and of testing, by examination, all future persons engaged in general practice, under the control of the College of Physicians and Surgeons; they felt that the position of the general practitioners would be a very dependent one, if it was left to the College of Physicians and the College of Surgeons to frame a curriculum for them, and to give them no more qualification than they thought proper.

They felt that the danger would be that there would be a disposition to keep them in an inferior position?—Precisely.

Did your plan contemplate a council similar to that which the Principles laid down?—Sir James Graham's plan comprehended a council; but at the original formation of it the council was not to contain any representatives of the general practitioners.

Then the examinations were to be under the control and regulation of the other colleges?—The other colleges and the universities. Another reason actuated the National Institute in advocating the necessity of a new incorporation for the general practitioners, which is this, that every attempt at medical legislation, no matter by whom attempted, either by individual members or by the Government, has hitherto failed, as we believe most conscientiously, from the fact that there is no ostensible body to represent the interests of the mass of the profession. They derive their qualifications from two sources: they derive their legal title to practise from the Society of Apothecaries, and they derive the title by which they hold surgical appointments in different parts of the country from the College of Surgeons. It is necessary that they should have obtained the diploma of the College of Surgeons to enable them to hold certain public offices, which it is essential for medical men to hold. Now, neither the College of Surgeons nor the College of Physicians has any sympathy with the general practitioners; the interests of that body have at all times been placed in abeyance, and for want of a recognised position they have hitherto been disregarded in all communications with the Government; the council of the College of Surgeons were a perfectly irresponsible council, and the members of the profession felt that they did not participate to the extent that was either desirable on public grounds, or on private grounds, in the affairs of the college. Discontent arrived at its climax when the fellowship was granted, and it then became very great indeed. The Society of Apothecaries has no other connection with the general practitioners than that it grants them a licence to practise; they are not thereby made members of the Society of Apothecaries, as a corporation, and they are not eligible for any official situations or appointments under the Society of Apothecaries; when once they have received their licence, the society has done with them. Now, whenever any medical question, or any question affecting the public health, is brought before the Legislature, there is no body, no head, to represent the interests of nine-tenths of the profession, and the consequence is, that individual opinions are constantly sent in. They are obliged to depend upon individual opinions, or to get up associations similar to the National Association, for the purpose of making themselves heard; upon these grounds the council have all along imagined that there would be great advantage in the establishment of a new institution, that shall comprise within its own fold, as it were, all

those gentlemen who are engaged in general practice throughout the country, offering those who are possessed of any qualification, whether a Scotch qualification, or an Irish qualification, or an English qualification, an indemnity for the past, on the condition that the college shall have the unfettered right and privilege of framing its own curriculum, and testing, by examination, all future candidates for general practice, not in medicine alone, not in surgery alone, not in midwifery alone, or pharmacy alone, but in all those branches that are essential to constitute an efficient general practitioner, as an equivalent for the indemnity that is offered to those who are now practising without possessing the full legal qualification.

You think it is desirable that they should be at liberty to raise the credit and character of the branch of the profession to which they belong as high as it is capable of being raised?—Precisely. Then the neeessity for going to the College of Surgeons for a surgical diploma is this, that the title of surgeon is essential as a special title for all general practitioners, and, as no government will consent to the formation of a second college of surgeons that should grant a special title in surgery, it is essentially necessary that the membership of the College of Surgeons should be obtained, as well as the membership of the College of General Practitioners. There are other advantages in the double qualification, which are these, that by being a member of the College of Surgeons that splendid museum and most valuable library would be still open to all the members engaged in general practice.

Do you see no diffieulty in the double qualification as a surgeon and as a general practitioner?—Not in the least.

Referring to clause 4 of those Principles, by which it is made requisite for every person who obtains a diploma as a surgeon also to beeome a member of the College of General Practitioners, and that every qualified member of the College of General Praetitioners must also be a qualified member of the College of Surgeons, do you see any necessity, under those circumstances, for maintaining two separate institutions, the members of both institutions being required to be qualified in the same manner?—They could not be all qualified in the same manner except by a complete and thorough alteration in the charter of the College of Surgeons. The College of Surgeons, under its present charter, has no power to examine in medicine, which constitutes a very large portion of the practice of the surgeons in this country.

I am speaking as to the proposed reform of the general system, which, I understand, is contemplated by the Principles. Why would it be necessary, in making any such improvement of the general system, to keep up two institutions, the members of those two institutions being required by clause 4 to be qualified in a perfectly similar manner?—Without the double institutions, I cannot conceive how the arrangement could be carried out, unless it was rendered unnecessary that the general practitioner should go to the College of Surgeons. I do not know whether I understand the question perfectly.

If the members for each institution be required to be qualified preeisely in the same manner, they must go through the same course of education; and, therefore, that course of education might be provided by one institution, embodying the two elements of education as effectually, or more effectually, than by maintaining all the privileges and all the various formalities of two institutions, the object of each being ultimately to effect the very same thing?—I have no hesitation whatever in saying that, if the College of Surgeons could be made a College of General Practitioners, then it would be perfectly satisfactory to the body that I have been acting with. We have never contemplated the formation of a new institution except under the impression that it was impossible to make the College of Surgeons the kind of institution that the general practitioners required.

Have the council of the College of Surgeons shown any decided repugnance to come to any arrangement of that kind?—Every aet of the council of the College of Surgeons has tended to make it a college of a special character.

Do not you think it desirable, upon general grounds, to maintain a distinction between the two branches of practice, surgery and medicine?—I do.

For the interests of science?—For the interests of science.

(To be continued.)

THE CHOLERA.

An alleged remedy against the cholera has been communicated to the Board of Health by an officer of rank long resident in India:—

Ingredients.—Assafœtida, opium, black pepper pulverized. These ingredients, more or less pure, will be found in every town and village.

The dose for an adult is from a grain and a half to two grains of each, made into a pill.(a)

The medicine should be made up into pills of one dose each, and kept for use in a phial well closed, as it is of great importance to check the disease the instant of its attack.

The best mode of administering the pill is not by swallowing it whole, lest it be rejected in that state, but by chewing it and swallowing it with the moisture of the mouth, and a very little brandy-and-water to wash it down. The next best way of administering the medicine is by bruising the pill in a spoonful of brandy-and-water, and then swallowing it.

Much liquid must not be given; but to relieve the thirst, which is great, brandy-and-water by spoonfuls occasionally, is the best mode.

The dose should be repeated every half or three-quarters of an hour, according to the urgency of the symptoms, until they have been subdued. From three to five doses have generally been sufficient for this, although as many as eight have been given before health has been restored in bad cases.

Should great prostration of strength prevail, with spasm or without spasm, after the other symptoms (vomiting, purging, &c.) have been subdued, the medicine must not be wholly left off, but given in half or quarter doses so as to keep up the strength and restore the pulse.

Friction, with stimulating liniment of some kind, ought to be applied carefully to the stomach, abdomen, and legs and arms; and when pain in the stomach has been severe, and there was reason to fear congestion of the liver, eight or ten grains of calomel have been given with good effect.

In cases of collapse and great prostration of strength the application of the tourniquet to the arms and legs has been recommended, in order, as it were, to husband the vital power by limiting the extent of the circulation. This may be tried, using a ligature of tape or other substance, if the tourniquet be not available.

The favourable symptoms of recovery are restoration of the pulse, returning warmth of the body, and sleep; and after being refreshed by sleep, the recovery being complete, a dose of castor oil may be given.

GOSSIP OF THE WEEK.

King's College New Hospital.—The committee of King's College have purchased a piece of ground in Carey-street, and intend erecting a new hospital on it.

Appointment.—Dr. Alexander M'Kechnie, surgeon and medical storekeeper of the Royal Hospital at Haslar, it is expected will be appointed Deputy Medical Inspector of the Naval Hospital at Malta, vice Watt, deceased.

Resignation.—Dr. Sandiford, of Passage West, county of Cork, has resigned the medical appointment which he held in connection with the Ballyvourney Dispensary.

Domestic Drugging.—The mother of Dorothy Hume, an infant, intending to drug it the other day, with "Godfrey's cordial," got hold of her laudanum bottle by mistake, and administered a dose which did its work more quickly than the "cordial." The child died on the following day, An inquest being held by T. C. Maynard, Esq., a verdict was returned of "Poisoned by accident."

The Vegetarian Society.—There is a society in existence under this title, the members of which abstain from eating meat and drinking intoxicating beverages. The annual meeting was celebrated a short time since by a public dinner at Manchester, and 232 persons (many of whom had been abstainers from animal food for periods varying from twenty to forty years) sat down; Mr. Joseph Brotherton, M.P., was in the chair. The following is an account of the courses served up:—First course—Large savoury omelet, vegetables, rice fritters, vegetables, beetroot; onion and sage fritters, vegetables, savoury pie; mushroom pie, vegetables, bread and parsley fritters, beetroot, vegetables, force-meat fritters, vegetables, large macaroni omelet: water the only beverage. Second course—Plum pudding, moulded rice, almonds and raisins, cheesecakes, figs; custards, grapes, flummery; sponge cakes, flummery, gooseberries, creams, nuts, cheesecakes, red and white currants, moulded sago, fruit tarts; water the only beverage.

Collecting the Sewer Water.—On Saturday a barge of peculiar construction, fitted with enormous tanks and a powerful steam-engine pumping apparatus, was moored by the London Sewerage Manure Company on the north bank of the Thames, near the foot of Hungerford-bridge, and immediately contiguous to the great sewer that here discharges itself into the river. At low water the people on board commenced pumping the sewer water into the tanks, capable of holding about fifty tons, which was filled with this hitherto considered refuse before the tide flowed. This water possesses greater irrigating power than more solid manure, and is said to be worth to the agriculturists from £8 to £12 the ton.

Guano as a Medicinal Agent.—Dr. Vincenzo Gonzales states that guano, either in the form of baths, frictions, or decoction, is in New Grenada successfully used against lepra. The patient is first given an ounce of guano in a quart of barley-water, taking care to mix well. The next day he has a bath at the ordinary temperature, to which are added ten ounces of guano in fine powder. The patient then is put in a warm bed, and an hour afterwards frictions with guano ointment are made. On the day when the bath and the frictions are used, no guano is taken internally, and *vice versâ*. The patients sleep on mattresses stuffed with guano.

Protection from Burns by Fire.—Mr. Crompton, of Manchester, brought before the last meeting of the Provincial Medical Association a discovery of Dr. Smith for rendering articles of clothing, &c., insuseeptible of taking fire. He stated that all that was neeessary was to immerse the article to be protected into a solution, the nature of which had not yet been made known to him. Specimens of lace, printed muslin, paper, hay, wood, and other combustible materials so prepared, were exposed to the action of flame. They were severally charred, but neither took fire, nor was their texture destroyed. Specimens of the same articles which had not been immersed in the solution were at the same time submitted to comparative trial, taking fire readily. The appearance of the several articles was in nowise altered by the action of the solution.

State of Whitechapel.—On Thursday an inquest was held before Mr. Baker, at the London Hospital, on J. Barber, aged thirteen, who resided with his parents at 17, Peter-street, Whitechapel. On the 24th of July, Mr. Brown, inspector of nuisances, received a communication from the mother of the deceased that the back

(a) This, according as the ingredients are pure or otherwise. If pure, $1\frac{1}{2}$ grain will suffice.

kitchen was full of foul water. He informed the churchwardens, who directed Mr. Liddle, medical officer, to examine the place. He certified to the house being unfit for habitation in consequence of the drain from the adjoining house passing its contents into the kitchen. He (Brown) took out summonses against the proprietor. On Tuesday week, Mr. Ball, surgeon, was called to attend the deceased, whom he found in a state of fever, which, in his opinion, arose from the impure state of the atmosphere.—Verdict: "That the deceased died from fever, caused by a nauseous effluvium from a privy draining into the back part of a house in which he resided; and the jury strenuously recommend that prompt and speedy measures be adopted by the parochial authorities of Whitechapel for the abatement of the nuisance, to prevent further mischief."

THE CHOLERA.—Letters from the frontiers of Galicia state that the cholera has appeared with such violence in the Government of Lublin, in Poland, that in the small town of Krasnystaw alone more than 400 persons died. The malady declared itself after the arrival of some regiments of Cossacks, of whom a considerable number were the first victims. It appears from letters received from St. Petersburg to the 31st ult. that the ravages of the cholera are drawing to a close in that city. On the 27th of August there were but 36 new cases and 18 deaths, and on the 28th only 22 new cases and 6 deaths. There remained but 370 patients suffering under that dreadful malady. At Moscow, likewise, the cholera appears to be about to expire. On the 17th and 18th ult. 58 new cases had appeared, and 24 deaths. There remained 379 under cure. At Riga 220 new cases were declared between the 19th and 22nd ult., and 68 deaths. At Helsingfors, the capital of the grand duchy of Finland, the cholera had attacked 48 persons, of whom 27 had died. The latest accounts of the cholera at Constantinople show that it was sensibly declining. At Trebizond the disease had also greatly declined. At Smyrna it was raging with violence, and for some time had carried off 50 or 60 victims a day. More than 30,000 persons had quitted the city, which presented a most desolate appearance. At Salonica and Aleppo the disease was raging with violence. In Greece, in consequence of its approach, the lazaret of Skiathos had been closed till new orders, and that of Spezzia closed against all arrival from infected places. The disease, however, had broken out at Skiathos, and carried off 21 persons. The Government and sanitary committee of Athens had ordered measures to be taken to prevent the spread of the frightful malady.

CITY OF LONDON SEWERS ACT.—The passing of this act will call for the appointment of a medical officer of health; and we learn that Dr. Letheby, the learned lecturer on chemistry &c., at the London Hospital, is a candidate for the office. The well-known talents of Dr. Letheby render him peculiarly fitted for it.

QUACKS IN LONDON.—There are five of this fraternity in the metropolis, preying by wholesale on the public purse, whose joint estates cannot be less than a million sterling.

LONDON HOSPITAL.—At the quarterly general court of the governors, held on Wednesday afternoon, at the hospital, Whitechapel-road, the following statement was submitted:—In-patients discharged during the quarter, 1060—of whom 550 have been cured, 441 relieved, and 69 died. There are 335 in-patients now in the house, and the number of out-patients entered on the books is 2362. The receipts of this extensive charity, which is supported by voluntary contributions, have not, as in other institutions of a like nature, been diminished by the pressure of the times.

CLOSING SURGEONS' SHOPS ON SUNDAYS.—On Sunday 150 surgeons and chemists residing in that district of the metropolis between Bishopsgate-street and Hackney closed their shops from eleven in the morning till six in the evening, and no cases except of urgent necessity were attended to during the interval.

MORTALITY TABLE.

For the Week ending Saturday, Sept. 9, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	1020	972
SPECIFIED CAUSES...	1018	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	418	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	31	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	102	120
Diseases of the Lungs, and of the other Organs of Respiration	86	80
Diseases of the Heart and Blood-vessels.....	32	28
Diseases of the Stomach, Liver, and other organs of Digestion	55	79
Diseases of the Kidneys, &c.	12	8
Childbirth, Diseases of the Uterus, &c.	11	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	9	7
Diseases of the Skin, Cellular Tissue, &c.	7	1
Old Age	34	50
Violence, Privation, Cold, and Intemperance.....	22	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of ROBERT PALMER.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

TO CORRESPONDENTS.

ERRATA.—In Dr. Waller's paper "On Placenta Prævia," page 305, column 2, ninth line from the bottom, for "and" read *as;* fifth line from the bottom, insert the word *it* after "record."

"D. E. F."—The subject of emigration is one which requires much consideration. In South Australia it is said that the people require more cooks than doctors.

"Dr. J. W. Tripe, Commercial-road."—The paper on Scarlatina will appear next week.

"Mr. A. Markwick, Langham-place."—Communication received, which shall be early inserted.

"Mr. Gilbert Duncanson, Glasgow."—A private communication shall be forwarded during the week.

"Mr. Herapath's" communication shall appear next week.

"Mr. Sam. Breadon."—"Case of Fracture of Base of the Skull" received.

"M. D., Cheltenham."—An answer was sent by post last week.

"Beta."—The subject will again be discussed at an early opportunity.

"A University College Student" "On the best Method of Feathering a Nest" received.

"Custos."—The Provincial Association alone has funds for such an institution.

"Patriot" must write legibly before we can promise to insert his communication.

"Studens."—The school is respectable. It is not exactly the place, but the student—not the price, but the studies.

"A Hebdomodal Reader."—The qualification being one sanctioned by the Legislature, a prosecution would not be advisable.

"A Young Surgeon."—The apparatus is defective. Any London philosophical instrument-maker will furnish a suitable apparatus at a moderate price.

"Galen."—The diploma of the Faculty of Physicians and Surgeons of Glasgow is received by the Board of Directors of the East India Company.

"Presbyter."—The fee for a diploma of master in surgery, Glasgow, is £10. 10s.; for doctor of medicine, £25. 3s.

"A Licentiate."—We cannot state exactly the amount of the Society's income, or the number of prosecutions instituted against quacks. Our correspondent should apply to Mr. Blatch.

"Juba."—We cannot publish the "strictures" without our correspondent forwarding to us his name and address.

"F. R. S."—A more satisfactory letter is necessary to remove our doubts.

"A General Practitioner."—Yes; matico and senna, in the proportion of two drachms each, infused in a pint of boiling water; a wineglassful to be administered frequently.

"Toxicologist."—The insoluble salts of arsenic, after remaining a certain time in the stomach, are absorbed. As the hydrate of sesquioxide of iron resists for the longest time the dissolving action of the gastric fluids, it is considered the best antidote.

"A Druggist."—A person not duly qualified, who visits and prescribes for patients, is liable to a prosecution.

"An Old Reformer."—It is not yet certain.

"Dr. Gill."—Probably in a month.

"Electron."—The Polytechnic Institution.

"A Sailor."—Consult a qualified medical practitioner.

"Candidatus."—The board should be memorialized, as there is probably an oversight.

"B."—Ung. hyd. fort. will destroy the pediculi.

"A Navy Surgeon, Portsmouth," is thanked for his communication.

"Truth-seeker."—In chronic albuminuria it varies in different cases, and in the same individuals at different periods of the disease.

"Anglican."—Foreign medical men can still practise in France under certain regulations.

"Amicus Certus."—Communication received, and the suggestion will be attended to.

"L. L. D., London."—Our correspondent has proposed a question which we cannot answer.

"A Five Years' Subscriber."—We cannot recommend any particular manual on the subject referred to.

"A Subscriber and Friend."—We know of no situation in or near the metropolis where a young medical man of persevering habits is likely to obtain a practice.

"Mr. H. H. Pyke, Verulam-chambers, Lincoln's-inn," remarks, in reference to quacks, that "the ignorant quack is the social horseleech, feeding on professional repute and public credulity—ever sucking, never satisfied."

"Mr. H. Hastings, Stokenchurch, Oxon."—Paper "On a Singular Case of Hysteria and Catalepsy" received.

"Mr. Charles Hockin, Duke-street, Manchester-square," "On a Test for Cod-liver Oil," received.

"Mr. J. Lilwell, Knightsbridge."—Communication received.

"Alpha."—1. No. 2. We will see.

"Hippocrates."—Dr. Mason Good's work is certainly a valuable one.

"B. B. B."—Conia is both fluid and volatile. It is lighter than water, with a smell resembling hemlock. Few poisons are more energetic.

"N. L., a Subscriber."—We do not understand what particular examination is referred to.

"Erin."—A practitioner possessing a single diploma is entitled to give evidence in a court of justice.

"Mr. Stacey."—There is no certificate required to engage in the business of a chemist and druggist.

"Oscar."—We cannot insert the questions; they are left at the office.

"Medicus."—Yes.

"A Licentiate of the London College of Physicians."—The subject is not suited to our columns.

"Veritas."—We have repeatedly given our opinion respecting diplomas obtained by purchase. The trade is now annihilated.

"Chirurgus, Edin."—Not as an apothecary, but for work and labour done.

"Civis."—The new sanitary law has made some provision in reference to the graveyard nuisance. It does not, however, entirely meet the evil.

"Mr. F. Williamson." — We must have the whole papers before we can form a correct judgment.

"D. M." — There is no professor of military surgery in any of the London schools.

"Juvenis."—The insurance-office may be trusted.

"Magister."—The indentures are not binding after the pupil's majority.

"***."—The debt can be recovered in the county court.

"T. F., Islington."—Declined, with thanks.

"Seth." — The licentiates of the Apothecaries' Society are legally qualified medical practitioners.

"A Pupil."—The college examiners are incapable of testing the knowledge of candidates on the subject of medical jurisprudence.

"Stephanes."—The fee cannot be recovered; the magistrates having no power in the matter.

"O. D."—Communication received.

Letters and communications have also been received from D. E. F.; Dr. J. W. Tripe, Commercial-road; Mr. A. Markwick, Langham-place; Mr. Gilbert Duncanson, Glasgow; Mr. Herapath; Mr. Sam. Breadon; M. D., Cheltenham; Beta; A University College Student; Custos; Patriot; Studens; A Hebdomodal Reader; A Young Surgeon; Galen; Presbyter; A Licentiate; Juba; F. R. S.; A General Practitioner; Toxicologist; A Druggist; An Old Reformer; Dr. Gill; Electron; A Sailor; Candidatus; B.; A Navy Surgeon, Portsmouth; Truth-seeker; Anglican; Amicus Certus; L. L. D., London; A Subscriber and Friend; Mr. H. H. Pyke, Verulam-chambers, Lincoln's-inn; Mr. H. Hastings, Stokenchurch, Oxon; Mr. Charles Hockin, Duke-street, Manchester-square; Mr. J. Lilwell, Knightsbridge; Alpha; Hippocrates; B. B. B.; N. L., a Subscriber; Erin; Mr. Stacey; Oscar; Medicus; A Licentiate of the London College of Physicians; Veritas; Chirurgus, Edin.; Civis; Mr. F. Williamson; D. M.; Juvenis; Magister; ***; T. F., Islington; Seth; A Pupil; Stephanes; O. D.; A Five Years' Subscriber, &c. &c.

No. 469. **SUMMARY.** SEPT. 23.

ORIGINAL LECTURES—
Lectures on the Races of Men, by ROBERT KNOX, M.D. 331
A Course of Lectures on Surgery, by SAMUEL COOPER, Esq. 332

ORIGINAL CONTRIBUTIONS—
On Scarlatina, by J. W. TRIPE, M.D. 333
Case of General Anasarca, with Albuminous Urine, in an Infant ten weeks old, terminating fatally in four months and a half, communicated by WILLIAM BIRD HERAPATH, M.B. 335
Singular Case of Hysteria and Catalepsy, communicated by H. HASTINGS, Esq. 336

PROGRESS OF MEDICAL SCIENCE—
Academy of Sciences; Meeting of Sept. 2. 337
Anatomy of the Capillary Circulation, by M. Bourgery 337
Academy of Medicine; Meeting of Sept. 12. 337
Gunshot Wounds 337
Treatment of Lupus 337

MISCELLANEA 337

REVIEWS—
On the Nature and Treatment of Stomach and Renal Diseases, by William Prout, M.D. 338

LEADERS—
The Squabbles at University College 339
The University of London and its Graduates 340
Mammon and Murder—The Necessity of putting down Burial Clubs 340
The Progress of the Cholera 341
Meeting of the Council of the National Institute 342
Quackery Defined 342
Test for Cod-liver Oil 342
The Necessity of Medical Reform 342
James Bird, Esq., on Medical Reform 342
Births, Deaths, and Marriages 344
New Cure for Cholera 344
A Remover of Female Obstructions 344

GOSSIP OF THE WEEK 345
University of London 345
Sir Peter Laurie and Bethlem Hospital 345
Public Health Act 345
First Application to Government under the New Public Health Act 345
Legacies to the Westminster Hospital 345
Yellow Fever 345

MORTALITY TABLE 346

TO CORRESPONDENTS 346

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,
Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 316.)

THE CELTIC RACE OF MEN.

The alarm manifested so strongly by the various Governments of Europe, and more especially of England, on the first notice of the close of the Orleans dynasty was not altogether caused by the announcement of "another revolution in France;" another war of barricades; another struggle for power by a faction hostile to the existing one. This was not the sole cause of the alarm, let me rather say panic, which seized the grand class of *propriétaires* in England; the court, the gentry, the man of trade and commerce. It was the appearance of a new principle, a new element, at work in Europe; a principle subversive of the whole existing artificial order of things. This element was the principle of race, the antagonistic element in some sense of nationality; intensely stronger, and upsetting the artificial, or dragging it along with it, as circumstances may be; uncontrollable at times; ever acting; never extinct, though dormant for ages. "Let Germany be free by all means," say the English statesman and journalist, the intriguing Muscovite, the fickle, wavering, uncertain Celt. "Let Germany be free by all means," say the statesmen of these three races and powers, "*but not as a race.*" Precisely so. You dread them, then, as a race! As a native of Hanover, or a serf of Van Gotha, Cobourg, or Baden Baden, a slavish Viennese, or paltry Holsteiner, he is nobody. This you know well. Even as a loyal Pruss, living as a Prussian gentleman, once told me, under the *mild* Government of a *liberal despotism* (!), a serf of the iron despot of Potsdam, of the dynasty who first enslaved the body and next invented a fiendish system of education to destroy future generations,—even he, the Pruss, though courteously called by the weak English journalist one of the *five* great powers,—even he, on trial, was found wanting. Jena and Austerlitz, and a hundred other encounters with the warlike Celt, proved the absolute worthlessness of nations made up of different races of men.

What, then, is the history of that race who were so nearly in my own time masters of the world? from whom the empire of the globe was snatched by a mere accident? What is their physical and moral character, their strength, their geographical position, their civilization, that is, their literature, science, and art? what part have they played in human history? These are questions of great interest. I leave to others the task of tracing them to the great Teutonic family, as they are pleased to name some abstraction which never had a real existence; I leave to others the task of tracing the Celt to the Indo-Germanic stock, or to any other stock they may think fit; he is said to be of oriental origin; be it so; history, authentic history, notwithstanding, introduces him to our notice precisely where we find him now: in France, in Northern Spain, in Wales, in Western Ireland; in Caledonia, as distinct from Scotland; Gaul, modern France, was his head-quarters, the country of his birth; there he has resided for countless ages, and still resides. His history is the most eventful of all human histories, surpassing all in the grandeur of his exploits. Let us attend, then, first to it. The past and future condition of the other dominant races, namely, the Saxon, Sarmatian, Sclavonian, admit of delay; with the Celt it is *un cas d'urgence*. Paris—that word at which the despots of the earth tremble—Paris is now a fortified camp, filled not merely with well-armed soldiers, but with a population which require no training to become soldiers. What does the Celt aim at? What nations and what description of men compose the Celtic race? Geographical position, political independence, nationality.

It was in the summer of 1815 that I first became acquainted with the continental civilized Celtic man. A native myself of the lowlands of Scotland, a country occupied by a race chiefly of Saxon origin and descent, I had seen (how was it possible to avoid observing) that another and a widely different race of men also occupied the country of Scotland, located, however, chiefly in the north and west; Highlandmen, as they are called, from the mountainous country they inhabit. I had seen this race, then, in my native country, partly civilized, but still extensively barbarous; though dwelling in the same country, living under the same climate, governed in some measure by the same laws, they had remained distinct in "language, religion, and habits" from the lowland Scottish Saxon, with whom, no doubt, they had extensively intermingled by marriage, but never so completely as to obliterate the distinctive characters of hereditary descent—of race. Soon I learned—for, indeed, even a child might have noted how different their persons were in physical structure and mental faculties from their lowland Saxon neighbours—how perfectly antagonistic were their ideas in all things; how intense their contempt and dislike to each other. But it was not until a subsequent period, that is, in 1814 and 1815, that I learned to my great surprise that these plain and simple truths and facts were either unknown to or, when known, were purposely mystified by the popular English writers of the day; by the journalist, the trader, the scholar, and the statesman. Now, some years hence it will appear incredible that, so late as 1846 and 1847, English writers universally, with the exception, I think, of M'Cullogh, spoke of the two races of men in Scotland as one, designating the whole as Scotchmen; thus giving rise to a tissue of contradictions, error, falsehood, historical and political, which it would be difficult to match in the history of any race or nation. It was not enough to deny the most obvious distinctive characters between the two races, mental and corporeal; theories were got up to explain them. We have seen in a preceding lecture that a highly educated clergyman of the Church of England, an Oxonian and a scholar, was not in the least aware that two distinct races of men existed in Scotland and in Ireland; and he might have added in England too; for, had he visited Wales, the fact would not possibly have escaped him; and, with a solemn pedantry unequalled in ancient or modern times, a leading journal of the day, so late as 1846, despatched a special reporter to Ireland, who made the notable discovery that the acts of the Imperial Parliament, the solemn Act of Union, the mild sway of a liberal, beneficent, and royal Government, had not succeeded in converting all Irishmen into one race, reduced them to one mode of thought, one form of existence; that there were actually two races of men still there, despite the arrows of Strongbow, the sword of Cromwell, and her Gracious Majesty's well-trained constabulary police and military force!

All these monstrous errors, for they really seem so to the scientific man, originate in that contempt and dislike, or at least disregard, for physical truths, and their importance over the intellectual, which has ever characterized the merely literary man of all countries. The journalist to whom I have so often referred, and whose reporter made so notable a discovery in Ireland and Scotland, if I mistake not, referring lately to the attempt by Charles Stuart to drive out the Hanoverian Elector from England, speaks of the revolt of the Celtic race in Scotland as "a rebellion of Scotland" against England! If the mistake be not intentional, the amount of ignorance here displayed by the writer is inconceivable in any well-read person. The revolt of '45 was an inroad of a small portion of the Celtic race into England, to replace on the throne of the three kingdoms the descendant of a family allied to the race by birth and race, and whom they considered as the legitimate hereditary heir of the three crowns. No Scottishmen joined in the revolt: it was a rebellion of Scotland, but a revolt in Scotland of a race of men who were not Scottishmen at all.

I shall return to this very curious matter (for it really is so) afterwards, reminding the English journalist that a revolt of Scotland would be quite another affair than the skirmish of '45, although even that sufficiently tried the courage of Old England. The Scottish nation is Saxon, not Celtic; the remains of the Celtic race are fast leaving Scotland, and may soon cease to exist.

The illustrious Quetelet measured the qualities and abilities of the "abstract man;" let me endeavour to imitate him in describing the Celt; abstractedly as a man, barbarous or civilized; proceeding from this point we may then survey his nationalities, or forms of government, religion, civilization; the formulæ, governmental and religious, he follows; the formulæ he has adopted. At what period he was a Jew, or a

Mongolian, or a Caucasian, or a Negro, in the process of albinizing, I leave to others to determine. My object is to view the Celtic man, whether barbarous (as in Ireland and Scotland) or civilized (as in France), simply as we find him now, and as he has been during the authentic historic period. The antagonism of the Anglo-Saxon race in England, their natural and national antipathies, give to this inquiry a cast of personality; for nations represent but the collective prejudices and feelings of the individuals composing them.

In average stature the Celt is inferior to the Saxon; differently made; the limbs stronger and more muscular, strongly knit, and made for locomotion; his arms are not so powerful as the Saxon; his chest smaller; torso less fully developed. His hands are differently formed, and it has been asserted by Arpentigny that fingers with the terminating phalanges squared merely are much more common than the spatular-fingered men and women, who abound, no doubt, in England and in Holland.

As a race of men, the Celt, in bodily strength, is inferior to the Saxon, but individually, *cæteris paribus*, he is a stronger man. This was proved by Mr. Forbes. The sword is his natural instrument; in all quarrels he flies to it at once. The modern musket and bayonet, as a weapon of offence or defence, are too heavy for him; and hence his infantry, although excellent, never equalled the Saxon infantry, whether English, Dutch, German, or Swedish. The cavalry are admirable. The Celt is naturally brave, but not more so than other races of men; but he excels them all in his love of war. This love for military glory, for war and disorder, he mistakes for bravery and courage. When drilled and civilized he fights in column with great advantage, and his first charge is magnificent. There is nothing new in all this; the Celt always fought in masses, columns, or clans; it is precisely the same. Without a leader he is all but worthless, and is liable to panic. Under Napoleon he fought in column, and in this way performed exploits unequalled in the history of any race. The clans, composed of Celts, broke the best disciplined troops, in 1745, sword in hand, fighting in column, headed by their chiefs. The fields of Pinkie and Falkirk were carried in an incredibly short space of time in this way; Culloden was lost simply from there being no good officer on the field. Before another war the Celt should carefully re-examine the material of war, ascertaining the description of arms best suited to his rapidity of action and bravery of attack.

It is a curious circumstance, in regard to his form, that amongst the race the *athleta* very seldom appears. Strong and powerful men there are in abundance, but very few *athleta*. On the other hand, when, amongst the Saxon, the muscular and osseous systems predominate over the intellectual, the head and neck, the arms and chest, and the torso, generally assume a form known to artists by the name of *athleta*, and of which the Farnese Hercules is the type. Now, this development of the form is seldom found amongst the Celtic race; hence prize-fighters are almost unknown. The Celt, when pure, flies in almost all personal quarrels to the sword; the Saxon uses his arms and fists: each race, as they cordially hate each other, and most profoundly despise each other's qualities, is lavish in its abuse on this point: the boxing and bruising race are called by the men of the sword, brutal, beastly, and cowardly; the Saxon views in the Celt his too frequent appeal to the sword as proofs of a savage, bloody, and ferocious temper. In the meantime each race is merely acting agreeably to its own nature, carrying out the destinies of the race. I have often thought that the frequent mention of *athletæ* amongst the ancient Greeks, their boxing and prize-fighting at the Olympic and other games, the forms of certain statues still existing, almost prove a strong admixture of Saxon blood in ancient Greece. No other race that I know of produces the *athlete* in such numbers as the Saxon; the Celt scarcely at all. They do not use their fists like men, but fight in their way, when they attempt it, more like women. I have witnessed a *melée* of this kind in the Rue St. Jacques, and elsewhere in Paris, and felt quite convinced that a Saxon of ordinary strength could have driven off, by his fists alone, the whole fighting party. But when he takes to the sword, his natural weapon, it is quite another affair; these barricade fights have taught Europe a terrible lesson.

Of all races, the Celtic man has the greatest self-respect; the Saxon the greatest amount of self-esteem. In the former, therefore, the sense of honour is high; personal insult will not be taken; an appeal is instantly made to the sword. But his self-esteem, his confidence in himself, the value he sets on himself and his exertions, his moral courage in this respect, are miserably defective. We shall see by-and-by what a contrast the Saxon presents in this respect: the Saxon, of all men the most self-sufficient, the most absurdly vain, the most egotistical. The want of this self-confidence in the Celt leads to many remarkable results which I shall endeavour to describe as I trace the history of the race when grouped into those accidental masses called nations. When brought within the influence of progress and civilization, or when thrown out of the great tide of the moral and civilized world, they drag out a life the most wretched the human mind can conceive in the bogs and morasses of Ireland; or, nestling along the shores of the St. Lawrence, they cling to each other in groups, cherishing the habits and nature of their race, namely, their gaiety of heart, love of amusement, courtesy and politeness to all, gallantry to the fair, contempt or neglect of material interests and the accumulation of worldly wealth, a disregard for to-morrow, a dependence on each other, and a moral cowardice to face the forest alone, unsupported by their kinsfolk and their clan. This is the race. How unlike the bold, self-dependent Saxon, the go-ahead man, the man of large frame and still larger shoulders and arms, the spatular-fingered, accumulating, onward-looking race, the man of to-day and to-morrow, but who cares not for yesterday! Let those who trace the two races to the same stock explain the causes of such differences; explain how the fair-haired, blue-eyed, large-backed Saxon was changed into the dark, swarthy, active Celt What changed the structures—what altered the intellectual character? Why is the Celt Catholic, the Saxon Protestant?—the one a lover of order in time and place, the other of disorder in time and place?—the one the very pattern and pink of perfection, of cleanliness, and of method, of economy and regularity; the other reckless, a waster and destroyer, incurably indolent, reckless of to-morrow, personally filthy, a contemner of method, a despiser of the law? But before I touch further on these great questions, which were a few years ago so stoutly denied, but are now, by the force of events, so notorious, permit me to review briefly the physical structure, and that portion of his moral and intellectual nature which influences his position in the civilized world—I mean his standing in literature, science, and art.

M'Cullogh, in his terrible satire on the Celtic race, denies them all good qualities. He described the more than semi-barbarous Celt of Scotland, of the Highlands of Scotland. I have met with a most excellent gentleman, a native of Argyle, and a man of rank and fortune, who, after a long experience of their character, had arrived precisely at the same conclusion. The daily press of England thinks them incurable. Now, in their *present position*, I think so too. Be it remembered that they have generally *Celtic* landlords; that is enough. We shall speak of Ireland presently.

The agility of the Celt is so great as compared with the Saxon race, that when all things are equal he is much the stronger man. But he is liable to consumption of the lungs, and so prone to fever, I mean typhus or continued fever, that many have supposed it to be almost peculiar to his race; originating with him, and thence spreading to the Saxon and to other races. Certain it is that fever and filth, distress and disorder, degradation of the individual, strife and contention, a contempt for all law and regular labour, constantly accompany the Celtic race, wherever found. But I speak of the semi-barbarous Celt. On the other hand, his natural taste is good; his ear for music, in general, excellent; he prefers the agreeable to the useful; the spiritual to the corporeal; the ideal to the real.

The Celtic woman accords naturally with her race; it were a folly to speak of domestic economy as applied to her house; she does not even comprehend the meaning of such terms. In her house you will find nothing in its place; nothing done in time; waste, loss, destruction of all property, follow her steps; her indolence exceeds all belief. Good-tempered, amiable, affectionate, it is impossible to be angry with her; her sympathies are deep; she is chaste and noble-hearted; a dreamer, a romancer, a person gifted with second sight. Her love of her children, though excessive, never goes so far as to induce her to labour for them or mend their clothes. She weeps over them in rags, witnessing their death, often originating in causes which she could have averted; lamenting with many tears and cries the irreparable loss of those beloved tokens of affection, her children; those ties of society; those beauteous, unaffected, truth-speaking, lovely forms, so doated on by man, and in which he sees, or fancies he sees, a sure, the only sure, emblem of ever-revolving, ever-going, ever-returning, ever-creating Nature.

A COURSE
OF
LECTURES ON SURGERY.
BY

SAMUEL COOPER, Esq., F.R.S.,
Professor of Surgery to University College, London; Consulting Surgeon to London University Hospital, &c.

Lecture XXXIII.

(Continued from page 317.)

Gentlemen,—In my former lecture I described the provision made by nature for the restoration of a broken bone to its natural condition. I also named some of the mechanical contrivances, by the use of which you may contribute to this end; before I proceed to speak of particular fractures, I shall make a few remarks on the conduct to be observed about the time when the fracture becomes consolidated.

When you are about to remove the splints by which the fracture has been supported, you must assure yourself first that the union of bone has been thoroughly effected. It will be necessary to try the fracture before you discontinue, to see if there is any yielding or motion showing that the callus has not acquired sufficient strength. Some cases take an extraordinarily long time to heal; various circumstances of general health will produce retardation of union. A careful examination, then, is of great importance; and, even if you find that the bone is well united, you must caution the patient in the use of the bone, not to test it too much, or put it into strong action; and, if it is a lower limb, not to let the whole weight of the body bear on it. Another indication is, attend to the general health and any unfavourable symptoms which may arise: thus sometimes the patient complains of great pain; this may arise from the excessive compression of the bandage; it becomes in some cases, after a time, too tight, and severe inflammation comes on, or perhaps the end has again become displaced. Under these circumstances you are called upon to examine the state of the apparatus, and take it off and see if anything amiss can be discovered. In a general way, you avoid disturbing the apparatus or bandage; indeed, in foreign countries, such is the objection to this, that they employ a bandage, stiffened by saturating it with the lead lotion, and white of egg with camphorated spirit; it thus

forms, after being adapted by moulding to the form of the fracture, a permanent support, and keeps the part quite motionless. This, in consequence of the frequent necessity of watching against unfavourable circumstances, as abscesses or inflammation, is not much used in this country, but in France it has many adherents. Then you would have to attend to the state of the bowels, with this understanding, that you must generally, in cases of broken bones, prevent all unnecessary disturbance of the patient, as it is unfavourable to the union of bone. I remember a friend of mine had a patient whose bowels he opened a month after the accident; and in this case, when the bone united, there was deformity: the patient was advised to bring an action for damages, and I was subpœnaed on the trial. The counsel for the plaintiff endeavoured to make it appear that this bad union was caused by the bowels having been opened after so many days. My friend got off because it came out that when the patient was transferred to another surgeon the bone was movcable; and, that being the ease, it might have been put straight.

Various causes retard the union of fractures: fevers, erysipelas, copious and long-continued suppuration near the fracture, all affect more or less, and some very seriously, the progress of union. Certain affections, we know, affect very much the osseous system, and will cause the uniting process to go on very slowly: thus, syphilis, scrofula, and derangement of the system by violent courses of mercury, all have this tendency. Pregnancy is also one of the opposing conditions to union, though I had a patient once with a fracture who was pregnant, and the union took place without any additional delay. It is still, however, on record by the best authorities, that cases have been often retarded considerably by this condition. Bad diet, too, is another enemy to union of bone, as all experienced surgeons know. Sometimes you are obliged to adopt an antiphlogistic treatment; but you will not keep it up longer than is necessary, as the process of union requires strength of system. You know, from what I have said already, that at the time when surgeons remove the splints the whole safety of the bone depends on the strength of the provisional callus, because at that time the definitive is not joined.

Fractures of the skull will most properly be considered when we come to speak of other injuries of the head; we shall, therefore, not stop to mention them. Fractures of the ossa nasi are not very uncommon. I have seen these cases in the course of my life. They can only happen from direct violence done to the part; they are sometimes attended with considerable displacement. In some instances the violence is sufficient to produce concussion of the brain. I remember once two men were in a stable, and, quarrelling, one threw the horse-brush at the other, which, striking him on the nose, produced depression of the bone on the brain and extravasation of blood: the man died in two days. From the softness of the parts you will have much swelling about the nasal bone, with ecchymosis; and much care will then be required to detect the precise situation and extent of the fracture. Sometimes the fissure extends through the nasal process of the upper maxillary bone, and across the fossa of the lachrymal sac, and the sac may be distended with blood; and, from the fracture taking this direction, the tears are obstructed and cannot pass down the sac. In cases of this kind, where there is only injury of the nasal bones, and the soft parts about them, the treatment must be chiefly antiphlogistic. Where you have displacement you may rectify it by introducing up the nostril a director, and with the assistance of this you can generally get the bones into a proper position, from which they will not very easily be drawn; afterwards you will apply cold lotions; and this is pretty well all that can be done, surgically, for the rectification of the nasal bone.

The lower jaw is frequently broken, and this may happen either in the body of the bone, in one of the rami, and sometimes at the neck of the condyle in the coronoid process. Occasionally the fracture is compound, and sometimes comminuted; its situation is most frequently between the symphisis and insertion of the masseter. Sometimes the fracture is on both sides; a case in which the middle portion is difficult to keep right, because many of the muscles which draw the lower jaw downwards are attached to that part. When you have fracture of the radius, you will have no displacement, and even behind the insertion of the masseter you have very little; but when the fracture is more forward, the muscles which depress the jaw will draw away that portion of bone with which they are connected; these fractures are, therefore, more troublesome than such as take place at the angle of the jaw.

What are the symptoms of fracture of the lower jaw? Besides those which I have mentioned, the arch of the teeth may be seen to be irregular and interrupted. There will also be sometimes, on moving the jaw, a crepitus felt; this is, of course, a sure sign of fracture; you will inspect the line formed by the ramus of the jaw, and see if any part of it is depressed more than it ought to be. There is also sometimes laceration of the gums, and the bone may be laid bare by the wound; here the fracture is beyond doubt. A compound fracture is generally visible enough to save any great doubt. In the treatment of fracture of the lower jaw, one object is to restore the lower irregular broken arch to its natural position, where it will correspond with the upper, which has retained its place; for this purpose you take a bandage and apply it round the lower jaw, which you bring up to the other, and the upper jaw will set that. Sometimes the teeth, however, are irregular and, therefore, cannot perform this duty. In this case many surgeons form bits of cork, adapted to the intervals between the teeth, and, regularity having been thus obtained, the jaw is bandaged up. You may take a bandage and apply it over the vertex of head, then bring it round the base of the upper jaw, and thence, in a horizontal direction, round the front of the jaw, and by these means you press the broken arch of teeth towards the arch of the upper jaw.

When you have a troublesome fracture to deal with, you will have to assist yourself with a compress; and sometimes you will find very useful a piece of pasteboard, wetted with vinegar and adapted to the fracture, which, when dry, holds the jaw in a proper position by going under the base of the jaw. When the pasteboard gets dry and hard, so as to be inconvenient, you must put a piece of lint to prevent its being hard on the soft textures. Some cases make it necessary to apply an instrument on the lower jaw; it is a piece of steel with a groove in it for the arch of teeth, and of a square shape, which goes under the chin, and can be raised up by a screw. These are used in rare cases, and are procurable at any of the surgical instrument-makers.

In compound fractures of the lower jaw it is often necessary to have recourse to antiphlogistic treatment in the beginning, because you have inflammation. Sometimes, also, you have small fragments of broken bone which are to be removed. You will also have to open abscesses, which are apt to follow compound fractures; and you will find they generally get well sooner than you expected,—the bone is very vascular, and union takes place quickly. Sometimes exfoliation takes place, and hinders the healing, but generally they heal very soon. Persons attempting to destroy themselves, by firing off a pistol into the mouth, generally do most injury to the upper jaw; the person does not always die immediately,—this would depend on the direction which the ball took; you would in such a case be called upon to remove spiculæ of bone, and you must follow the general rules in compound fractures. Sometimes the ball will even enter the brain without producing immediate death: thus Dupuytren states he had a case where the ball lodged in the anterior lobe of the brain, and the man lived forty days afterwards.

We come next to fractures of the spine. These are less common than dislocations; for, though fractures may occur in the cervical vertebræ, they seldom occur anywhere else. Fractures of vertebræ are generally attended with dislocation also. Where the bodies of the vertebrae are broken, the case is dangerous on account of the injury which is generally done to the spinal chord, so that you rarely hear of fractures of these without injury done to the spinal chord; and the injury done to that is generally the measure of the danger attending the fracture. You may, however, have injury done to the spinal chord when there is no fracture; the spine may have received a violent blow without, and the concussion resulting may injure the organization of the spinal chord. When you have an opportunity of examining the chord soon after, you find that the central part has become softer and of the appearance of a semifluid substance, and there will generally be effusion of blood.

ORIGINAL CONTRIBUTIONS.

ON SCARLATINA.

By J. W. TRIPE, M.D., M.R.C.S. and L.A.C., London.

It may be considered, as this disease is so well known, that any further remarks on it must be superfluous; but, having for some years past held opinions which differ somewhat from those ordinarily entertained by the profession, I am induced to transmit these observations to you.

It is not my intention to give a complete account of the disease, but to confine myself chiefly to the present epidemic. Some general observations on the phenomena of the disease will also be added. I consider scarlatina to be a contagious eruptive fever, characterized by a uniform inflammatory action of the vessels of the skin, and of the mucous membranes of the alimentary canal, and of the urinary passages, which terminate in desquamation of their epithelium. It ordinarily attacks any one of these membranes but once during life.

There are several parts of the above which differ considerably from any previous definition. In the first place, instead of saying that it attacks either of these membranes but once during life, it is commonly stated that the disease never recurs. Dr. Bateman ("Cutaneous Diseases," 3rd edit., 8vo., note* to page 71) says, "Among two thousand cases Dr. Willan never saw the recurrence of the disease under any of its forms." In stating his own opinion he also says (same page), "It is propagated, like the smallpox, measles, and chickenpox, by a specific contagion; and, like them, it affects individuals but once during life." Dr. Watson, speaking of measles, says ("Practice of Medicine," vol. ii., p. 748), "It generally occurs but once to the same person;" and (p. 754, vol. ii.), speaking of scarlatina, he says, "Like measles, and, for the same reasons, scarlet fever, though persons of all ages are susceptible of it, is eminently a disease of children." Reference to most of the modern authors produces the same result. I think, however, that it can be proved, from cases which will be hereafter related, that this is an error. I believe I can prove that persons are subject to scarlatina a second time, and that they can propagate the disease from that second attack, if they did not have the whole disease during the first. It certainly rarely if ever affects the same membrane a second time; therefore, if a person has had the eruption in the skin, but not in the mucous membranes enumerated, he will be liable, on a subsequent exposure to the virus, to another attack, when the disease will manifest itself in the membranes previously spared.

The definition again differs from others in considering the inflammation of the alimentary mucous membrane an essential part of the disease, and not merely a complication. Thus Cazenaave (Dr. Burgess's Translation, p. 47) says, "Inflammation of the mouth, posterior nares, and pharynx are the most dangerous and,

unfortunately, the most frequent complications of S. anginosa and S. maligna." The opinion so frequently expressed by members of the profession to the parents of a child who has S. simplex, that the child has been very fortunate to have had the disease so slightly, points to the same result.

Dr. Watson, however, may be considered as stating an almost similar view to that advocated here (p. 753, vol. ii.), "The malignant sore throat may be caught from a patient who has had mild scarlet fever; and mild scarlet fever may in like manner be contracted from one who is labouring under the malignant sore throat. The two forms graduate insensibly in different cases towards each other; and it would be impossible, even if it were desirable, to draw any distinct line of separation between them." In the same page he also remarks, "They (the affections of the skin and throat) may both be well marked; and this circumstance has led nosologists to divide one and the same complaint into two independent maladies."

From considerations which will be subsequently adduced, I think that, as before stated, the action of the poison is not confined to the skin and alimentary passages, but extends to the mucous membrane of the urinary passages; and I further consider that this extension is as necessary for the future protection of the patient as the implication of the skin and of the alimentary canal.

Although these opinions have been thus explicitly stated, probably, for the first time, yet that they are not entirely novel will be seen from the following quotations. Dr. Cragie, "Praet. Physic," vol. i., p. 445:—"It may seem singular that the mucous membrane of the throat appears to be so particularly affected as it is in this disease. The truth is, the redness is not confined to this part, but extends in various degrees over the mucous corion of the whole gastro-pulmonary surface, and often of the genito-urinary surface. It is, however, greatest and most conspicuous at this part, which is extremely vascular; and in consequence of the looseness of the membrane over its subjacent parts, with much filamentous tissue, it reddens and swells more readily." Cazenaave, *op. cit.*, p. 47, whilst speaking of S. maligna, remarks, "When the disease does not terminate fatally, gastro-intestinal inflammation supervenes, and extensive suppuration takes place on the numerous eschars which form on different parts of the body:" and, at p. 48, "Inflammation of the brain, of the thoracic viscera, and of the mucous membrane of the stomach and bowels, almost always supervene in the intense forms of the disease. . . . The mucous membrane of the stomach and bowels generally presents a slight red colour, and occasionally a peculiar violet hue; but in a great many cases they are free from every morbid alteration." Dr. Watson also enumerates diarrhœa and excoriation of the arms amongst the symptoms.

Although the inflammatory action of the mucous membrane of the urinary passages has received less attention than that of the alimentary, yet, in the malignant form of scarlatina, it conduces as much as the other to the fatal result. We certainly cannot see the alterations effected in the kidney, except on a *post-mortem* examination; but we are at liberty to infer them from the changes which occur in the urine.

The only other extensive mucous membrane (except the hepatic), the pulmonary, is not unfrequently implicated, probably by extension of the morbid process from the pharynx to the larynx, trachea, and bronchi. We ought particularly to bear this complication in mind, as it occurs frequently in those cases of S. maligna in which the rash is purplish and the heat of skin less marked than ordinary. In these cases the amount of cough is but trifling, and is often considered to depend on simple irritation of the larynx. If, however, auscultation be employed, we shall be enabled to detect the ordinary signs of severe and extensive bronchitis.

Having thus briefly considered the opinion of others in regard to the definition stated, I will next proceed to enumerate the facts and cases which have led me to these conclusions, which, although not novel, yet are by no means universally recognised. As I have not kept notes of every case which occurred in my practice for any given period, except during the late epidemic, I shall confine myself chiefly to them whilst enumerating the results of treatment, &c.

The ordinary symptoms which we observe in the disease are fever, headache, languor, stiffness and soreness of the neck, followed by vomiting, increase of the febrile symptoms, and the appearance of the eruption on the second or third day. The eruption is usually followed or preceded by more or less cynanche and derangement of the urinary organs.

In the present epidemic this sequence did not ordinarily obtain, the earliest symptoms usually consisting either in vomiting or diarrhœa, or in both; these did not happen in all, but were observed in every severe case; indeed, so constantly did this happen, that I was enabled, with one exception, to prognose the course of the disease by the premonitory symptoms. All the cases in which diarrhœa and vomiting appeared amongst the premonitory symptoms were attended with severe inflammation and ulceration of the tonsils.

As regards the vomiting and purging the result was a follows:—

Of all the cases, 20-36, or 5·9, commenced with vomiting and purging; 8-36, or 2-9, commenced with vomiting only; and 8-36, or 2-9, did not suffer from one or the other.

Of the 5-9, or 55·5 per cent., which began with vomiting and purging, 80 per cent., or 4-9, being 44·4 per cent. of the whole number of cases, had severe cynanche; and the other 20 per cent., or 1-9, being 11·1 per cent. of the whole number of cases, had slight cynanche.

Of the 2-9, or 22·2 per cent., which commenced with vomiting without purging, the whole had sloughing of the fauces and palate, and inflammation of the parotid, without any swelling of the tonsils.

Of the remaining 2-9, or 22·2. per cent., which were not affected with diarrhœa or vomiting, not any had severe, and only about half had slight, cynanche; the remainder were cases of scarlatina simplex.

The above proportions are not strictly correct, but are as nearly as they could be well expressed.

The period of incubation varied: in one case the child was taken ill four hours after exposure to the virus, and the eruption appeared in thirty-six hours after the first premonitory symptoms. The child from whom the disease was caught, and my patient, who took it, died. In another case sixteen hours elapsed before any symptoms of scarlatina showed themselves. In other cases, as far as could be ascertained, a longer period occurred.

In 20-36, or 5·9, or 55·5 per cent., of the cases, the eruption appeared on the second day of the febrile symptoms; in 7-36, or 19·4 per cent., on the third day; in 3-36, or 8·3 per cent., on the fourth day; whilst in the remainder 6·36, or 16·6 per cent., the time could not be decidedly ascertained, either from the febrile symptoms being very slight, or because the patients were unwell previously. In one case the skin on the third day was exceedingly hot and dry, with papilla so elongated that it appeared almost like a nutmeg-grater; the red eruption came out on the following, the fourth, day; the cynanche became exceedingly severe, but the patient recovered.

The colour of the eruption partook more of a purple than a bright-red tint; in 26-36, or 72·2 per cent., it resembled that of measles so closely, that, if we had judged by that alone, the disease would have been mistaken for it. In some of the cases the colour was more purple even than that of rubeola, and yet all these cases, save one, did well. In the other fatal case the colour of the eruption was of a bright red, until within two days of the patient's death, which happened on the eighth day. In 10-36, or 27·7 per cent., the eruption was red at first and continued so; in above half of these, 6-36, being 60 per cent., or 6-36, being 16·6 per cent. of the whole number, the disease was very severe; in the remainder 4-36, or 40 per cent., being 11·1 per cent. of the whole, the disease was slight.

The following outline of a case may be taken as a sample of the ordinary course of the epidemic:—July 2, 1848. Master R. M. was attacked yesterday with diarrhœa and vomiting, pains of the back, great thirst, loss of appetite, and much heat of skin. To-day the eruption of scarlatina has made its appearance on the chest, and is of a purplish tinge, with much fever and pungent heat of skin. The mucous membrane of the fauces and pharynx is much congested, and the tonsils are slightly swelled; he complains of pain in swallowing, and of stiffness of the neck. He was ordered pot. chlor., gr. viij.; syr. rhæad., ℥j; aq., ℥jss. Ft. mist. cujus capt. partem quartam 4ta quaque horâ. P. scammon., gr. iv.; p. jalapæ, gr. ij. stat.

3. The eruption is more out and redder; the body is nearly covered with patches of it, so that it appears mottled; the tonsils are much enlarged and slightly ulcerated in several places; the pharynx is of a deep red colour. Pulse 124, small and weak. Applicentur solutio argenti nit. partibus affectis, et hirudines iv.; pot. chlor., gr. viij.; tinc. calumbæ, ℥iij.; aq., ℥ij. capt. ut ante; et p. scammon., gr. iv.; hyd. chlor., gr. ij. stat. Beef-tea, milk, light puddings.

4. Passed a very restless night; was very delirious; is quite sensible to-day; eruption is brighter, and presents a uniform redness; cynanche about the same, except that the vessels of the fauces are not so injected; pulse as yesterday. Rep. applicat. (sol. argenti) et medicamentâ.

5. Was very delirious and restless during the night, and is slightly so now; the delirium precisely resembles that of delirium tremens; head not hotter than the rest of the body; eruption well out, and of a red colour; cynanche not quite so severe; tonsils still very much swelled and red; pharynx better; pulse 130, small and soft; tongue bright red, glassy, and denuded of epithelium. Habeat ℥iij. vin. hodie. Repetantur mist. et applicat.

6. Was not so restless or delirious during the night; the eruption is beginning to fade; the skin is again mottled; the cynanche is about the same; the pulse 118, and fuller; and the parotids are somewhat swelled.

℞. Ammon. carb., gr. v.; tinc. calumbæ, ℥ iij.; aq. camph., ℥ij. Capiatur ·partem quartam 4ta quaque horâ. Rep. vinum et alimenta.

7. Is much better; less delirious and restless; eruption disappearing; can swallow much better; pulse 116, and moderately good. Rep.

8. Much better; can swallow pretty well; slept well last night; the eruption has quite disappeared.

The phenomena presented by the above case do not require any particular observations, except in regard to the colour of the eruption, which, instead of scarlet, was at first purplish; but in this epidemic most of the cases (as before mentioned) presented this colour at the commencement, and several throughout its entire course. This shows that too much reliance must not be placed on the colour alone, but that the other symptoms must be considered in conjunction with it. When other indications of great debility, especially a continuous pulse, are present, we may then look on it as most unfavourable, but not otherwise.

The cynanche in most of the cases was severe, and usually commenced, as it did in this, on the second day of the eruption, being preceded by a congested condition of the fauces; this happened in 44·4 per cent. of the whole number of cases. In 22·2 more of the cases there was slight cynanche. Most of the patients presented numerous small apthous-like ulcers on the tongue, fauces, and tonsils, which readily healed under the daily application of a solution of nitrate of silver (℥j. to ℥j.). This solution not only

healed the ulcers, but reduced the tendency which existed in many cases to an exudation of patches of lymph. It was applied freely to most at an early period, and appeared to exercise considerable control over the cynanche; and, even when its application was delayed to a late period, it was not only followed by healing of the ulcers and diminution of the congestion of the mucous membrane, but by reduction of the glandular enlargement. When the tonsils were very much swelled, the solid nitrate seemed to have a more speedy and certain effect than the solution. Blisters were used in three cases only; leeches in several; they were applied early in the disease, and beneath the angle of the jaws, with good results. Enlargement of the parotid happened in several cases, commencing usually on the fifth or sixth day of the eruption; in two of the cases it was so great as to threaten to destroy life by suffocation; both of these cases were preceded by vomiting without purging, and were accompanied by slight sloughing of fauces. In one case the congestion of the brain was so great, from the pressure on the large veins of the neck, and the sense of suffocation was so urgent, that I was induced to open the external jugular, which gave immediate relief, and was followed by recovery. This case may be thus related:—

Master M., aged nine, was affected on the 9th of July with feverishness, languor, and vomiting, without diarrhœa. The eruption appeared slightly on the 11th, the general symptoms being very slight. On the 15th the eruption covered the body, and was of a bright red colour. The previous night had been passed in a very restless manner, with much delirium; the tonsils are not swollen, but both parotids are enlarged. He was ordered sesquicarb. of ammonia, with tinc. of cinchona; beef-tea, &c.

16. Is much worse; can scarcely be kept in bed, as he tosses from one side of it to the other; he is either constantly singing, shouting, or laughing; his tongue is furred, brownish, and dry; mucous membrane of the fauces slightly sloughy; carotid and submaxillary glands enormously enlarged, the swelling having increased hourly, and now threatens suffocation; he can scarcely open his mouth, but can swallow readily.

His mixture was continued with, and ℥ij. of wine ordered in eight hours. At nine p.m. he was much worse, the delirium being very violent, but much resembling that of delirium tremens; has not slept for above forty-eight hours. Sordes has collected about his teeth and gums; the tongue is dry and furred, but becomes moist on drinking; pulse 136, small and soft; face injected; head hot, but not more so than the body; and the eruption is still out, and of a bright-red colour. The swelling and redness completely encircle the throat; the hollow beneath the chin is completely filled up; the redness has extended to the upper part of the thorax, and to the upper part of the scapula. The respiration is so laboured that suffocation appears certain, and the larynx cannot be felt. I, therefore, determined to open the external jugular, and draw about three ounces of blood. The relief was most marked; the patient became pale and quiet, and sank into a sound sleep within twenty minutes. From this time the swelling lessened, but three abscesses formed, which are only now healing. Wine was administered subsequently, two teaspoonfuls at a time, every two hours, with his medicine; and he was ordered also five grains of scammony.

17. Better; slept several hours during the night; is not so restless or delirious; the swelling and redness of the neck are less; pulse 108, fuller and stronger; bowels moderately opened. Rep. vinum et medic.

18. Much better. At my visit I found him, to my great surprise, eating some pieces of broiled ham and bread and butter. Pulse 104, and stronger; the swelling is much less; has not any sense of suffocation, and slept well last night.

The patient recovered; but is still—August 31—under treatment for the abscesses which formed in the neck and posterior aspect of the shoulder.

Sloughing of the mucous membrane of the fauces, palate, and pharynx, occurred severely in 22·2 per cent. of the cases, conducing in one case very materially to the fatal result. In this case it commenced in the upper part of the soft palate and mucous membrane of the posterior nares, as severe coryza, with fetid discharge, occurred three days previously to any sloughing of the fauces. I am inclined to attribute the small proportion of cases in which sloughing occurred, and the comparatively small mortality, to the free use of the solution of the nitrate of silver, which not only cures the ulceration existing, but checks considerably, and in some cases seemed to prevent, the supervention of the gangrenous ulceration. Gangrenous inflammation came on in two cases which commenced apparently as scarlatina simplex. The following may be adduced as a sample:—

Miss E. M., aged eight years and a half, caught the disease from her sister, who had a severe cynanche only (Sine cruptione cutis). The premonitory symptoms were slight, and included vomiting; the cruption appeared on the third day.

July 13. The eruption is bright red; the general symptoms slight, without cynanche. On the 14th she was playing about her room. On the 15th she appeared more languid, but the cruption was still bright red; no cynanche, and but slight coryza.

16. Is more languid; the eruption is still fully out, and bright red; pulse 110, weak and soft; no cynanche; the coryza was now very severe, the discharge being very fetid and acrid; she was ordered ℥iij. of wine during the twenty-four hours; beef-tea as before, and a mixture of ammonia and bark. She refused to take any nourishment during the day; the wine was poured into her mouth, but was spat out again; towards night she became restless and delirious.

17. Is much worse; appears almost sinking; pulse 130, small, soft, fluttering, and very weak; eruption somewhat purplish on the arms; the fauces and palate are sloughing in several places; wine was forced down, and also the tincture of bark and ammonia. Dr. Conquest saw the case with me a few hours afterwards, and concurred in the treatment.

18. Worse; pulse 140, small, soft, and continuous or running, so that the individual pulsations can scarcely be distinguished; was exceedingly restless and delirious in the night; tongue typhoid; lips, teeth, and gums covered with sordes; the ulceration has not spread, and there is not any swelling of the tonsils. Rep. She refused to take her wine, so that I was compelled to give it myself five or six times in the day.

19. Gets worse hourly; is sinking fast.

20. Died this morning at half-past one a.m.

The rapidity with which the symptoms assumed a bad type as soon as the sloughing occurred was very remarkable; if she had been poisoned it could scarcely have been quicker. This was undoubtedly hastened by her refusal to take any nourishment or wine; indeed, it is not improbable that the sinking would not have happened if she had taken plenty of wine and ammonia.

Coma and delirium are bad symptoms, especially when they occur very early in the disease. These cases may be divided into two classes—1st, those in which the coma and delirium appear previously to the eruption; 2nd, into those in which they supervene after it has come out; and this latter may be subdivided into the inflammatory and non-inflammatory.

The following cases illustrate the first variety:—

April, 1846. A child, aged ten, who had been exposed to the virus of scarlatina for several days in consequence of his brother being affected with it, contracted the disorder two days ago, the symptoms being pains of the limbs, headache, great languor, stiffness of the neck, followed yesterday by cynanche.

To-day he was suddenly seized with coma, and is now perfectly unconscious of everything; cannot be roused by shaking; pupils dilated; almost insensible; skin hot and dry; pulse 130, small.

℞. Ol. tiglii crotonis, m. ij.; p. scammon., gr. ij.; hyd. chlor., gr. iv., in pulv. iv., cap. j. omni horâ.

The eruption appeared in the course of the day, but only to a slight extent; the bowels were very freely acted on, and the coma disappeared. Desquamation took place on the tenth day; on the 14th the cuticle of the palm came off in one flake, although no eruption came out on the hand.

(To be continued.)

CASE OF GENERAL ANASARCA, WITH ALBUMINOUS URINE, IN AN INFANT TEN WEEKS OLD, TERMINATING FATALLY AT FOUR MONTHS AND A HALF.

Communicated by WILLIAM BIRD HERAPATH, M.B. Surgeon to St. Peter's Hospital; Consulting Surgeon-Accoucheur to the Bristol Dispensary.

March 17, 1848. Mrs. Penfold brought her infant to me, complaining that it had "swollen very much all over." This state came on gradually about a fortnight ago, and she could assign no cause for its appearance. It had thriven well until this period, and had been neither subject to sickness nor purging, and had no illness since its birth. It was a male infant, ten weeks old. The whole surface had a peculiar anemic aspect; the face was also anasarcous; the superior and inferior extremities showed this condition the most extensively: they were at least double the usual size, and pitted deeply upon pressure.

The child's health did not appear to be otherwise disordered; it took the breast well, and also eat its food heartily; it slept well, and she had no trouble with it at night. The mucous membranes all appeared in good order; there was no bronchitis or other symptom of catarrh. The excretions from the bowels were not remarkable, and "it generally made plenty of water." At a subsequent period I obtained a small quantity of the urine; it was clear, but high coloured, and deposited abundance of albumen when tested with nitric acid and heat; it was not in sufficient quantity to take the specific gravity.

These symptoms became gradually worse, in spite of all treatment; occasionally all swelling would disappear, but it soon returned. I saw the child often, but never found the albumen to decrease in the urine. Its food appeared to do it no good; it did not grow at all: the nutritive functions were decidedly suspended in a great degree.

About the latter end of April the infant became drowsy and comatose; the anasarca was at this time worse than ever; convulsions ensued and rapidly carried it off. It died twenty-four hours after their accession. It was four months and a fortnight old when it died.

Post-mortem, *May* 2.—A most careful examination was instituted, yet no organic cause was discovered to account for death. The whole of the thoracic and abdominal organs were perfectly healthy in structure; the kidneys had not the slightest approach to granular disease; the mesenteric and thoracic glands were all healthy; all the organs were most remarkably anemic and pale. I never saw an instance in which there was so great a deficiency of colouring matter. Had the patient been slowly bled to death, it could not have been more bloodless and pallid. The liver alone presented any appearance of blood in its tissues; its hepatic venous system was in a slight degree congested.

Remarks.—Before I discovered the presence of albumen in the urine, I thought the cutaneous system in fault, and, therefore, prescribed diaphoretics and warm baths; small doses of antimony, nitric ether, and digitalis were administered, and a warm bath was employed every other night. Some amelioration at first ensued

from this plan of treatment, but eventually it was of no service. I next tried nitro-hydrochloric acids, and the mother fancied more benefit was obtained from this remedy than from the other; it was contiuued about three weeks, and after this I saw no more of the case until called upon to give a certificate of its death, when, of course, I demanded an examination of the body.

Anemia appears to have been the cause of the general anasarea; but the mal-assimilation of its nutriment was probably the primary cause of the albuminuria and anemia consequent upon it.

SINGULAR CASE OF HYSTERIA AND CATALEPSY.

Communicated by H. HASTINGS, M.R.C.S. and L.A.C., Stokenchurch, Oxon.

As cases of catalepsy are of rare occurrence, so much so that the celebrated Dr. Cullen, and many other both ancient and modern physicians, never met with one, I beg, therefore, that you will be good enough to lay before your numerous readers the above curious cases.

Mrs. G., aged thirty years, of full habit of body, married, in general healthy, had one child, separated from her husband some time, on account of some unpleasantness between them, was attacked by hysteria on the 16th of June ult., caused by her receiving doleful news in reference to her husband. At this time she was menstruating. In eight days from the above date she was perfectly recovered, and came to reside with her sister in Stokenchurch. On the 14th of July, a month after her former attack of hysteria, she again received doleful tidings regarding her husband when seated at the supper table; she rose somewhat abruptly, and left the room. Her sister shortly afterwards heard a rumbling noise up stairs; she instantly repaired thither, and found Mrs. G. lying on the bedroom floor. On visiting her I found her in bed, and to all appearance dead; but, upon examination, found a slight pulsation; skin warm; breathing quite imperceptible; eyes open, and apparently intently fixed upon some object in the room; pupils much dilated and perfectly sensible to light; a placid smile rested upon her countenance; teeth and hands firmly clinched; extremities flaccid, and remained in whatever position they were placed; bowels had been relieved in the morning; urine natural; catamenia absent. Frictions were applied simultaneously to all the extremities, with a strong stimulating embrocation during the frictions; she caught hold of an individual who was assisting in rubbing her, and it required him to use considerable force to release himself of her grasp. Her pulse, in about two hours after using the frictions, became much stronger; head very hot, and countenance flushed. I then abstracted about ℥xij. of blood, which reduced the pulse considerably; could not get anything into her stomach. Remained as above all night.

15, manc. No alteration. Applied sinapisms to the calves of the legs, soles of the feet, and epigastric region. Towards evening got her to swallow chlorid. hydrarg. gr. v., pulv. opii gr. jss., misce fiat pulvis, statim, and applied a blister to the nape of the neck.

16. Passed the night as before. About midday catamenia came on, and towards evening she broke her silence of fifty hours by exclaiming "Where am I?"

17. Passed a tolerably good night, eat a good breakfast, and got up complaining of nothing but a headache, which continued for a few days. She is now in the enjoyment of good health.

Remarks.—The above case strikingly illustrates the effects of the mind upon the nervous system, producing, in the first case, hysteria; and in the second case producing catalepsy, and this directly subsiding upon the appearance of the catamenia. It is my firm belief that, had she not been menstruating when she received the first intelligence from her husband, catalepsy would have been the result.

I am not aware that any physiologist has pointed out this singular influence in the female economy, and how to account for it certainly puzzles me, unless I am to attribute the cause of the loss of balance in the nervous system to uterine irritation being produced by the sudden shock of the mind reflected to the uterus, whilst that organ, in the first instance, was in an excited state and undergoing its periodical secretions; which, probably, acted as a safety-valve to undue nervous depression, as we find in the latter case, that directly nature opened these valves, if I may be allowed the expression, the nervous system assumed its proper functions, and each subordinate organization was restored to its proper state.

These, of course, are merely conjectures, which I fancy come as near a proper physiological definition of the singular occurrences as we can arrive at.

HOSPITAL REPORTS.

HOPITAL NECKER.

SCLEREMA.

A female, who had been confined about eight days, entered this hospital with her infant affected with jaundice. The yellow colour of the integuments was as distinct as possible. It was soon seized with diarrhœa attended with vomitings, and, after a few days, the feet became indurated, and subsequently the legs. By degrees the induration extended to the thighs, the arms, and the cheeks. No impression could be made on the skin when the finger was pressed upon it. The temperature of the body was very sensibly diminished; the respiration was free. On a careful examination of the chest with the stethoscope, not the least râle could be discovered. Five days after the commencement of the induration the infant gently expired.

Half an hour before opening the splanchnic cavities, an incision was made through the skin from the feet to the abdomen. Not a drop of serum exuded. The adipose tissue was perfectly dry, the fat consolidated. In the parts which had become thickened there was very little infiltration into the cellular tissue. A little pulmonary obstruction was discovered, without pneumonia.

We append to this case another perfectly similar. An infant, five or six weeks old, died also the fifth day after the attack of sclerema, which occupied all the subcutaneous cellular tissue, and which had also begun in the feet and legs, and gradually extended to the thighs, the trunk, the arms, and at length to the face. The general temperature of the body was considerably diminished; there was marked coldness, particularly over the thoracic cavity. The child gently expired on the fifth day. At the autopsy the lungs were obstructed, but without pneumonia. The cellular and adipose tissues were found, on cutting into them, perfectly sound. On pressing them strongly, not a drop of serum escaped. The fat appeared consolidated in the cellules of the adipose tissue. During life, when strong pressure was made on the skin with the finger, very slight indentation only could be produced.

CASE OF DYSENTERY IN WHICH INJECTIONS OF NITRATE OF SILVER WERE SUCCESSFULLY EMPLOYED.

The administration of nitrate of silver in affections of the large intestines, though only of recent date, has yet proved remarkably successful in a great number of cases. While the salt is one of great power, it seems, in the particular use to which reference is now made, to be exempt from all those inconveniences which have been attributed to it. It may be introduced without danger into the alimentary canal; it has been injected also into other passages lined with mucous membranes, and into a canal, narrow and remarkably irritable, the urethra.

The following case shows the advantage of injections of nitrate of silver in dysentery, and in what manner the salt ought to be employed.

A female, forty-five years of age, of good constitution, was brought to the hospital affected with dysentery, with which she had been seized five days previously, without being able to assign any cause for the attack. At first there was a continual desire to evacuate the bowels, and each motion was attended with great pain, and the fluid evacuated was of a glairy, bloody character, and not very abundant. The fever was moderate.

Under the influence of an active treatment, of which opium formed the principal ingredient, a rapid and marked amendment of the symptoms occurred. When the patient entered the hospital the stools were less frequent and not attended with so much pain. The patient had not at this period more than seven or eight evacuations in the day, but the fæcal matter was scanty, and mixed with a considerable quantity of bloody mucus. The abdomen was somewhat painful in the course of the descending colon. Each evacuation was accompanied with severe pain in the vicinity of the anus. Pulse frequent; skin without febrile excitement.

The following injection was ordered:—

Crystallized nitrate of silver, 25 grammes; distilled water, 200 grammes; to be used in the following manner:—After each injection of the solution, another injection of about 300 grammes of tepid water immediately to be given, in order that the nitrate may be conveyed high up into the intestine, and come in contact with a larger extent of surface.

The next day the amelioration was remarkable. There had been three stools which contained much less of the bloody mucus. There was considerable tenesmus. After four days' treatment, the stools became perfectly normal. They contained more mucus, but little tinged with blood. There was only one stool daily, which was not attended with pain. During convalescence, and in consequence of some error of duty, the diarrhœa occasionally returned, the stools being tinged with blood, but without any appearance of mucus: it was, however, always immediately controlled by the injection of the nitrate of silver, followed the next day by a simple injection of starch; and the patient eventually quitted the hospital quite well.

This case not only shows the efficacy of nitrate of silver enemata, but also how they may be used with perfect safety; which fact, for a considerable period, had been denied. A strong solution of the salt has been injected into the rectum and colon, without producing the least accident, either immediately or consequitively. It acts upon the mucous membrane of the parts as it acts upon the lining membrane of the urethra, or the conjunctiva, or upon any other mucous lining to which it is applied.

PHLEGMASIA ALBA DOLENS; DEATH. PHLEBITIS, WITH OBLITERATION OF THE RIGHT ILIAC VEIN.

Louise Prevot, a servant, aged twenty-two, entered the hospital under the care of M. Trousseau. She had been confined a month; her labour was very protracted, and it was necessary to employ the forceps in order to accomplish delivery. Five days afterwards she was seized with phlegmasia alba dolens, which was attended with fever, and the patient was obliged to keep to her bed. At the time she entered the hospital there was œdematous tumefaction of the abdominal region on the right side. Pressure produced very severe pain at the posterior and superior part of the right leg. The abdomen was soft and inactive; fever intense; and depression considerable. Auscultation showed pneumonia of the right side through its whole extent, with pleuritic effusion at the inferior parts. Two bleedings were had recourse to; the blood was very firm. Ipecacuanha was administered, and a pectoral tisane.

Although, in addition to these means, a large blister was applied to the back, the disease made rapid progress. The pneumonia increased, and with it the depression and fever. The pulse became small, compressible, and very frequent. The adynamic condition of the patient was most marked; the skin became excoriated near the sacrum; the respiration embarrassed more and

more; certain cerebral phenomena manifestod themselves, and the patient died six days after her admission into hospital.

The autopsy was made twenty hours after death. The right primitive iliae vein near its junction with the vena cava, the external iliae, the femoral to within five or six centimètres of the crural arch, were completely obliterated. The femoral vein was pervious near the popliteal cavity. All the deep-seated veins of the right limb were obliterated. In the primitive iliac, the obliteration was produced by a fibrinous mass, containing a notable quantity of a liquid, somewhat like pus, mixed with serum. The periphery of the stratum was composed of fibrinous matter to the extent of eight or ten centimètres, adherent to the neighbouring veins. At this point the veins were thickened and rigid, like that of a largc artery, but without redness. Immediately beneath, a puriform liquid filled the vessel; and still lower, the obliteration was caused by a large clot, composed partly of fibrine and partly of blood. The clots in the deep veins of the leg were formed in the same way.

In the thorax there was purulent effusion on the right side. Pneumonia on the same side, with small purulent spots scattered throughout. There was also peri-pneumonia of both lungs. The abdominal viscera were all healthy. No obliteration or any appreciable inflammation of the uterine eavity. No alteration of the internal surface of the uterus, or in the substance of the organ.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of Sept. 2; M. Pouillet in the Chair.

ANATOMY OF THE CAPILLARY CIRCULATION, BY M. BOURGERY.

The sanguiniferous eapillaries, considered hitherto as forming a simple system of circulation, constitute, on the contrary, a double system: consisting, on the one hand, of the anastomotic communieations of the smaller divisions of the arteries with the primary vesicles; and, on the other, of the eapillary network proper to each organ and to eaeh tissue.

The eommunieations between the capillary veins and arteries around speeial textures are the same in all parts of the body, and are more or less frequent aecording to the degree of vascularity of each region. In all parts they form a diverticulum of the general circulation of eaeh organ, destined to relieve it of a too large quantity of blood, or to furnish it with a supplementary amount of that fluid. The capacity of this diverticulum is always much superior to that of the vasa propria of eaeh organ, and, therefore, yields a ready passage for the arterial blood into the veins.

Besides this eapillary eireulation, another system can be met with in each tissue or organ, disposed around the anatomical elements of its texture.

Henee a well-marked independenee is found to exist between the partial eireulation within each organ, whieh may be diminished or altogether arrested; whereas the peripherical eirculation is always and in all parts uninterrupted.

By these views the theory of Harvey is confirmed and completed. Thus a general eirculation is destined to perpetuate the collective functions of life, and is, therefore, permanent; and in each part of the body a very considerable number of partial eireulations may also be notieed, destined to assist the performance of the various functions of seeretion, nutrition, and organic transformation. These researches explain the formation and resolution of eongestions; and they aceount for the eontinuance of the general eireulation around organs in which disease has interrupted the partial circulation.

The meeting of Sept. 11 was occupied by subjects foreign to medical science.

ACADEMY OF MEDICINE.

Meeting of Sept. 12; M. Begin in the Chair.

GUNSHOT WOUNDS.

M. Velpeau: Sinee the revolution of February, M. Velpeau had reeeived into his wards 182 wounded persons—85 in February, 97 in June; 33 had died—16 in February, 17 in June. The majority of the remainder had been eured, others were still under treatment; some had been forcibly transferred to different establishments, and had been lost sight of. M. Velpeau had observed fifty-eight fractures from gunshot wounds; in twenty-six cases amputation had been necessary, ten of which had proved fatal. After the events of June, twenty-six fraetures of the extremities had fallen under his observation; six amputations were performed, and two of these had been lost.

The wounds were divided in equal numbers amongst the soldiers, the national guards, and the insurgents; and Profcssor Velpeau had not noticed any difference in the results from moral causes.

In the statements laid before the aeademy, M. Velpeau did not see any new observations; he did not think that any absolute opinion, with regard to the relative dimensions of the wounds made by balls at their entrance and at their exit, was eorrect. Most frequently, however, it was the entranee of the ball whieh eaused the largest wound. But differenees in this respeet were frequently observed, and were eertainly due to inequalities of tension of the skin, to the angle of incidence of the projectiles, to their foree of impulsion, their form, &c.

Refrigerating applieations in gunshot wounds were no novelty. They had been praised by Guthrie. M. Velpeau did not believe them to be possessed of the advantages reeently ascribed to them. In February he had not used them. In June, yielding to the solieitations of several persons, he had employed cold dressings in a certain number of patients, and he had not derived from them any peculiar benefit. It was an error to suppose that gunshot wounds produeed invariably a eonsiderable degree of reaetion. This was, on the eontrary, seldom observed. Hence the surgeons who applied eold, finding little or no reaction, referred this advantage to the nature of the treatment; whereas the same result would have been observed had another line of practice been adopted. M. Velpeau had simply used lukewarm poultiees, regular and methodieal dressings; and the results had been as favourable as those of other surgeons. As to veneseetion, he seldom had reeourse to it, and never as a precautionary measure.

M. Velpeau was happy to hear M. Malgaigne reeommend a more nutritive regimen—a system which he had himself advised for the last fifteen years. It must also be said that modern surgeons were on this point less rigorous than their predecessors.

The question of amputation had not, in the professor's opinion, advaneed one step, because it was not properly laid down. Amputation being found indispensable, should the operation be performed at onee or not? To this question only one answer eould be made: no surgeon would eonsent to lose time when the removal of an extremity was judged necessary. It was more diffieult to come to a conclusion when it was asked, in a case of dangerous fraeture, should the limb be removed or not? The problem eould only be solved by a eareful diagnosis; but, whatever might be the experience and sagaeity of the surgeon, the causes of error were so numerous that it was difficult to avoid it. For his part, he openly acknowledged his partiality to temporization. Amputation was said to substitute a simple wound for a complieated one. But a wound dividing all the textures of a limb—skin, muscles, nerves, vessels, bone, and medullary membrane—could scareely be ealled a simple wound. Professor Velpeau considered as a demonstrated faet that purulent absorption was more frequent after amputation. In 1830 he had operated more than in February, 1848; in February more than in June; and, finally, he advised amputation only in cases in which it appeared evidently to be unavoidable.

After some observations from M. Huguier on the same subject, the meeting was adjourned.

Treatment of Lupus.—In the "Revue Méd.-Chirurgical" M. Emery publishes the results of his experienee in this disease. He has found that no treatment, whether internal or external, possesses the effieaey of cod-liver oil in large doses. The quantity of this medieine exhibited by M. Emery will doubtless astonish our readers. It is in doses of from sixteen to thirty-two ounces daily that it should be used. With every deference to the learned physieian of the Hôpital St. Louis, we must say that few patients will be able to keep on their stomaehs such exaggerated quantities of a partieularly nauseous medicine, and that, even if they suceeeded in not rejeeting it, it is questionable if anything like that amount can possibly be absorbed, oily substances being generally changed within the stomaeh into insoluble adipocerous eompounds. M. Emery states, however, that, having had occasion to treat seventy-two eases of eonfirmed lupus, twenty-eight were eompletely cured by a persevering use of this medicine.

Anatomy—Minute Injections.—Dr. Hirshfeld, in his inaugural thesis, explains the method whieh he followed in the preparation of the numerous injections whieh he has offered to the museum of the School of Medieine. The perfeetion of these preparations induces us to suppose that it may not be uninteresting to the readers of the *Medical Times* to be made acquainted with his proeess. The subjeet being placed previously for some hours in a bath, the following mixture is that whieh is injected:—For the arteries: Oil, 1 litre; vermilion, 1½ lb. For the veins: Linseed-oil, 2 litres; white lead, 1 lb.; indigo, q.s. The addition of two tablespoonfuls of soft Venetian turpentine renders the mixture as penetrating as possible. It is with the assistance of M. Hirshfeld that M. Bourgery has performed those minute injeetions on whieh are founded the remarks on the capillary system whieh we this day forward; and we have no doubt that the patience and industry of Dr. Hirshfeld will lead him to further interesting results.

D. M'Carthy, D.M.P.

Aneurism of the Carotid Artery, simulating Cynanche Tonsillaris.—Dr. Duke related to the Surgieal Soeiety of Ireland the ease of a married man, aged thirty-two, about twelve months after a severe blow on the head, was attaeked with symptoms of ordinary catarrh and sore throat. He had, since the aeeident whieh he eonsidered as the cause of his symptoms, been subjeet to oeeasional headaehe, and a rushing noise in his head as of wind. When seen, there were quiek pulse, eough, and fever; the right tonsil and side of the fauces appeared inflamed. During the next two days the swelling extended, causing little pain, but eonsiderable difficulty of deglutition. On passing the finger into the mouth with a view of detecting fluctuation, it was diseovered that a strong pulsation existed in every part of the tumour, which was soft and elastic to the toueh. The stethoscope, applied behind the angle of the jaw, detected a loud bruit. This revealed the true nature of the ease; but next day the patient, being in considerable pain, requested relief from another medieal man who happened to be present. The tumour was punctured with a bistoury, and a jet of arterial blood followed; this, however, was eommanded by pressure, which was kept up till the following day without more than a few ounees of blood being lost The common earotid artery was then tied in the usual manner; pulsation immediately eeased in the tumour. There was no subsequent hemorrhage; but the power of deglutition was completely lost for five days after the operation, and then suddenly restored. At the end of five weeks, being apparently quite well, he went to

visit some friends, and was induced to drink spirits. During the night smart hemorrhage occurred from the mouth, which proved fatal before assistance could be obtained. No *post-mortem* examination was allowed. Dr. Duke considers this a case of diffused or false aneurism from a wounded or diseased condition of the vessel, the result of the blow. He thinks that the vessel was probably injured by a spiculum of bone, which had caused disease and softening of its coats; and that, during one of the fits of coughing to which he was subject, the artery had been ruptured and the blood extravasated into the cellular tissue, causing the swelling visible in the throat. This was entirely destitute of visible pulsation, although to the touch the evidences of aneurism were very evident.

Syphilitic Skin Diseases.—It is important to be able to recognise these diseases, as a false feeling of shame frequently prevents the confession of previous infection. Hebra (quoted in "The Monthly Journal") adduces three series of phenomena as fixed points for the diagnosis. First, The symptoms common to all the syphiloids having only a conditional value. Second, The special application of the former—the peculiar symptoms by which a syphilitic skin disease may be distinguished from its non-syphilitic fellows. Third, The diseases of other organs simultaneously occurring with these syphiloids, and which cannot here be further entered on. The signs of the first series are:—*a*, The colour—only characteristic when the disease is of some standing. The original red colour becomes dark-brown red, from the non-absorption of pigment deposited from the blood along with the exudation. Hence, even in healing, syphiloids must pass through the various stages of dark brown, to clear, pale yellow, yellowish-grey. *b*, The round form, in such diseases as do not otherwise assume this form—as lichen, acne. *c*, The peculiar seat. Psoriasis syphilit. affects the palms of the hands; others, chiefly those parts where the skin is close to the bones, as the forehead, scalp, &c., and generally they are extended over the whole body (except psoriasis, lupus). *d*, Itchiness is either awanting or trifling. *e*, Desquamation is very trifling, as in psor. syph. *f*, The tendency to liquefaction and formation of crusts is, however, greater. *g*, The skin has a peculiar cachectic appearance (Ricord's syph. chlorosis).—Hebra divides the peculiar symptoms according to the primary efflorescence. The first form in secondary syphilis is the macular syphiloid, roseola syphilitica, in bright red patches on the back, breast, brow, and face, which, distinct from one another, are either uniform with the skin (cutis variegata), or project somewhat above it from congestion of a collection of sebaceous glands. In time the spots become brown, the healthy skin remaining white—ephilides venereæ. The second form can also pass into the papular syphiloid; the congestion disappears, a considerable elevation of papulæ, the size of lentils or peas, of a pale red or normal coloration. According as these papulæ are larger or smaller, the disease is called lichen miliaris or lenticularis; the peculiar colour, the round form, the absence of itchiness, and the trifling desquamation, characterize its syphilitic nature. If these papulæ tend to suppuration, we have, thirdly, the tubercular syphiloid, which may be termed acne syphilitica, and is the most frequent. The tubercles are either disseminated and quite round, or they are collected on one spot—lupus; both kinds tend to ulceration syphilidelkosis. If the papulæ are very lsrge, they are called phymata syphilitica. The scaly syphiloid, principally appearing as psoriasis plantaris and palmaris, has, instead of scales, but slight white elevations; a redder colour, however, than in other psoriasis. The bullar form, rupia syphilitica, is more frequent; a red spot first appears on which a vesicle becomes formed, speedily reaching the size of a walnut or hen's egg; the contents become muddy, purulent, and decrustation begins from the centre, from which a chronic pointed crust arises; on removal of this crust a deep syphilitic sore or vegetations remain. The pustular syphiloid never forms achores, but only psydracious or phlyzacious pustules. Impetigo and ecthyma also occur, and show a greater than usual tendency to formation of crusts. Acne syphilitica is very liable to suppuration and the formation of crusts, and may be ranked among the pustular forms. The various vesicular, pustular, and bullar eruptions pass so into one another, that they form generally the crust-building syphiloids. The spongy syphiloids—vegetationes syphiliticæ seu condylomata—have either a broad base, or are pedunculated. They are variously named according to their forms. A syphilitic disease of the nails appears as a horny degeneration, or as a sore under the nails of both the thumbs or great toes, of a semicircular form, enlarging both in width and depth. Hebra recommends as treatment a modified plan of inunction, except in rupia, where, weakened by the excessive exudation, a tonic-stimulant plan is best adapted. In psoriasis palmaris and plantaris, local inunction of mercurial ointment every evening, stockings or gloves being worn during the night, and a local bath in the morning, are what Hebra recommends. In the spongy syphiloids he employs either the deutioduret. hydrarg. ℥j. to ℈j. axung., or sublimat. corros. ℥j. to ℥ij. to ℥vj. alcohol, or Plenck's paste, which always attacks only the diseased skin.

Ergot of Rye a Remedy for Excessive Dilatation of the Pupil from Belladonna.—M. Comperat, says "The Medical Gazette," has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds; it soon returned; the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from other causes.

Double Uterus and Vagina.—M. Huguier showed to the French Academy of Medicine a woman who became pregnant in one half of the uterus. It was very remarkable that, after delivery, the mamma of the corresponding side alone became hard and swollen.

REVIEWS.

On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the Connection of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: John Churchill, Princes-street, Soho. 1848. Pp. 505.

(Continued from page 324.)

Our author states that the anasarca which sometimes follows scarlatina, &c., is of a similar description. "Nearly allied to the above state of disease," he observes, "is the anasarca which frequently follows scarlatina, and more rarely the measles, urticaria, and some other diseases particularly affecting the skin. In scarlatina this form of dropsy usually comes on after the fever has begun to subside; that is to say, between two and four weeks after the first commencement of the eruptive fever. The appearance of the swelling is commonly preceded or accompanied by an increase of feverish symptoms, particularly towards night, the bowels having continued costive, the urine scanty, and the skin harsh and dry. At this period, also, frequent vomiting occasionally occurs. In a short time the face, and particularly the eyelids, begin to swell, and this swelling extends more or less rapidly over the whole body. As the swelling increases, the patient usually becomes more torpid and drowsy, and in some cases symptoms indicative of effusion on the brain, or into the cavities of the pleura or peritoneum, take place. The urine now becomes still more scanty and high-coloured, is often turbid, and generally passed at short intervals, in very small quantities at a time, with more or less of pain. The colour of the urine is occasionally brown, or is quite red; and in this case obviously depends on the colouring matter of the blood. In almost all instances, however, whether it contains the colouring matter of the blood or not, the urine coagulates by heat, showing that it contains albuminous matter in solution."—Pp. 123, 124.

With respect to the exciting causes, Dr. Prout enumerates, as formerly, exposure to cold and moisture, although he admits that the anasarca of scarlatina cannot be always referred to this, or, indeed, satisfactorily to any other particular cause. The immediate cause Dr. Prout looks upon in this, as in the former kind, inflammatory dropsy, to consist in an "inflammatory state(a) of the whole system, involving the kidneys in particular." He also considers it as occurring, whatever the cause, much more frequently in children than in adults; and its severity, he observes, is always much greater in proportion as the preceding eruptive fever and sore throat have been mild and favourable.

We have not had occasion frequently to differ in opinion with the author before us; but, although we fully subscribe to and concur in his observations upon the "inflammatory form of dropsy," we must confess that we cannot go the whole length with him in his observations upon the anasarca with serous urine which frequently follows scarlatina. We admit the perfect accuracy of Dr. Prout's detail, as occurring in occasional instances only. We have repeatedly seen serous urine—cogulating readily on the application of heat, and forming a dense coagulum—with anasarcous swelling of the extremities, and even generally of the cellular tissue, with which also may be included ascites. But we have found that a large proportion of such cases do well under the use of some of the diuretic preparations of steel, and mild aperients. We therefore think that Dr. Prout's views must have been formed from his observations being directed to the severer cases, and which, from an inflammatory condition of the kidney, had resisted more ordinary treatment. If the kidney be involved, and the phlogistic diathesis be developed, and in great activity, we believe the observations of our author will apply in all their force, and to the fullest extent; but we are far from allowing that even the majority of cases of anasarca with serous urine after scarlatina assumes anything like the formidable character and unmanageability, or require the activity of treatment, suggested by our author. Extensive dispensary practice has furnished us with ample means of experience, and we have here stated the conclusions to which it leads.

Our author insists on the antiphlogistic treatment, in the strictest sense of the terms, in this species of dropsy. "Bloodletting," he says, "general and local, must be resorted to according to circumstances, and particularly according to the period, degree, and seat of the inflammatory action. If the patient be a young and robust individual, of sound constitution, bloodletting from the arm and cupping over the loins may be usually repeated with excellent effect. If the patient be a person of previously dissolute habits and of broken constitution, with probably unsound viscera, general bloodletting must be applied with greater caution, and cupping and leeches will be more appropriate. Much may be learned on this point by a careful inspection of the blood first drawn. If the blood be dense,

(a) We must confess that we have some objection to the expression "inflammatory state of the whole system." Inflammation we consider as expressing a peculiarly morbid change in the special structure of some particular organ or part. We think our author would have been more happy had he substituted the term "phlogistic" for "inflammatory," which would have denoted general excitement, and of the synocha types, the true condition.

and abounding in colouring matter, bloodletting in general may be safely repeated; if, on the contrary, the colouring matter be obviously deficient, and the blood be poor and watery, further depletion will hardly be proper."—Pp. 124, 125.

In the above principles we fully concur, and it seems to us essential that they should never be lost sight of by the practitioner. A very large proportion of the dropsical cases which come under our review have been brought on by, or in some way associated with, intemperance of one kind or other; consequently we should regulate our method of treatment accordingly, and adapt it to the circumstances and constitution of the patient.

Promoting the due action of the skin by the use of diaphoretics proves of great moment in this kind of dropsy, and our author gives the preference to Dover's powder, which he says "is the most efficient." The Dover's powder we believe best suited to the broken-down constitution, with "unsound viscera;" but where the constitution is sound, the frame robust, the phlogistic diathesis clearly developed and in active operation, a strongly albuminous condition of the urine present, we believe that the preparations of antimony(a) will be found the agents best suited for promoting the action of the skin. The efficiency of diaphoretics may be increased by the exhibition of acetate of ammonia in proper doses.

Mercury we believe to be injurious under almost all circumstances. Our author says,—"Calomel is a doubtful remedy, but in some instances may be advantageously combined with Dover's powder," &c. The mercurial action, if induced, we have always found injurious, and if a mercurial alterative be absolutely necessary, from our own experience we should certainly give the preference to the oxymuriate with sarsaparilla. It seems almost superfluous to observe that warm clothing, and particularly flannel next the skin, are of essential moment, and that the occasional use of the warm bath, and in some cases the vapour or hot-air bath, by relaxing the skin, will contribute to the health of the patient. Diuretics are generally of questionable utility. "Stimulating diuretics," says our author, "act unfavourably, particularly in the early stages of the affection. When the active symptoms of the complaint have been subdued by bloodletting, and the urine, as is generally the case from the employment of this active remedy, has become improved in quality and increased in quantity, the more gentle diuretics may be often resorted to with advantage: such are the acetate, citrate, or nitrate of potash, with the spir. ætheris nitrici, &c. The bowels should be kept open, and occasionally a brisk purgative may be given; but there seems to be no good attainable by constant purgatives, which may, in those instances in which the kidneys are severely affected, lead to that harassing diarrhœa too commonly proving fatal in this class of diseases. When the patient, by these and other appropriate means, has been fortunate enough to recover from the immediate attack, it will be absolutely necessary for him for a long time, perhaps during the remainder of his life, to consider himself as an invalid; to live abstemiously and carefully; to take regular and moderate exercise; and, above all things, to avoid exposure to cold and wet. Indeed, if his circumstances admit, he may advantageously spend the winter months in a warmer climate."—P. 125.

Upon the question of the treatment of anasarca occurring after scarlatina, the author asserts that it resembles in principle that of the acute form of inflammatory dropsy just considered. Urgent symptoms, whether from inflammation or congestion, require leeches, cupping, &c., in the vicinity of the part affected; and these depletives may be followed by counter-irritants, as blisters, sinapisms, &c. If the head become seriously affected, the measures must be prompt and active.

Diarrhœa not unfrequently supervenes on the termination of scarlatina; and we should be cautious how far we interfere with it. When severe it should be moderated, but not suddenly checked. Upon this our author observes:—"If this diarrhœa, as is sometimes the case, appears to depend on an inflammatory condition of the mucous membrane of the intestines, recourse may be had to leeches, followed by fomentations, &c., to the abdomen. If the diarrhœa be the immediate effect of the irritation occasioned by fæcal accumulation, mild and efficient purgatives, as castor oil, &c., should be administered, so as to completely get rid of the offending cause. The warm bath, both as a means of prevention and of cure, may be advantageously had recourse to in this affection; and the patient should be kept in a warm and uniform temperature, so as to promote a free action of the skin. When the more acute symptoms have subsided, diuretics may be usually employed with good effect, such as digitalis conjoined with syrup of squills, acetate of potass, ammonia, &c., according to the circumstances of the case; and, on the complete cessation of active symptoms, the citrate of iron may be often advantageously added to the citrate of ammonia, or other diaphoretics employed. During and long after convalescence, the effects of cold must be particularly guarded against."—P. 126.

We have already stated our views in reference to anasarca generally, as a consequence of scarlatina. Anasarca, but of quite a transient description, frequently follows scarlatina, and indeed several of the exanthemata, and is often attended or accompanied by coagulable urine. In concluding the subject of this section, the author makes the following observations, which we cannot too strongly recommend to the serious consideration of the practitioner:—"In those cases originating in attacks of scarlet fever, the anasarcous symptoms following that disease have been usually severe, and in some instances treated by large and active doses of calomel; which, no doubt, contributed its share towards the production of the chronic forms of the disease."—P. 126.

We have already given our opinion with respect to mercury; therefore, here we have only to repeat that mercury should be administered with great caution, not only in scarlatina, in all its forms and varieties, but also in all the exanthemata in general.

(a) The pulv. Jacob. ver., or true James's powder, is unquestionably the best of the preparations of antimony. The pulv. antimon. comp. of the London Pharmacopœia is but an indifferent substitute. The pharmacopœal preparation is rendered much more active by the intermixture of a small quantity of tartar emetic.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 23, 1848.

THE SQUABBLES AT UNIVERSITY COLLEGE.

Three weeks have now elapsed since we last noticed the affairs of that unfortunate institution known as University College. We have allowed this period to pass by in the hope—we dare not say expectation—that some explanation would at least be attempted by the gentlemen on whose conduct we have had occasion to animadvert. Our hope has been disappointed! Denial was impossible—excuse futile!

The matter stands thus: A proprietary institution, professing ultra-liberal principles, intended for a beacon to other collegiate establishments, has become, by the neglect of its disappointed founders, a toy in the hands of a self-elective council, which is completely under the influence of two of the teachers of the school. The proofs of this we have before given. Let us briefly recapitulate. One gentleman uses his influence to secure himself a handsome salary for life, independent of his own exertions for success. Another seizes on all the offices attainable, with, at the same time, an eye to emolument.

Let us consider the duties of these gentlemen as contrasted with their salaries. One delivers a lecture daily of one hour's duration; and this only from the 1st of October to the 1st of April. For this he is paid £600 a year, for 156 hours' employment — £600 yearly; nearly £4 per hour. How does he fill up his time? He does not attempt to practise the medical profession; his contributions to science are few and far between. Idleness is said to be the root of all evil. May not some of the squabbles in the Royal Society, as well as in University College, be attributed to this? Next, let us look at the other's emoluments and offices. About £600 again from his two professorships. For this he certainly works harder than his colleague. He has his hospital duties to attend to, more harassing now, in consequence of his being connected with the Eye Infirmary; besides this, he ought to give a certain portion of his time to the dissecting-rooms. The hospital, however, is supposed to repay him well, indirectly, for the time devoted to it; and his visits to the dissecting-rooms are few and far between. This gentleman has also published a work which has gained him some fame—however much of it may be due to the author of the drawings.

Jealousies arose long since in University College, in consequence of the venerable professor of surgery wishing to secure the advancement, when such could be done fairly and openly, of his son-in-law, Mr. Morton—a gentleman eminently qualified to do honour to any institution fortunate enough to possess his services. This gentleman was assistant surgeon in the hospital, and would have been, had things taken their natural course, second surgeon when Mr. Liston died. This was frustrated, for reasons well known to us; and the absurdity of summoning Mr. Syme from Edinburgh was perpetrated, it being previously arranged that Mr. Syme should come, not as senior surgeon, but as junior to one who procured his own advancement, leaving Mr. Morton in his former position. Next comes the deep-laid and long-matured scheme of ejecting Mr. Cooper from his chair, followed by the election of Mr. Arnott as *senior* surgeon to the hospital and lecturer on surgery, while the pet man gets a second professorship and becomes teacher of clinical surgery — the post formerly held by the lamented Liston. To please Mr. Morton, he was made surgeon of the hospital—an absurd sinecure, no beds being allotted to him. As assistant surgeon he had something to do; as surgeon without beds he has nothing: the better for others—no comparison can be made! The end of the approaching winter session will test the professor of clinical surgery. We remember poor Liston's moving lectures and demonstrations. Comparisons are odious?

Next come we to the last appointment—that of Mr. Marshall as assistant surgeon! We are led to believe this gentleman was astonished at the good fortune which the diligence of his friends had secured for him. He was highly respected as curator of the college museum, and his knowledge of the anatomy of the fifth pair of nerves in the frog was never disputed. But how was he elected? Ad-

vertisements were inserted in the journals that the long-delayed election to the office of assistant surgeon was to come off on a certain day. There was not even a hint that a second might be required; indeed, there was no vacancy. Many gentlemen avoided sending in their applications out of delicacy to a gentleman who was known to be an aspirant. A vacancy was created during the sitting of the board by making Mr. Morton surgeon, and, without even the pretence of a public notice, was then and there filled up by the appointment of Mr. Marshall! Such doings were never surpassed even in the palmy days of close corporations and rotten boroughs. We shall return to this subject.

THE UNIVERSITY OF LONDON AND ITS GRADUATES.

The foundation of the London University was an important era in the history of our country, as it was calculated to give a fresh impulse to science and literature. In a former article we adverted to the condition of the two venerable institutions on the banks of the Isis and the Cam, and we endeavoured to show that, like many other corporations, they had not accomplished those purposes for which they were originally founded. Enriched by the munificence of the learned and the pious, they have failed to use in the best manner the funds at their disposal for the promotion of science and literature. From peculiar circumstances many devoted to the study of subjects which enlarge the mind and benefit humanity have been prevented from availing themselves of the advantages which Oxford and Cambridge are supposed to afford, while the science of medicine had been almost neglected in these seats of learning. The necessity of the times, therefore, imperatively demanded a new institution, which, freed from the imperfections of the ancient universities, should become a true nursing mother of science.

The first founders of our Metropolitan University, doubtless, intended that it should be governed and directed by the most liberal principles; though, in its infancy, it was necessary that a few chosen individuals should manage its affairs. The favourable circumstances under which it commenced its career induced many to seek those academical honours which it had in its power to bestow, and it can now number upwards of four hundred graduates.

Those who hold this position in Oxford and Cambridge are entitled to certain corporate privileges, and they exercise a powerful influence in the government of these places. Strange to say, the graduates of London are excluded from all corporate benefits; and, while they shed a lustre over the university, they have been, up to the present time, unjustly treated by those who manage its affairs.

It was not to be expected that gentlemen with enlarged minds and liberal education could long submit to insult, and they have commenced an agitation which cannot fail in the end to procure for them the rights and privileges to which they are entitled.

In June last a general meeting of graduates was held at the Freemasons' Tavern. The resolutions then passed pointed to the organization of the graduates for the protection of their academical and general interests,—their desire to act in harmony with the views of the senate, to the securing for the graduates, as a body, representation in the university; and, until this could be effected, an occasional and stated communication between them and the senate. A committee was then appointed, and they forthwith memorialized the senate upon a former resolution, unanimously agreed to by this body, "that, as soon as the graduates of three years' standing should amount in number to three hundred, it will be expedient to constitute the said graduates, and all future graduates of the same standing, together with the persons who then or thenceforth shall be, or shall have been, members of the senate, the electoral body of the university."

Its prosperity requires that this resolution should be carried into execution. The senate now consists principally of members of other universities, who cannot feel that interest in the University of London which must necessarily be experienced by its graduates. These have no share or influence whatever in the management of its affairs, their diplomas being the only things which testify their connection with this institution. What crying injustice is this! Four hundred gentlemen with academical degrees, obtained after hard work and a severe examination, shut out from honours and privileges to which they are entitled. By thus excluding them from their just rights, the original intentions of the founders of the university have been disregarded and the prosperity of the institution greatly impeded.

The committee argue that, from the number of undergraduates, in a short time the graduaes would fall little short of a thousand, and that the time was, therefore, arrived for such a reconstruction of the university as would admit them a part of the corporate body.

The committee are now engaged in the difficult and delicate task of drawing up a scheme for this purpose, and to accomplish it three plans appear to present themselves.

"First: A convocation of graduates, as at Oxford, Cambridge, and Durham, with defined and distinct powers of their own. Second: The plan suggested by Mr. Warburton in 1840, to vest the entire administration in the senate, who should become in process of time the representatives of the graduates by periodical retirement of a proportion of their number, and election of new members by the graduates. Third: A combination of both these measures. Whichever of these your committee may eventually submit, they will be guided by the assurance that the graduates do not desire, and would disapprove (were it attempted) any mere transference to themselves of the powers now enjoyed by the senate; but duly regarding the rightful superiority of that body, to introduce themselves as a new power into the university, and to effect such a distribution of its labours as may most effectually secure the high purpose of its foundation."

The interests of the medical graduates, also, have not been overlooked, and the committee "assure them that their position with reference to the proposed Medical Registration Bill has engaged the serious attention both of the senate and of the committee. The senate has entered a *caveat* against the projected new charter to the College of Physicians, and Dr. Billing and Dr. Hodgkin have been examined as witnesses on their behalf before the committee of the House of Commons." Dr. Storrar and Dr. Robert Barnes have also been examined as representatives of the graduates.

There is no doubt whatever that the examinations for the diploma of the University of London are of a superior order, giving a guarantee of fitness to practise as a physician or surgeon equal to any other institution. We are not surprised, therefore, that the medical graduates are unwilling to submit to the examinations of other medical corporations, in order to obtain a legitimate title to practise. They consider, and justly, that as their fitness has been already tested, they are entitled to engage in practice as much as if they were members of the College of Physicians or Surgeons. The arguments by which they supported their claims are—

"First. The public good that must result from the stimulus thus imparted to the medical corporations to maintain a high standard of requirements from candidates for diplomas.

"Second. The peculiar claim which the graduates of the University of London have upon the care of the State, which had founded the University.

"Third. The fact that, in three several acts of Parliament, the equivalency of the degrees in laws and arts of the University of London with those of Oxford and Cambridge has been already declared, and the consequent justice of extending the like consideration to the degrees in medicine.

"Before the parliamentary committee special objections were also taken to certain provisions in the proposed Medical Bill, and in the charters to the Colleges of Physicians and General Practitioners, especially against that clause which would admit as members of the College of Physicians (the proposed qualification to practise as physician) M.D.'s of Scotch and foreign universities, while it would exclude M.B.'s of the University of London. The attention of the registration committee was also directed to that extraordinary provision which would forbid a graduate in medicine from using his academical title, unless authorized by admission as member of the College of Physicians."

The demands of the graduates are just, and perseverance will compel the ruling powers eventually to yield. The prosperity of the Metropolitan University is connected with the adoption of liberal principles, and it would be an indelible stain upon its character to refuse its children their just rights. We trust they will never rest satisfied till they form an integral part of the corporation; and when this is the case we have little doubt that it will stand one of the first in the world.

MAMMON AND MURDER.—THE NECESSITY OF PUTTING DOWN BURIAL CLUBS.

The frightful cases of poisoning which have recently been brought to light in the county of Essex afford to the moralist, the philosopher, and the statesman, some very important lessons. In a country remarkable for its morality and religion, we have occasionally perpetrated some of the most serious crimes, showing that the tendency to wrong-doing is so powerful in the bosom of some as to urge them to break through the most sacred obligations, and to expose themselve to the most imminent dangers. Neither the power of good example, the weight of divine precepts, nor the authority of human laws, are sufficient oftentimes to restrain the development of those passions which bring upon individuals and society a large amount of suffering. One of the most powerful indications of an advanced state of civilization is a high respect for human life; and we have been accustomed to plume ourselves that in no other country is so much veneration displayed for it. Recent disclosures, however, have perilled our reputation; and we are astounded with the fact that secret poisoning exists among us to an alarming extent.

Only two or three weeks ago a woman named *May* was executed at Chelmsford for destroying her brother by giving him arsenic; and it is sus-

pected that she had previously murdered in a similar way no less than fourteen of her children. Since then the sister of this wretched woman has been found guilty by a coroner's jury of having poisoned her husband. In the former case mammon was the exciting cause of the perpetration of the atrocious deed; in the latter, lust.

May entered the name of her victim in a burial club, stating that he was a healthy man, and that he was much younger than he really was. The object she had in view was to obtain the sum usually allowed on the death of a member, which appears to have been about nine pounds. To secure this she had to pay the society one shilling at the time of entrance, fourpence per quarter, and sixpence on the death of a member or nominee. It will be seen at a glance, that by expending a few shillings there is the prospect of obtaining some pounds; for at any time a dose of arsenic is easily and cheaply procured. A system which grants a bonus for taking away life ought, without delay, to be put down by the strong arm of the law. Before the publicity which has now been given of the detection of persons who paid into these societies for a wicked purpose, they were decided evils. Now the force of example, the knowledge that death can be accomplished with a good prospect of obtaining money and escaping punishment, will tempt many to try out of a small capital to obtain quick and large returns.

It is an error to suppose that the only means by which persons become entitled to the benefits of these societies is by administering arsenic to their victims. This, no doubt, is a very common method. Arsenic, *par excellence*, is *the* poison easily and cheaply procured, and which can be administered in such minute quantities as to excite no suspicion in the mind of the person to whom it is given.

We know no correct data which will enable us to arrive at correct conclusions as regards the proportion of cases of poisoning by arsenic to others, in England. In France, out of two hundred and twenty-one cases of deaths resulting from the administration of deleterious drugs, no less than 140 resulted from arsenical compounds. If the same relative proportions obtain in this country, no less than two-thirds of the murders by poison are by arsenic. It is the duty of the Government, therefore, to put down by law the sale of this article. Yet this would not suppress the evils connected with burial societies.

It is a well-ascertained fact that a large number of persons upon the books of these institutions are *children*, to whom it is not necessary to give poison to hasten their deaths. A slower but more certain method can be adopted, which it is most difficult for chemical investigation to detect, or the law to effectually punish; we allude to neglect and starvation. It is impossible to ascertain the extent to which this system is adopted; but that numbers of children are disposed of in this way is almost certain, from the fact that when they are placed upon the books they are considered "doomed," and their deaths are frequently registered without any medical certificate. It is a singular circumstance, also, that the majority of the victims are females; the boys being more likely to prove of service to their parents by their labours in the field or manufactory.

In Manchester burial clubs abound, and, while the funeral costs not more than 30s., the clubs allow not less than £3, and in some instances as much as £5. A person, moreover, is not compelled by any regulation to confine his payments to one society; he may belong to as many as he please, and in one instance it has been ascertained that a man had secured payments out of nineteen different burial clubs. We give the following instance from Mr. Chadwick's report, quoted in the *Times*, to show the evils of this system.

"The child (according to a statement of the case) had been entered in at least ten burial clubs; and his parents had six other children, who only lived from nine to eighteen months respectively. They had received £20 from several burial clubs for one of these children, and they expected to receive at least as much on account of this child. An inquest was held at Mr. Gardiner's instance, when several persons who had known the deceased stated that she was a fine fat child shortly after her birth, but that she soon became quite thin, was badly clothed, and seemed as if she did not get a sufficiency of food. She was mostly in the care of a girl six or seven years of age; her father bore the character of a drunken man. He had another child, which was in several burial clubs, and was a year old when it died; the child's mother stated that the child was more than ten months old, but she could not recollect the day of her birth; she thought its complaint was convulsions, in which it died. It had been ill about seven weeks; when it took ill she had given it some oil of aniseed and squills, which she had procured from Mr. Smith, a druggist. Since then she had given it nothing in the way of medicine except some wine and water, which she gave it during the last few days of its life, when it could not suck or take gruel. It was in three burial clubs; her husband told her that they had received upwards of £20 from burial clubs in which the other child had been entered; none of her children who had died were more than eighteen months old. A surgeon stated that he made a *post-mortem* examination of the body of deceased; it was then in an advanced state of decomposition, but not so far gone as to interfere with the examination. There was no appearance of external violence on the body, but there was an extreme degree of emaciation. The brain was healthy, and gave no indication of convulsions having been the cause of death; the process of teething had not commenced; had such been the case it might have led to the supposition that fits might have occurred; the lungs, heart, stomach, and intestines were in a natural and healthy state. The jury, having expressed it as their opinion that the evidence of the parents was made up for the occasion and entitled to no credit, returned the following verdict:—'Died through want of nourishment; but whether occasioned by a deficiency of food, or by a disease of the liver and spine, brought on by improper food and drink, or otherwise, does not appear.'"

But there is no doubt that the facility with which arsenic can be procured, and the careless manner in which the causes of death are registered, make the burial clubs especially dangerous to society. No person should be allowed to sell poison except by especial licence, and no certificate of cause of death should be received except from a duly-qualified practitioner. Now, on the testimony of non-medical persons, the registrars furnish certificates for burial; and the consequence is that many persons are said to have expired from convulsions or cholera, whom subsequent *post-mortem* examinations have showed to have died from poison.

The course to be adopted in order to suppress as far as possible this crime is to annihilate burial societies, to exercise great circumspection in the holding of inquests, and to encourage *post-mortem* examinations. Coroners, no doubt, would have the public believe that all that was necessary was for a jury of twelve men to sit upon a body where death was supposed to result from violence. Yet how many inquests have been held, and verdicts returned of "Died by the visitation of God," when subsequently it has been ascertained that this was not the case! Magistrates, we learn, have in many counties endeavoured to keep down inquests—coroners have attempted to suppress, so far as possible, *post-mortem* examinations. An inquest, we maintain, in most instances, is of little use without the surgeon's testimony, and his testimony cannot be of that importance which it ought when he has not had an opportunity of examining the body. Frequently, also, an expensive chemical analysis is necessary, and yet for this the surgeon is begrudged the remunerating sum which the law allows him.

Public safety requires that the Government should without delay adopt the most effective measures for the suppression of secret poisoning; and we hope that many months will not elapse before death-clubs are abolished, and a more effective means of detecting guilt adopted. In the meantime we counsel the members of our profession to refuse certificates where they have not had proper opportunities of ascertaining the nature of the maladies under which the deceased persons were supposed to have laboured. In this way our brethren will escape a large amount of responsibility, and their opinions will become of increased importance in public estimation.

THE PROGRESS OF THE CHOLERA.

The cholera is certainly at our doors, if we may judge from the fears lately manifested by our great contemporary the daily *Times*. Till within the last few days it gave only short notices of the ravages of that disease in distant countries; but now columns are occupied in making known to the public the best means of preventing or curing it. The "leading journal" has published the remedies used by an Arabian physician, which, we are led to understand, have been successful in the treatment of cholera. In addition to this, a translation from the German has appeared of the treatment adopted by Dr. Krüger Hansen, of Güstrow.

It would be a source of great satisfaction to us if the Arabian prescription, or the German mode of treatment, were better calculated to mitigate the virulence of Asiatic cholera than the means usually employed by the medical practitioners of this country. Assafœtida, opium, and black pepper, though useful drugs in certain stages of the complaint, have not yet exerted that power over it to warrant their being considered as specifics; and we fear that medical science has yet been unable to devise any means which can be with certainty relied on for the treatment of the Asiatic pestilence. Up to the present moment, wherever it has appeared, it has presented the same symptoms, run the same course, and produced the same mortality; and we are warranted, therefore, in concluding that it is as much now the *opprobrium medicorum* as ever it was.

It has invaded countries where the most rigid quarantines have been established, passed boundaries guarded by the most powerful military cordons, and slain its tens of thousands in the face of the most exalted medical skill which the world could produce. It seems as if it rode upon the wings of the wind, an invisible omnipotent agent incapable of exercising mercy.

Its progress westward has been steady and unchecked, and nothing has yet occurred to lead

us to alter the opinion which we expressed some months ago, that it will eventually visit the shores of our own country. While, therefore, we have no new fears to alarm, nothing has yet occurred to inspire us with new hopes that medical science has discovered any remedies which promise to be especially efficacious in the treatment of this malady.

The latest received accounts show that its virulence is particularly felt the first few weeks after its appearance in any place; that the cases then gradually become milder in their character, the mortality considerably diminishes, and at last the disease seems to take its flight to some other place.

Further experience, also, proves that cholera is not that contagious disease which at one time it was supposed to be by the medical practitioners of this country. The French physicians especially were formerly bigoted contagionists; now they have considerably modified their views, and many have become converts to the doctrines which they once opposed. It must be admitted, however, that occasionally the manner in which the disease spreads affords a powerful argument in favour of its propagation by human intercourse. Sometimes it appears to follow the track which travellers take from one part to another; but this, while it offers an argument in favour of its propagation by contagion, does not amount to a proof.

That it appears under certain atmospherical conditions, recent observations appear to verify. At St. Petersburg the electrical state of the air was peculiar and striking—there being scarcely any activity in the magnetical instruments. There is no doubt, also, that certain states of the constitution give a greater predisposition for the reception of the cholera virus. Diarrhœa, fatigue, debility, and impaired health from any cause, are circumstances which favour the development of the disease; though it does not confine its attacks to the weak,—the robust and healthy often falling victims to it.

Threatened as we now are by cholera, we trust that the powers with which the Government is invested to promote sanitary regulations will be wisely and promptly employed. Much may be accomplished in this way. The dwellings of the poor must be drained, ventilated, and cleaned. Vegetable and animal matter, powerful agents in spreading the virus, must not be suffered to accumulate in streets or houses, and all classes should guard against the predisposition which seems to favour the development of the disease.

The observance of hygienic rules will be the best means of warding off attacks, while they will, in disease, greatly favour the efforts of the physician to accomplish a cure.

As regards medicine, it will be highly proper to give a fair trial to chloroform, as it appears to have been successfully employed in the cases recorded in our columns by Mr. Brady, Mr. Plimmer, and Mr. Stedman.

MEETING OF THE COUNCIL OF THE NATIONAL INSTITUTE.

The new council of the National Institute of Medicine, Surgery, and Midwifery, held its first meeting on Wednesday, the 13th inst. It was very numerously attended, and much gratification was expressed at the prospect afforded of an early settlement of the question of medical reform, by the general agreement come to at the recent conferences at the College of Physicians by the delegates from the various medical corporations of Great Britain and Ireland, and the National Institute.

A report containing the important documents recently issued by the conference committee has just been published by the council, which will, doubtless, be read with much interest by all classes of medical men.

QUACKERY DEFINED.

[To the Editor of the Medical Times.]

"Opposites placed together give light and explain each other."—*Philosophy's First Principle.*

Sir,—The world is one great school; all are scholars, ever learning, never perfect. It is folly to keep talent on the lowest form. Pupils frequently outrun their masters. Farcical, indeed, are the puny efforts to fetter genius in times' latter age by arbitrary rule. Years roll on, yet how often, yea, numerous, are the inquiries, What is quackery? Through you, Sir, I now unfold its dark, its comprehensive, hidden meaning. Quackery is, then—1. Medical or other nonconformity to received orthodoxy in any science, matter, or thing; 2. Pretension.

Quacks are divisible into two great classes—1. Talented; 2. Ignorant, including subdivisions infinite.

Talented quacks live, see, hold converse with unclouded intelligences, and have a mental grasp beyond contracted social thoughts and habits. They deny rules of government not based on progressive laws, and have a knowledge in advance and action to all around them; in fact, they are becoming also shining lights in advance of the age they live in, ever warring against prejudice, hoary dulness, and besotted blindness. But, alas! too generally their glory is consummated in death, when both enemies and friends combine to applaud, because detraction then falls beneath the tomb. These are the men who know and feel that scientific discovery too often lies, not within, but beyond, university walls. By their untiring thought spring phenomena both sublime and startling to all antique theory. These men are pioneers for the world's onward progress. Many a facine battery do they erect against learned dulness, grovelling incapacity (both hating light). The learned quack is prepared to meet that epithet hurled against him by misplaced power. Shielding itself against popular ignorance, official oaths, narrow-minded, cramping, degrading regulations, which ever meet the action of mind in its assaults on such matters as pseudo-public institutes anchoring amid circular eddies or dangerous sandbanks, or altogether stranded, when piloted by mere cap, gown, or legal power, whilst the pure, unrestrained intellectual stream is rushing on to perfection at high-water mark. Genius is in it not acquired. Who dare limit or shackle the godlike gift if not permitted to fertilize society by its generous efforts? It must, nay will, brave and ultimately blast opposition, by which it thrives; hence malevolence and all but antagonism is let loose to stay its progress for general good.

Second, and lastly. The ignorant quack is the social horseleech feeding on professional repute and public credulity, ever sucking and never satisfied; unless discovered, death to his victim. There are five of this tribe now bleeding the public purse by wholesale, whose joint estates cannot be less than a million sterling.

Very faithfully yours,
Henry H. Pyke, Barrister-at-law.
87, Chancery-lane, and Verulam-chambers,
Lincoln's-inn.

TEST FOR COD-LIVER OIL.

[To the Editor of the Medical Times.]

Sir,—Among the substances proposed for testing the purity of cod-liver oil I believe it is not generally known that strong sulphuric acid is that on which reliance can be best placed. Mixing together on a porcelain slab four parts of genuine cod-liver oil, and one part of strong sulphuric acid, and stirring with a glass rod, a beautiful and rich violet colour, similar to that of the fumes of iodine, is produced, which in a few instants passes gradually into a dirty brown: the altered portion of the oil separating in irregularly-shaped patches from that out of reach of the acid. This remarkable characteristic is not possessed by either olive, almond, seal, whale, or fine sperm oil; nor do I believe by any other fat oil. The reaction varies the appearance from a delicate fawn to dark caramel. The latter is produced with several samples of very light cod-liver oil which are found in the market; a circumstance that induces me to think they have been bleached with chromic acid or other powerfully deoxidizing agents, thus decomposing all the gelatinous principle so abundant in genuine cod-liver oil.

Apologizing for so far trespassing on your valuable space, I have the honour to remain, your obedient servant,
Charles Hockin.
38, Duke-street, Manchester-square, Sept. 12.

THE NECESSITY OF MEDICAL REFORM.

[To the Editor of the Medical Times.]

Sir,—I am anxiously waiting to hear the fate of the new medical bill. From an abstract which I have seen it appears to have many good points in common with others which have been produced. My remarks apply to the accounts which have appeared from the National Institute. I think the intentions of the committee connected with it are real; if not I am grossly deceived. Something, Sir, really must be done; we are all floundering in the mud. The quacks oppress us; they are spreading like locusts, and filling their pockets on the very thing which is our due, having spent hundreds of pounds in learning what we know. What are we to do?—starve, fighting among ourselves and hurting each other? An apothecary and surgeon contending with a surgeon only or a doctor of medicine because he happens to dispense medicine. It is a pity that all M.D.'s, M.B.'s, L.A.C.'s, F.R.C.S.E.'s, and M.R.C.S.E.'s, vel L.'s, cannot join hand and heart to exterminate the fiend-like beings that draw money from the pockets of poor creatures ignorant as themselves. Sir, what are we to do? Reform. Reform, it seems an empty sounding word. How I should (in common with many others, I am sure) rejoice to see a measure brought forward that would enable us to keep down quackery. Nearly every one is turning a doctor in medicine. What a fool I was to be a doctor and get nothing for my pains. Yet I love the word, and the men, if they are only honourable.

I was looking over a Manchester paper the other day, and I found quack advertisements to the amount of fifteen; I thought of cutting them out and sending them to you, but perhaps you have seen enough. What is to be done with this crew?

"When doctors disagree who shall decide?"

Much has been said about the profession being overstocked. This may be. But extinguish quacks and then there will be room for a few more honourable men; and we shall be a freer people, more respected, and in a higher station. Quackery has brought us to a low ebb, and we are struggling with the people. The public will be thinking soon we cannot help ourselves. We shall be exterminated if we do not give a deathblow to quackery. Quacks will soon raise themselves a little higher, and I, for one, shall not be surprised if some of them are not offering themselves as candidates for hospital appointments.

I have spent hundreds of pounds on my education, and am now kept poor through quacks. I want to be settled, but how am I to support a family with what I make out of my profession?

We must save ourselves from ruin. We must not quibble about small things, but think what we are doing

Hoping, Sir, that this letter may rightly influence the hearts of all who read your excellent journal, I am, Sir, yours, &c., A Surgeon.

JAMES BIRD, ESQ., ON MEDICAL REFORM.

(Continued from p. 329.)

Are you of opinion that the distinction as recommended with reference to the College of General Practitioners and the College of Surgeons, by clause 4 of these Principles, has reference to the practice which the chairman alludes to?—I apprehend that the College of Surgeons is instituted for the purpose of maintaining a high standard of knowledge, both scientific and practical, in surgery; and they do not propose to go out of that.

Not at present; but I refer to what clause 4 proposes; it places every man under the obligation, before he can practise, of becoming a member of the College of Practitioners; he cannot practise with the simple diploma of a surgeon, even as a surgeon?—A fellow may practise, but not a member.

Is there any other correction that you wish to make in your former evidence?—With reference to the last question of all, 1104, I was asked, "Therefore a gentleman might take out a diploma of surgeon from the College of Surgeons, without being entitled either to register or to practise as a surgeon?" I should like to give the answer as follows:—"Certainly; the object sought to be attained is the complete efficiency of the class of practitioners to whom the majority of the public must necessarily apply, when suffering from accident or disease; to secure this, a special diploma in surgery is not considered to be sufficient, nor is it intended that the diploma of the College of General Practitioners, without a special diploma from the College of Surgeons, should be considered sufficient to entitle the holder to be placed on the register; both diplomas will be required."

At the conference what was the arrangement with respect to the examination which should be instituted before the College of General Practitioners?—It was most clearly explained at the conference, that the examination before the College of General Practitioners would be in medicine, surgery, and midwifery, or any other department of medical science that the council should think fit to order.

Subject to the supervision of the general council?—Subject to the supervision of the general council.

Was it agreed by the president and the vice-presidents of the College of Surgeons, that the examination in surgery should be as high and as unrestricted as the one which is instituted for a fellowship of the College of Surgeons?—It was stated that we shall take the unfettered right to examine in medicine and in surgery, and answers to any objections would have been given, but in fact no objections were made by the College of Surgeons, inasmuch as the diploma granted by the College of General Practitioners would be a general diploma of competency, and not a special diploma in any particular branch.

Until the late conferences were held, did not the council of the College of Surgeons object to the College of General Practitioners instituting examinations in surgery?—I believe they did; they formally objected; there was a document sent in to the Secretary of State, with a formal objection of that kind.

But at the conferences that objection was completely cancelled?—That objection was completely cancelled.

Can you now put in the draught of the charter which was before the conference, and under consideration, as the one which was to be granted to the College of General Practitioners, and the one recommended to be granted?—I can; this draught of a charter has been prepared by the council of the National Institute, and it is the draught of a charter such as we would recommend for the general practitioners. There were some slight points of difference taken on the part of the Society of Apothecaries, which I could readily explain. They are differences by no means insurmountable. This charter, when it has been discussed a little further at the conference, will be agreed upon as the charter to be recommended to be granted to the general practitioners.

Will you refer to those points of difference?—I will.

Does that charter exist in print?—It does not; we felt that we had no right to print it.

It is quite in an inchoate state, in fact?—It is; I put this charter in as part of my evidence, on behalf of the council of the National Institute; I cannot put it in as a member of the conference, because the conference has not yet entirely decided upon it, but as a charter which has been submitted by the council of the National Institute to the conference for its consideration.

It was then clearly before the conference, and discussed?—Yes, and discussed most decidedly.

Will you read the chief heads?—The preamble, as I conceive it, is exceedingly desirable to put in, inasmuch as it shows who the general practitioners are, and connects them with the surgeon-apothecaries of the present day, those who possess the surgical diploma, and those who possess the licence of the apothecaries.

Will you have the kindness to read it?—I will.

Where the word "fees" should be introduced, I observe there are blanks?—There are.

What was agreed to with regard to the payment of the fee for the diploma?—It was considered that the fee for the diploma should be left to be determined after the principles of the charter had been agreed upon. There was a remark made by the law-officer of the Crown, at the time the charter was under consideration at the Home-office, that, if it was intended or considered desirable that the general practitioners should be incorporated, there could be no desire to so limit the fee that the college should not have the power of maintaining itself properly; therefore, the question of the fee was really left to be considered hereafter.

Was any sum named?—A sum was named amongst our committee.

At the conference, I mean?—It was not named at the conference; I do not mean to say that individual members might not have said, when the question of fees was put, such a fee would be required; but it was not mentioned at the conference.

Do you propose to admit, as members, persons belonging to other colleges, from Scotland and Ireland, for instance, without the payment of any fees?—On the payment of a similar fee.

And not without?—And not without.

It is proposed that the fees should be under the control of the general council?—It is.

Do you mean that if a member of an Irish or Scotch college comes into England with a view to practise, he having undergone the education which would be required by the supreme council, you would demand of him on his enrolment here the same fee as if you had examined him in the first instance?—I do not know what will be determined; I will not say that he would or that he would not have to pay a fee; I do not know what will be the decision; that will be determined hereafter.

Was not that an important point to be considered?—I do not mean to say that it has not been considered, but that it has not been settled.

Supposing an individual had undergone the curriculum of education here, and he had submitted to an examination before the College of General Practitioners, and had obtained a diploma from that college, what right would that diploma confer upon him?—It would confer upon him no right to practise, because it is understood that the right to practise would be conferred by the registration.

Could he be registered simply on holding the diploma of your college?—No.

What right would that diploma confer upon him?—It would confer upon him no other right than that of membership and of going to the College of Surgeons, and obtaining the membership of the College of Surgeons, and, upon that double qualification, becoming a general practitioner.

Having in the first instance obtained your diploma, he would then be entitled to an examination at the College of Surgeons?—He may go to the College of Surgeons first; it does not follow that he is to be entitled to the diploma.

But that would entitle him, without any other testimonial than your diploma, to an examination at the College of Surgeons?—Provided, I presume, that he had conformed to the curriculum of study also.

Then your diploma would not be a passport to that examination?—Not unless he should have conformed to their curriculum also; and, *vice versâ*, we should take no diploma from the College of Surgeons as entitling a party to our examination, unless the curriculum he had followed, previously to his obtaining his diploma at the College of Surgeons, corresponded with our own requirements.

That was also agreed to at the conference?—Yes.

Both colleges acting independently of each other, and yet the diploma of neither college giving the individual a right of qualification?—Certainly.

Supposing a member or fellow of one of the Irish or Scotch colleges came to England, with a view to practise as a general practitioner, what course would he have to pursue to obtain that right?—I presume he would have to enrol himself in a college corresponding with the one of which he was a member in the sister country, in the first instance; being a member of that college, probably of both, he would enrol; I apprehend that a member of the College of Surgeons of Edinburgh, for instance, who could show that he was a surgeon, and had passed through the curriculum of study necessary to qualify him for a surgeon, if the examination tested his qualification as a surgeon, would be enabled, upon the faith of that diploma, to register as a member of the College of Surgeons in this country. I presume that, upon the faith of the same diploma, as it at present stands, he would be enabled to register at the College of General Practitioners in this country, and being an enrolled member of the College of Surgeons, and an enrolled member of the College of General Practitioners, he could appear on the register both as a surgeon and as a general practitioner.

Was such an arrangement as you now describe considered at the conference?—It was; I believe there is a statement in the Principles with respect to Scotland and Ireland. It states here, "The committee is aware that some variations from the plan which is here drawn out for England may be rendered advisable or necessary by local circumstances, and the rights of existing institutions, in Scotland and Ireland; and the committee is contented that such variations should be made, provided the principle be not contravened, that equality of education and qualifications in each class respectively of the profession in the three kingdoms should be first obtained, in order that the right of reciprocal practice may be justly allowed."

Do you understand that a member of the College of Surgeons would be enabled to register as a surgeon?—I do, certainly.

And also as a general practitioner?—And also as a general practitioner.

Would he be compelled by that arrangement to register as a general practitioner, if he were only a member of the College of Surgeons?—Every future member would.

If the fellows of the College of Surgeons wished to dispense medicine, how would they register?—I apprehend that many of them would register as general practitioners also; it is not made compulsory upon the fellows, because a fellow undergoes a more extended amount of education; he cannot obtain his fellowship until the age of twenty-five, whilst the member is enabled to come into practice at twenty-two.

That can only apply, of course, to the existing race of fellows; but, as their places were filled up by members of the college, they would also require to be members of the College of General Practitioners; so, in the case of fellows of the College of Surgeons, they would be also required to be registered as general practitioners?—I apprehend that some persons will pursue a protracted period of study up to the age of twenty-five, without belonging to the College of Surgeons; that is, without taking the membership at the age of twenty-two, or being a member of the College of General Practitioners at twenty-two; because, if I understand the object correctly, in instituting the fellowship, and in requiring that the period of study should be extended on to the age of twenty-five, it is that the intermediate period, from twenty-two to twenty-five, should not be passed as a practitioner; I conceive that they should remain in a state of pupilage, if I may use the term, up to the age of twenty-five.

In order to qualify themselves as fellows?—In order to qualify themselves as fellows.

Do you think that there is an advantage in the institution of the fellowship in that respect?—It was, I believe, instituted, after consideration, by

the council of the College of Surgeons; but I have no opinion to offer upon that subject.

Do you mean to say that, even supposing those principles were carried into effect, it would still be competent, under the new system, for gentlemen to be elected fellows of the College of Surgeons who had never been registered, either as practising surgeons, or as practising general practitioners?—Undoubtedly; if there is to be a distinction at all, it is desirable that the distinction should be defined. There are a large body of practitioners in this country who are compelled to come into practice at an early period of life, namely, at the age of twenty-two, which is fixed as the minimum—it was twenty-one; the College of Surgeons reduced the age from twenty-two to twenty-one. I think that, in the present state of surgical knowledge, it is also particularly desirable that there should be a class of persons devoting a longer period of time to the science, if I may use the term, of their profession; and it is also presumed that they would commence their professional study at a later period, in consequence of their going through a more protracted course of preliminary education, taking out university degrees, for instance.

Then it appears that this institution of fellows of the College of Surgeons has excited somewhat of a discontented feeling among the members generally of the College of Surgeons; is that the case?—It has, certainly; it has excited a discontented feeling, upon the ground that it contemplated another operation, namely, lowering the standard for the membership. The elevation of the standard for the fellowship implied a reduction in the standard for the membership.

That was the unavoidable effect of it?—Yes; there was no reduction absolutely made in the standard; it was merely comparative.

I presume it was considered that a gentleman who was to come into practice at the age of twenty-two, or was to be admitted as a member of the College of Surgeons at twenty-two, could hardly have had time to furnish himself with the qualifications that were necessary for a fellowship?—That was stated as the reason.

You mentioned that a person could become a fellow of the College of Surgeons without ever having practised as a surgeon?—Exactly.

Do not you think that fellows of the College of Surgeons ought, as a general rule, to be individuals in all respects most eminently qualified as professional men in order to obtain that honour?—As a general rule it undoubtedly should be so.

Do you think that a person can be eminently qualified for the exercise of his profession without ever having practised as a general practitioner?—I believe that the best school for eminence is practice; bedside practice; there could be no one eminent without practice.

(To be continued.)

BIRTHS, DEATHS, AND MARRIAGES.

We give the following details from the Ninth Annual Report of the Registrar-General, just published:—

It appears that during the year 1846, to which the returns relate, there were registered the total number of 145,664 marriages, 572,625 births, and 390,315 deaths. In the previous year (1845) there were 143,743 marriages, 543,521 births, and 349,366 deaths. The excess of births registered over deaths in England was, in the year 1845, 194,155; in the year 1846 it was only 182,310. The emigrants from the United Kingdom, who numbered 93,501 in 1845, increased to 129,851 in 1846.

Births.—The number of births registered in each of the five years, 1842—1846, were 517,739, 527,325, 540,763, 543,521, 572,625. The births in 1846 exceed any number ever before registered. The increase is diffused over all the divisions, except the eastern. Of 572,625 children born alive, 38,529, or 19,735 boys, and 18,794 girls, were, it appears, born out of wedlock. The proportion of children born out of wedlock was 6·7 per cent. It was 7·0 in 1845, and 6·7 in 1842. In 1845 and 1846 the number of cases of twins, of triple, and of quadruple birth was distinguished. In 1846 the results found were that, of 528,690 married women, 523,313 gave birth to one living child, 5349 to twins, 27 to triplets, while 1 woman had 4 living children. Of 38,230 women who bore children out of wedlock, 37,934 bore a single living child, 293 had twins, and 3 had triplets. The proportions were—of married women who bore children, 1 in 588,690 had 4 children, 1 in 19,581 had 3 children, 1 in 99 had twins; of unmarried women, 1 in 12,743 women had 3 children, and 1 in 131 had twins.

Marriages.—The number of persons married in the five years, 1842—1846, were 237,650, 247,636, 264,498, 287,486, 291,328; the excess in 1846 over the numbers married in 1842 was 53,678, which is an increase of nearly 23 per cent., or, correcting for increase of population, 16 per cent. The number of women living between the ages of 15 and 45 was 3,812,651 in 1841; and, judging from the analogy of other countries, about 2,000,000 of the number were unmarried. It is evident that the true tendency to marriage is expressed by the proportion the marriages in a year bear to the unmarried women in that year. But the marriages in 1844 and 1845 were much above the average; the proportion of unmarried women left in 1846 would, therefore, be less than the average. The following further particulars as to the holy state of matrimony are very curious and interesting:—In 1846 the total number of marriages celebrated according to the rites of the Established Church was 130,509; the number not according to the rites of the Established Church was 15,155. Of the first named, 14 were by special licence, 17,135 were by licence, 92,995 by bans, 1862 by Superintendent-Registrar's certificate, and 18,503 "not stated by which of the foregoing forms." Of the marriages not according to the Established Church, there were, in registered places of worship, 10,696 (of which 3027 were in Roman Catholic chapels, and 7669 in the chapels of other denominations); 4167 in Superintendent-Registrar's office, 68 Quakers, and 224 Jews. The number of men married (in 1846) who were not of age was 6313; of women, 20,001. The widowers who remarried were 18,343; the widows, 12,128. The men who, being unable to write their own names, signed with marks, were 47,488; the women not less than 70,145! The age at which the greatest number of marriages takes place, both of men and women, is from 20 to 25 years. Then 20,519 bachelors married the same number of spinsters; 871 bachelors married widows; 1970 widowers married spinsters; 996 widowers married widows. Three women were led to the altar between the mature age of 75 and 80; two betweeen 70 and 75 (whereof one found a partner of a less age than 30); and five between 65 and 70. Of the men, 20 were married between 65 and 70; 7 between 70 and 75 (one of whom married a woman of a less age than 25); and 4 between 75 and 80 years of age.

Deaths.—The number of deaths registered in 1846 was 390,315, which is a greater number by 40,949 than was registered in 1845, and implies a higher rate of mortality than was observed in any one of the eight previous years. The winter was mild, and the mortality was low in the winter quarter of 1846; the excess arose on the last half of the year 1846.

NEW CURE FOR CHOLERA.

The *Hamburg Impartial Correspondent*, quoted in the *Times*, publishes the following remarks on the cure of cholera morbus which has just emanated from the pen of M. Krüger Hansen, of Güstrow:—"Not only were the following remedies found most beneficial in the year 1832, but I have even during the last few weeks had many opportunities of seeing that cholera—advanced to the well-known 'Asiatic' stage—was transformed, after a few doses, into a reactionary state, and that even then the patient became convalescent, after the administration of restorative balsam (*lebens-balsam*) or tincture of angelica and wine.

"The two remedies which I have hitherto found so efficacious are the following:—

"1. ℞. Mistura pyro tartarica, drachms ij.; tinctura opii simplex, drachm β.

"N.B. About twenty drops for a grown person.

"2. ℞. Cort. cascarill., gr. xij.; pulv. aromat., gr. iv.; alum. crud., gr. ij.; op. pur., gr. j.

"N.B. Det. pro dosi the quantity deemed requisite.—(*Vide* No. 1 powder.)

"If watery evacuations supervened during the epidemic, with or without rumblings in the bowels, I at once administered to adults the above powder mixed with any liquid at hand, and invariably after its operation, from the fourth to the eighth hour, administered half of one or more, until the watery evacuations ceased. When vomitings preceded or accompanied the watery evacuations, I first administered a dose of the drops mixed with water or wine, repeating it every hour. When early administered, the symptoms subsided after three or four doses, an additional dose only having been administered, in rare cases, in consequence of a continuance of rumblings in the intestines. If in the state of reaction there still continued an inclination to watery evacuations, I did not regard this, as so many physicians do, as a favourable symptom, but, on the contrary, endeavoured to stop them by smaller doses of the powder, and the avoidance of all acids and vegetable substances, except potatoes and farinaceous preparations. It need hardly be remarked that the doses were smaller in proportion when administered to patients of tender age.

"It need hardly be stated that the above remedies ought not to be applied in cholera sicca or cholera apoplectica. The symptoms of those maladies do not denote cholera, properly so called, for the term is erroneously applied to the pangs of a disease unaccompanied by any vomitings or watery evacuations; the only reason being that all sudden deaths or unsuccessful remedies are so easily connected with epidemic cholera during the progress of that disease. It is certain that no medical man will ever dream of administering opium or other narcotic drugs in cases of apoplexy and coma, but will confine his remedies to such means as tend most powerfully to stimulate the vital functions, such as camphor, moschus, restorative balsam, &c., and avoid the 'orthodox' methods of cure by bleeding and leeching."

A REMOVER OF FEMALE OBSTRUCTIONS.

William Linfield, a rough, singular-looking fellow, was placed at the bar of Lambeth police office, on a charge of having been concerned with his mother, as she was described, in carrying on practices of a highly revolting, if not criminal, character.

In this case Mr. Robinson stated that he had accompanied the two constables who had the case in hand to the house occupied by Linfied, one of the women charged before his worship on Monday last, and there found the prisoner, her son. Under his direction the constables made a diligent search, and found a number of instruments, many of them resembling those used by surgeons, together with something resembling herb medicine, &c. From the discoveries that had been made, and the appearance of the place, he (Mr. Robinson) was induced to make inquiries in the neighbourhood, and found that Linfield was not only in the habit of having "respectable" female "patients," as she called them, in her house, but of being visited by a number of ladies dressed in the first style of fashion, many of whom drove in their carriages close to, but not quite to, the house. The object for which these parties visited the old woman he (Mr. Robinson) could not positively state, but he certainly had his own conjecture on the subject.

Police-constable Thomas Cannon, 59 P, here placed on the table before the magistrate a box, from which he took a number of instruments, some of them of a very curious construction, and some of which, it is feared, have been used for very mischievous purposes.

Mr. Norton, having looked carefully over them, directed the superintendent to have them examined by a surgeon, a surgical instrument maker, or some competent person, who might be able to speak to their intended uses at the next examination.

Mr. Robinson thought it desirable to mention that the windows of the house were peculiarly adapted to deaden sound. There were solid boards so constructed as to be placed inside the windows or taken down at pleasure, and on going to the house on the day mentioned he found those belonging to a back room up. He also wished to state that the prisoner acknowledged to him that a great portion of the herbs in the shop were of a highly poisonous description, and that he told people who purchased them that they were so, but if they did not follow his directions it was not his fault. The prisoner further acknowledged that women were in the habit of coming to be confined at Mrs. Linfield's, but said they came at the proper time.

Mr. Norton, in remanding the prisoner, remarked that the case was a most extraordinary and suspicious one.

GOSSIP OF THE WEEK.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF M.B.

ANATOMY AND PHYSIOLOGY.

J. S. Bristowe (exhibition and gold medal), St. Thomas's Hospital; J. Wood (gold medal), King's College; W. M. G. Hewitt, University College; E. Jackson, University College; R. Growse, Guy's Hospital; W. H. Thornton, Royal Manchester School of Medicine.

CHEMISTRY.

W. M. Hewitt (exhibition and gold medal), University College; S. J. A. Salter (gold medal), King's College; J. S. Bristowe, St. Thomas's Hospital; C. J. Shearman, University College; W. Ayre, London Hospital; J. Wood, King's College; R. Growse, Guy's Hospital; E. Jackson, University College; W. H. Thornton, Royal Manchester School of Medicine.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

S. J. A. Salter (exhibition and gold medal), King's College; J. S. Bristowe (gold medal), St. Thomas's Hospital; R. Growse, Guy's Hospital; J. Wood, King's College; E. Jackson, University College; W. Ayre, London Hospital; W. H. Thornton, Royal Manchester School of Medicine.

STRUCTURAL AND PHYSIOLOGICAL BOTANY.

W. Ayre, London Hospital; and S. J. A. Salter, King's College, equal.

WAR-OFFICE, Sept 12.—1st Regiment of Life Guards: Assist.-Surg. James Cockburn, from the Royal Regiment of Horse Guards, to be Surg., vice Campbell, deceased.—53rd Foot: Assist.-Surg. James Simpson Grant, M.D., from the Staff, to be Assist.-Surg., vice Gordon, promoted in 95th Foot.—95th Foot: Assist.-Surg. Archibald Gordon, M.D., from 53rd Foot, to be Surg., vice Joseph Ewing, who retires upon half-pay.—Hospital-Staff: Assist.-Surg. James Webster, M.D., from 93rd Foot, to be Assist.-Surg. to the Forces, vice Grant, appointed to the 53rd Foot.—Assist.-Surgeon to the Forces Anthony John Dolee, M.D., to be Staff-Surg. of the Second Class, vice Brummell, deceased.

NAVAL APPOINTMENTS.—Assistant-Surgeons: James Davidson (1838) and F. Stupart (1846), to the rank of Surgeon; H. H. Mackenzie, to the Penelope.—Officers sometimes complain of the slowness of their promotion—seldom have we to record that it comes too heavily on them. Yet the following is a case in point:—A vacancy having occurred in the Marine Hospital at Plymouth, Dr. Andrew Millar, of the Hibernia, was appointed to the vacancy, and Dr. Vaughan, of the Sidon, was appointed to the Hibernia, vice Millar, by the Lords Commissioners of the Admiralty. Before the news of the promotion reached this place, Dr. Watts, of the Naval Hospital here, died, and again Dr. Millar had the good fortune to receive the vacant appointment by Sir William Parker. The latter is certainly the best, but it remains to be seen to which of the two Dr. Millar will ultimately be appointed.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, September 14:—John Wilmshurst, Reading; Walter Garstang, Clitheroe, Lancashire; James Parker, Aughton, Lancashire; James Thomas Jackson, Ulverstone, Lancashire; William Prowse, Bristol; John Jones Merriman, Kensington; William England, Dudley, Worcestershire.

MEDICAL APPOINTMENT.—P. Martin Duncan, Esq., M.B., has been appointed physician to the Essex and Colchester Hospital, in the room of Dr. Chambers, resigned.

SIR PETER LAURIE AND BETHLEM HOSPITAL.—At a meeting of Middlesex magistrates, Sir P. Laurie said, "If they wanted proof of the ill effects of that baneful system (the solitary), let him tell them that since 1843, 49 convict lunatics had been sent to Bethlem Hospital, every one of whom had fallen a victim to the inhuman system of solitary confinement. Of these poor unhappy victims 19 had been sent from the Millbank Prison, 10 from the Model Prison at Pentonville, and not fewer than 20 had come from the hulks. All criminal lunatics were sent to this hospital, with which it was well known he had been for many years associated. Whilst, however, they had received 49 from those Government prisons where the solitary system was practised, how many did the court suppose had been sent from all the other prisons of England? Not more than six."

PUBLIC HEALTH ACT.—It seems doubtful, on perusal of an obscure clause of the act, whether it can be put in force in boroughs having local acts, without going to Parliament for its sanction. If so, Newcastle, Gateshead, Sunderland, and nearly all the large towns in the kingdom, must wait until the next session—the cholera notwithstanding!

FIRST APPLICATION TO GOVERNMENT UNDER THE NEW PUBLIC HEALTH ACT.—The mortality at the port of Whitehaven, being at the rate of forty-two in every thousand (taking the population at 11,850, according to the census of 1841), the inhabitants determined last week to present a memorial to Lord Morpeth, calling for the interposition of the commissioners appointed to give effect to the provisions of the new sanitary act. The inhabitants are looking forward with interest to the anticipated official visit of the Government inspector.

THE NUISANCES REMOVAL AND DISEASES PREVENTION ACT.—On the 4th inst. an act of Parliament was passed (11 and 12 Victoria, cap. 123), which must be adopted jointly with the Public Health Act, to effect certain sanitary regulations. The act is to renew and amend the 9th and 10th Victoria, cap. 96, for the more speedy removal of certain nuisances, and the prevention of contagious and epidemic diseases. On information in writing from two householders of the filthy condition of any building, or of the existence of any nuisance, an examination is to be made, and on a medical certificate the owner to be summoned before a magistrate, who shall, upon proof, order the nuisance to be removed, and enforce the order if it is not obeyed; the expenses are to be recovered from the owner. Notice is to be given to the General Board of Health of the intention to open certain hospitals, and by the 9th section the Privy Council is empowered to issue orders for putting in force the act for the prevention of epidemic diseases—"That when any part of the United Kingdom shall appear to be threatened with, or affected by, any formidable epidemic, endemic, or contagious diseases, measures of precaution should be taken with promptitude." After an order so made, the General Board of Health may give directions which the Poor-law Board may compel guardians to enforce. There are several penal enactments in the act, with one to enter premises and put in operation the regulations of the General Board of Health.

LEGACIES TO THE WESTMINSTER HOSPITAL.—A report read at a meeting of the Westminster Hospital Committee on Wednesday shows that the following legacies had been received in 1848: Miss Ann Collyer, Farningham, £2000, Three per Cent. Consols; Sir Simond Howard, Bart., £500; Mrs. Elizabeth M'Pherson, £500, Three-and-a-Quarter per Cents. Reduced; and £500 from "A Gentleman who did not wish his name to appear."

YELLOW FEVER.—The yellow fever has caused very great alarm among the inhabitants of Staten Island, about seven miles from the city of New York, several of the residents having died of the disease. It was probably introduced by soldiers returned from Mexico. The city of New York continued unusually healthy.

Dr. Chalfice, a writer on cholera, considers that the Asiatic form of this disease is propagated by a minute insect which traverses districts like the blight with us.

Advices from Lisbon to the 8th inst. state that it has been proposed that a strict quarantine should commence on all vessels from Great Britain; but, through the interposition of the British Consul, orders have been forwarded to the health authorities to give free pratique to all British vessels. The medical faculty have been solicited to meet together to discuss the subject of the cholera.

Our Hamburg correspondent (says the *Times*), writing on the 15th inst., says, "People are more alarmed at the progress of the cholera than of diplomatic affairs, and occupy themselves more with preventives against this fearful disease than Schleswig-Holstein, Denmark, Prussia, or Frankfort. A number of violent cases of Asiatic cholera have already occurred, principally among the lower orders of the people. Altogether there have been about 280 cases within a period of fourteen days since the disease made its first appearance. About half that number are convalescent. Every precaution has been taken by the authorities to prevent as much as possible the spread of the contagion."

PARISIAN INSURGENTS.—The number of insurgents of June confined on the 15th of September was—

Prisoners in good health ..	1880
Ditto sick	415
Women	155
Children	33
Total	2483

Of the 415 sick, 182 were convalescent wounded, which reduces the number of prisoners labouring under internal, acute, or chronical affections to 233, or about one out of 20.

CHOLERA IN RUSSIA.—A St. Petersburg letter of the 3rd inst., states that the cholera, which had been gradually diminishing in virulence, was again slightly increasing. On the 1st there were 53 new cases, 20 deaths and 35 cures, being an increase of 14 cases and 10 deaths upon the numbers of the preceding days. On the morning of the 2nd there were 380 cholera patients under treatment. At Moscow, on the 25th ult., there were 25 new cases and 16 deaths; and on the 26th there were 25 new cases, but only 11 deaths. In the other provinces of Russia afflicted with this disease it is making great ravages; in some of them as many as between 5000 and 6000 persons are carried off by it weekly.

CHOLERA.—Accounts from Trieste allude to the arrival of a vessel from Constantinople, the crew of which, it was said, had been affected by cholera. The ship had been put into quarantine, but the captain having subsequently been seized with illness, attended by cholera symptoms, much alarm was temporarily created for the health of the place. His speedy recovery, however, eventually restored some confidence.

MORTALITY IN ALGERIA.—The mortality of

European children born in Algeria, taking the period from birth to fifteen, is four times greater than in England.

Abd-el-Kader and Mesmerism.—A little fête was given at the castle, in the family of Abd-el-Kader. It was the end of Ramadan, and the first day of Beïram. After a *déjeûner*, to which he had invited the superior officers of the castle, the Emir witnessed a magnetic sitting given by M. and Madame Lassaigne. These experiments produced on the Emir, and especially on the Arabs of his suite, the effect that might have been expected. Their ardent imaginations, and love of the marvellous, attributed these phenomena to supernatural causes. During the sitting, Abd-el-Kader ordered the somnambulist to go and take a chaplet out of the hands of his uncle, a venerable old man, with white beard, who was seated majestically in a corner of the reception-room. At the sight of the somnambulist, who advanced towards him, the devout Mussulman could not control a motion of fear, and it was thought, by the play of his lips, that he was struggling to repel the influence of the evil spirit by a fervent prayer. His apprehensions were greatly increased, when Madame Lassaigne took hold of the chaplet; nothing less than the all-powerful influence of the Emir prevailed on the old man to give it up. The applauses of the Arabs, ordinarily so sparing of all sorts of enthusiastic demonstration, showed the lively interest they attached to this experiment.

Characters of Pure Chloroform.—Chloroform is a colourless volatile liquid, whose density is 1.48 at 64°.4 Fahrenheit. It has a very agreeable ethereal odour, and a flavour at first piquant, afterwards cool and sweet. It is soluble in alcohol and sulphuric ether, and very slightly so in water. It dissolves iodine, bromine, camphor, and most vegetable alkalis. It does not alter the blue colour of litmus. No precipitate is produced in pure chloroform by the addition of a few drops of a solution of nitrate of silver: but if either free chlorine, or a compound of chlorine, be present a precipitate is formed. If a drop of chloroform be put into a mixture of equal parts of distilled water and oil of vitriol, sp. gr. 1.847, and whose sp. gr. when cold is 1.440, it falls to the bottom of the vessel; but if it contain alcohol it either floats or remains suspended. Kessler has indicated a source of error. He states that a mixture of alcohol and chloroform being dropped into the test liquor separates after agitation into a layer of pure chloroform, which falls to the bottom of the vessel and alcohol which dissolves. But if the liquid be not agitated the drops may remain entire on the surface, and then the best chloroform may float. Chloroform dropped into water traverses it, and preserves its limpidity: a whitish opaline tint indicates the presence of alcohol. Chloroform ought not to inflame, as it does when it contains ether or alcohol.—*Acar on Medicinal Substances.*

Water of Lakes.—There is no stream more celebrated for its prolific water meadows than the Itchen, in Hampshire; and in no part of England is the system of irrigation better understood, and more jealously followed. The water of this river, taken from above the city of Winchester, contains in 10,000 parts, after all its mechanically-suspended matters have subsided, 2.2-3d parts, namely—Organic matter, 0.02 parts; carbonate of lime (chalk), 1.89 parts; sulphate of lime (gypsum), 0.72; muriate of soda (common salt), 0.01. The water of lakes is usually still more surcharged with foreign substances than those of rivers, and from the use of such waters, especially if an occasional or winter stream of water passes through them, we have witnessed great fertilizing effects produced on meadow land.

Obituary.—Lately, at Orthez, in the south of France, in his 104th year, Dr. Dufour, having preserved his faculties to the last.—On the 10th inst., at the Royal Marine Infirmary, Stonehouse, Thomas Miller, Esq., aged 60, deputy-inspector of hospitals and fleets, and surgeon of the Plymouth Division of Royal Marines.—On the 3rd inst., at Northgate-street House, Chester, of English cholera, John Edward O'Reilly, Esq., M.B., of Trinity College, Dublin.—On the 13th inst., at Balgarvie-house, Fifeshire, David Dyce, Esq., surgeon to the 48th Regiment.—On the 20th ult., at Ryde, Isle of Whight, Richard Walton, Esq., surgeon, Cambridge.—On the 21st ult., at Paris, aged 43, M. Hamont, founder and late director-general of the Veterinary School of Abou-Zabel, near Cairo.—On the 19th of June, at New York, whither he had gone for the recovery of his health, John Butter, Esq., surgeon of the Colonial Hospital at Trinidad, and formerly of Bristol, aged 42.—On the 20th ult., at Malta, after a short illness, Dr. W. C. Watt, deputy-inspector of hospitals and fleets.—On Monday, at Duke-street, Liverpool, aged 74, John Callan, Esq., surgeon, R.N.

MORTALITY TABLE.

For the Week ending Saturday, Sept. 16, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	926	972
Specified Causes...	925	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	374	257
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	41	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	90	120
Diseases of the Lungs, and of the other Organs of Respiration	70	80
Diseases of the Heart and Blood-vessels.....	22	28
Diseases of the Stomach, Liver, and other organs of Digestion	74	79
Diseases of the Kidneys, &c.	6	8
Childbirth, Diseases of the Uterus, &c.	9	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	7
Diseases of the Skin, Cellular Tissue, &c.	..	1
Old Age	29	50
Violence, Privation, Cold, and Intemperance.....	29	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

TO CORRESPONDENTS.

"Sir B. Brodie, Bart."—Communication received.
"Alpha."—Denman's work is a valuable one, edited by Dr. Waller.
"Teetotaller."—We cannot discuss the subject.
"X."—A private communication has been sent.
"Upsal."—We think the College has no power.
"Beta."—The school is respectable, and the lecturers well adapted to impart instruction.
"Anglican."—The statistics cannot be relied on.
"Inquirer."—Yes; a blister was applied; and, from the serosity, distinct traces of arsenic were obtained after the destruction of the organic matter.
"J. B."—The practice, though common, has been objected to by M. Malgaigne, for the following reasons:—The ulnar artery descends to the wrist, between the flexor carpi ulnaris and the flexor digitorum sublimis; it is, besides, covered by the skin and fascia; if the forearm is bent, the position of the artery becomes still deeper by the protrusion of the tendon of the flexor carpi ulnaris.
"Johannes."—The operation is easily and quickly performed, and but slightly painful: it needs no preparation.
"Detur."—No reliance can be placed on the test.
"M. B."—Yes; an army surgeon.
"Philo, Dublin."—Next week.
"A Weekly Reader."—Yes, at stated periods; the particulars in reference to which may be learned by addressing the secretary of the University.
"Mr. Delany."—Laennec's work.
"M. D."—No.
"Mr. Sharp" has our best thanks.
"Amicus."—The information will be contained in the next number.
"A Sufferer."—1. There is no especial act of Parliament. 2. The amount can be recovered by instituting an action.
"Humanitas."—The General Medical Annuity Fund; Mr. Daniell, secretary, Newport Pagnell.
"B., Cambridge."—Yes; when it is known that a person is so poor as to be unable to pay.
"Rusticus."—There is no doubt about the genuineness of the medical title.
"A Young Medical Man."—The appointments are not worth having.
"Radix Rhei."—The offer is declined.
"A Licentiate."—Yes; after forty years of age, and having been in practice a certain time.
"Ernest."—We know nothing of the work referred to.
"J. G., Exeter."—The fact has been long known; but we must decline acceding to our correspondent's proposition.
"Leonard G."—The letter is an advertisement.
"A Reader, 1844."—A person in practice before 1815 is, legally qualified, though without the College diploma or Apothecaries' licence.
"Medicus, Glasgow."—The London College of Physicians is preparing one.
"M. R. C. S."—The diploma is not now granted without examination.
"Mr. Baron" shall hear from us privately.
"G. L., Birmingham."—The days of examination are the first and third Tuesdays of every month.
"M.D., Edinburgh."—The London College of Physicians will not interfere.
"Chemicus."—We have handed over the preparation to an experienced chemist, but his report we have not yet received.
"Mr. Robert B. Brown."—Communication received.
"Scrutator."—Yes.
"Sam Slick."—A personal interview would probably be the best plan of arranging the business.
"Mr. Jacobson's" letter is under consideration.
"Studens."—About £70.
"A Student."—1. The hospital contains 500 beds. 2. For one year's attendance on the surgical practice, £26. 5s. The clinical wards are opened the first week in November.
"An Old Friend."—The numbers shall be sent.
"M. D., Walthamstow."—We shall feel obliged by our correspondent carrying out his intentions.
"A Graduate of the University of London."—Communication received, which will appear at an early opportunity.
"Curiosity."—We believe that the ergot was first used in Scotland in cases of diarrhœa.
"Qualified."—The practitioner cannot now be removed from his office without the consent of the guardians, having been elected prior to 1842.
"Chirurgus, Derby."—We think not.
"Discipulus."—The information will be given in our next number.
"P. L."—The indentures can be retained by the master if the pupil does not serve his time.
"Marcus."—Not in England.
"Zeta."—1. Yes. 2 The fee is honorary.
"An Admirer, Liverpool."—The circumstances shall be noticed next week.
"Anglican."—The information sought shall be given in the next number.
"Mr. W. Bell, Garstang."—1. The latter end of October. 2. Comparatively trifling.
"Dr. Wylie's" communication will receive an early insertion.
"M. R. C. S. E., Edinburgh."—The lectures of Dr. Willshire in the *Medical Times*, and the work of Dr. Williams, will meet the wants of our correspondent.
"Esculap. Bala."—We cannot say. A private communication had better be sent to the gentleman.
"A Member of the Royal College of Surgeons of England." 1. Leyden. 2. About £20. 3. We cannot name the expense; the time would not be long. 4. Either in English or Latin. 5. Not more than two days.

Letters and communications have also been received from Sir B. Brodie, Bart.; Alpha; Teetotaller; X.; Repeal; Beta; Anglican; Inquirer; J. B.; Johannes; Detur; M. B.; Philo, Dublin; A Weekly Reader; Mr. Delany; M. D.; Mr. Sharp; Amicus; A Sufferer; Humanitas; B., Cambridge; Rusticus; A Young Medical Man; Radix Rhei; A Licentiate; Ernest; J. G., Exeter; Leonard, G.; A Reader, 1844; Medicus, Glasgow; M. R. C. S. Mr. Baron; G. L., Birmingham; M. D., Edinburgh; Chemicus; Mr. Robert B. Brown; Scrutator; Sam Slick; Mr. Jacobson; Studens; A Student; An Old Friend; M. D., Walthamstow; A Graduate of the University of London; Curiosity; Qualified; Chirurgus, Derby; Discipulus; P. L.; Marcus; Zeta; An Admirer, Liverpool; Anglican; Mr. W. Bell, Garstang; Dr. Wylie; M. R. C. S. E., Edinburgh; Esculap. Bala; A Member of the Royal College of Surgeons of England.

No. 470. **SUMMARY.** SEPT. 30.

STUDENTS' NUMBER.

Regulations of the different Licensing Boards, and of the Medical Departments of the Public Services.... 347
A Sessional Synopsis for London Correspondents and the Provinces 357
Synoptical Table of Hospitals and Dispensaries—British and Foreign 358

LEADERS—
Sanitary Condition of Towns 358
Medical Education and Medical Students 360
The Commencement of the Session at University College 361
Announcement of a New Course of Lectures on the Cholera 361
Death of Lord George Bentinck..... 361
Liberality of the Government to the Medical Profession 361
Medical Philanthropy and Moral Power 361
GOSSIP OF THE WEEK..... 362
MORTALITY TABLE 364
TO CORRESPONDENTS 364

THE RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND, SCOTLAND, IRELAND, FRANCE, AND GERMANY.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

According to the regulations of this College, no one will be admitted as a candidate for the licence, unless he shall have attained the age of six-and-twenty, and shall present a certificate of good moral conduct. His medical education must comprise Anatomy, the Theory and Practice of Medicine, Forensic Medicine, Chemistry, Materia Medica, Natural History (principally Botany), Midwifery, and the principles of Surgery, and must extend over the period of five years. Practical Medicine must be studied for three years in a hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education according to the usual course of study, are required to present testimonials of a twelvemonth's medical practice at any hospital in Great Britain, having the qualifications as above.

No one will be admitted as a licentiate (*Permissus*) who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless previously to his first examination he make known to the president and censors its composition and the manner in which it is employed. Every candidate must undergo three examinations, each conducted at different times, before the president and censors in *comitia minora*. The first examination comprises Physiology, the second Pathology, and the third Therapeutics. After the first examination, the president may inquire of the candidate where he studied polite literature and the principles of science, and what honours he has obtained, whether in Philosophy, Arts, or Medicine, in order that the answers may be recorded by the registrar. The candidate will also be examined in Greek works on medicine, to wit, Hippocrates, Galen, or Aretæus. Passages from the aphorisms of Hippocrates or Galen will be brought forward during the first examination; and during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be translated into Latin, and illustrated with a brief commentary. If the candidate be deficient in his knowledge of Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English at the pleasure of the censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitium majus* (a meeting of the Fellows at large) to be admitted as a licentiate; and, if the majority present consent, he will be admitted accordingly. If, however, the candidate be rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the college according to a formula, pronounced by the President before the Fellows assembled in *comitium majus*.

If any one holding the licence of the college practise pharmacy afterwards, or engage in merchandise, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the collegiate licence, is to be admonished by letter to cease his practice until after he has passed the required examinations; and if he continues to practise, despite this admonition, then *legibus regni obnoxnuus erit*.

Persons who have attained their fortieth year, seeking to become licentiates of the college, but whose medical education is not altogether in accordance with the regulations already stated, must present testimonials of professional knowledge and good moral conduct, and, if these are satisfactory, they will be admitted to examination the same as for licentiates in general.

The old regulation restricting the fellowship, as a matter of right, to the graduates of Oxford, Cambridge, and Trinity College, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora*. The advantage derived by graduates of the English universities, and by the Irish graduate who possesses an *ad eundem* degree from an English university, is, that they are eligible a year after they have obtained the licence; the Scotch graduate, being M.A. or B.A., five years later. If the latter does not possess any degree in arts, his eligibility for the fellowship does not occur until after the lapse of seven years. The Irish graduates who do not possess an *ad eundem* degree are not eligible for two years after they are licensed. The president and censors propose the candidates for the fellowship, but the *comitia majora* may reject the proposition, and choose their nominees. The election is by ballot.

The president of the college is *ex-officio* president of the Vaccine Board, a trustee of the British and Hunterian Musea, physician to the Queen, and an elector to the Tancred scholarships. The college has the power of recommending a physician to Christ Church, St. Thomas's, and St. Bartholomew's Hospitals; but, if the recommendation succeed, it is then required to pay an annual stipend of £30 or £40 to the physician. The college also appoints the professor of botany to the University of Oxford.

The examinations for the licence are conducted by the president and censors. The periods at which they take place are Michaelmas, Christmas, Easter, and in the month of June. The new censors are elected on the 24th of June, when the Harveian oration is delivered. The lectures are delivered in the early part of the year. There are about fifteen delivered: three Gulstonian, three Croonian, and three Lumleian, so called from the names of those who left endowments to the college for the purpose; and six lectures on Materia Medica. The museum and library are attached to the institution, to which the fellows and, by permission, their friends have access.

The president may each year propose one candidate for the licence, he being an M.D., but not otherwise eligible; and he may also name annually a licentiate of ten years' standing for the fellowship. The fellows have also the power of proposing a licentiate of seven years' standing, who is thirty-six years of age, for the fellowship; but this has been done so rarely as to be, in fact, obsolete.

The college fees are £56. 17s. for the licence; the fellow pays in addition £1. 1s. annually to the collegiate fund.

If any fellow or licentiate can be proved, to the satisfaction of the president and censors, to have wilfully accused any other fellow or licentiate of professional ignorance, &c., unless it be before the legally-constituted judges, he shall be fined £4 for the first offence, and £8 for the second; if he offend a third time, if a fellow, he shall be expelled, and if a licentiate, fined £10. This last fine is to be enforced every time afterwards the licentiate shall so offend. If any fellow or licentiate shall offer his professional assistance to any patient whom he shall know to be under the care of another physician, whether fellow or licentiate, without having been called in to see the patient professionally, he shall be fined 40s.

If any fellow be proved to have made any arrangement with a druggist, to share with him the proceeds in his prescriptions, he shall be expelled; if a licentiate have entered into a similar arrangement, he shall be fined £10 every time he shall so offend.

Every physician, whether fellow or licentiate, shall attach to each prescription which he writes, the day of the month, the name of the sick man, and his own initials. When a consultation takes place, it is to be carried on with modesty, not in the presence of the sick; and if any difference of opinion occurs, it is to be stated with prudence and moderation, so that it may not be noticed by the patient or the friends, but, if requisite, should be mentioned by the ordinary medical attendant. Whoever infringes these regulations will be fined £5 by the president and censors.

No fellow or licentiate may consult, in London, or within seven miles thereof, with a physician who does not belong to the college, under a penalty of £5.

All fines are to be paid immediately.

The president and court of the college have the power of committing individuals contemning their authority to Newgate. This power has been exercised by the court, but not of late years.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Regulations for Candidates for the Fellowship of the Royal College of Surgeons of England.

1. That every candidate for the fellowship, whether a member of the college or not, shall produce certificates satisfactory to the court of examiners,—

That he is twenty-five years of age.

That he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, and the certificate of which shall be signed by three fellows.

That he has attained a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London.

That he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year.

That he has studied anatomy and physiology by attendance on lectures and demonstrations, and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools.

That he has attended lectures on the theory and practice of medicine, and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools.

That he has attended one course of lectures on each of the following subjects, viz.: chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools; and that he has served the office of house-surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the case and instances hereinafter provided for to the contrary) shall also present for examination clinical reports, with observations of six or more surgical cases taken by himself at a recognised hospital or recognised hospitals within the United Kingdom, with sufficient certificates

of their authenticity and genuineness, and shall leave such reports at the college.

3. That as to any candidate who shall have taken the degree of bachelor of arts in an English university, and shall produce satisfactory evidence thereof, it shall, instead of the certificate or certificates that he has been engaged for six years in the acquirement of the professional knowledge as before mentioned, be sufficient for him to produce a satisfactory certificate or certificates that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals and schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years at least have been passed in one or more of the recognised hospitals or schools of London; and that it shall not be necessary for any candidate having so taken the degree of bachelor of arts to produce any certificate of his having acquired a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

4. That upon the 1st day of January, 1850, or at any earlier period which may be thought proper, the council shall, under such regulations, and for such time or period, as to them shall seem proper (but always subject to removal at the pleasure of the council), appoint three persons, and being, or not being, and either all, or in part, members of the college, as the council shall think proper, for the purpose of examining persons intending to become candidates for the fellowship, and required to be examined in the Greek, Latin, and French languages, and in the elements of mathematics; and the said council, from time to time after the first appointment of such persons for such purpose as aforesaid, and as often as shall be necessary, or to the said council as shall seem proper in their behalf, shall appoint such other person or persons as to them shall seem fit and proper to succeed or supply the place or places of any person or persons previously appointed for such purpose; and that, from and after the first appointment of any such persons for the purpose of making such examination as aforesaid, no certificate of a candidate having competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics, shall be received or allowed by the court of examiners, except the certificate or certificates of the persons for the time being so appointed as aforesaid.

5. That all members of the college, future as well as present, shall be entitled to be admitted to the examination for the fellowship according to the foregoing by-laws and ordinances.

6. That any person who shall have been a member of the college on the 14th day of September, 1844, shall, after the expiration of eight years from the date of his diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate signed by three fellows that he has been eight years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

7. That any person who shall have become a member of the college after the said 14th day of September, 1844, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate signed by three fellows that he has been for twelve years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified, and also if he have not taken the degree of Bachelor of Arts in an English university, of a certificate or certificates that he has a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

Examination of Candidates for the Fellowship.

1. The examination for the fellowship shall be held three times in the year, at or within such periods as the council shall from time to time determine.

2. Each candidate shall be examined on two days, either successive or at such an interval as the Court of Examiners may appoint.

3. The subjects for the first day's examination shall be anatomy and physiology; those of the second, pathology, therapeutics, and surgery.

4. The time allowed for examination each day shall be from ten o'clock in the forenoon until five o'clock in the afternoon.

5. The examination shall be conducted in the following manner. Each candidate shall, upon going in for examination, have delivered to him a written or printed copy of such questions as shall have been previously determined upon by the Court of Examiners, and to which questions he shall give written answers, and which answers shall be considered by the Court of Examiners.

The court may, however, if they should think fit, interrogate any candidate on any matters connected with the questions or answers. In the anatomical examination, the candidate shall also perform dissections and operations on the dead body in the presence of the Court of Examiners, or of such members thereof as may be deputed by the court to superintend the same. Candidates whose qualifications shall be found insufficient shall not be allowed to present themselves a second time until after the expiration of one year from their first examination.

The Court of Examiners shall report in writing to the council the names of such persons as they shall have found upon examination to be qualified for the fellowship.

*** Members of the college will pay ten guineas besides charges for status, and non-members thirty guineas.

Regulations of the Council repecting the Professional Education of Candidates for the Diploma who commence their Studies before the year 1838.

I. Candidates will be required to bring proof—1. Of being twenty-two years of age. 2. Of having been engaged five years in the acquirement of professional knowledge. 3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons. 4. Of having attended at least two courses of lectures on surgery, delivered in two distinct periods or seasons; each course to comprise not less than sixty lectures. 5. Of having attended lectures on the practice of physic, on chemistry, and on midwifery, during six months, comprising not less than sixty lectures respectively, and on botany and materia medica during three months. 6. Of having attended during twelve months the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma after the termination of the Session 1839-1840.

I. Candidates will be required to bring proof—1. Of being not less than twenty-one years of age. 2. Of having been engaged in the acquirement of professional knowledge for not less than four years, three of which shall have been passed in a recognised school or schools of surgery; three months of vacation being allowed in each year, and, in the event of absence or absences from such school or schools during the said term of three years (exclusive of the vacations), the full term being completed in a subsequent year. 3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons. 4. Of having attended at least two courses of lectures on surgery, delivered in two distinct periods or winter seasons of six months, each course to comprise not less than seventy lectures. 5. Of having attended one course of lectures on the practice of physic, and one on chemistry, during six winter months, comprising not less than seventy lectures respectively; one course on materia medica with medical botany, during six months, and one on midwifery during six months, each comprising not less than sixty lectures; and at least twenty-five lectures on medical jurisprudence. Certificates of attendance on these lectures during the summer season will be received, provided they are equally divided over a period of four months. The lectures on medical jurisprudence may be delivered three days in the week. 6. Of having attended, during twenty-one months, the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for twelve months in any one of such hospitals, and twelve months in any recognised provincial hospital. 7. Of having attended the medical practice of a hospital or dispensary during six months.

II. Members and licentiates in surgery of any legally-constituted college of surgeons in the United Kingdom, and graduates in surgery of any university, requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proofs of being twenty-two years of age, and of having been occupied five years in the acquirement of professional knowledge.

N.B. Certificates will not be recognised from any hospital unless the surgeons thereto, or a majority of them, be members of one of the legally-constituted colleges of surgeons in the United Kingdom; nor from any school of anatomy, physiology, or midwifery, unless the respective teachers be members of some legally-constituted college of physicians or surgeons in the United Kingdom; nor from any school of surgery, unless the respective teachers be members of some legally-constituted college of surgeons in the United Kingdom. Certificates will not be received on more than two branches of science from one and the same lecturer; but anatomy and physiology—demonstrations and dissections—materia medica and botany—will be respectively considered as one branch of science.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma. August 15, 1843.

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof—1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studed practical pharmacy for six months, and have attended one year on the practice of surgery at a recognised hospital or hospitals in the United Kingdom; —three months being allowed for a vacation in each year. (By a resolution of the council, on the 7th of November, 1839, no provincial hospital will, in future, be recognised by the college which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.) 2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions, of not less than six months each. 3. Of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons; and one course on each of the following subjects—viz., the practice of physic, chemistry, and materia medica, and midwifery, with practical instruction.

Certificates will not be received unless the candidate have duly registered his tickets. The other regulations are virtually the same as before.

These three forms of regulations are in force respecting candidates for the diploma, according to the period when they commenced their studies.

Fee for the diploma (including stamp), £22; for an articled student (allowed in the diploma fee), £10. 10s.; for a certificate of having had the diploma, £5. 5s.; for being enfranchised, £10.10s.; a certificate for a surgeon in the Royal Navy, or East India Company's service (allowed in diploma fee), £5. 5s.; for an assistant-surgeon, £2. 2s.; for a candidate calling a special court, £5. 5s.

Studentships in Anatomy.—Three studentships in human and comparative anatomy have been instituted by the college, to be held by each

student for the term of three years, at a salary of one hundred pounds per annum. And with the view of promoting the objects of the college, in the institution of these studentships, the Commander-in-Chief of the Army, the Lords Commissioners of the Admiralty, and the Court of Directors of the East India Company, have placed at the disposal of the president and the council an assistant-surgeoncy of each service, once in three years, for such of the said students as may be considered worthy of the honourable distinctions. 2. Candidates to be members of the college, under twenty-six years of age. 3. The council will determine annually whether one or more of such appointments shall take place during the current year; and will notify its resolution by public advertisement. 4. The appointment is made in the month of June, or as soon after as possible. 5. The students are subject to such duties and restrictions as the council shall from time to time direct; and in case of misconduct are liable to dismissal. 6. Candidates are required to transmit to the secretary, on or before the 1st of May, their applications for the appointment, together with certificates of general good character, and of fair acquirements in general learning, signed by two qualified members of the medical profession. 7. A meeting of the museum committee will be held as soon after the 1st of May as conveniently may be, at which the applications of the persons offering themselves will be examined, and, if approved, the applicants will be admitted as candidates. 8. The museum committee will determine the merits of the several candidates, and report to the council which, in their opinion, possess the highest merit. 9. The students are required to attend in the museum daily (Sundays excepted) from ten till four o'clock, and are under the immediate direction of the museum committee.

The *museum* is opened to visitors on Monday, Tuesday, Wednesday, and Thursday, from 12 till 4, except during the month of September; on Friday, to gentlemen for studying in it; and on Saturday, from 10 till 1, to gentlemen desirous of comparing specimens with those in the museum. The *library* is open to members and students of the college, and visitors having tickets of admission, daily (Sundays excepted), from the 1st of October to the 1st of April, from 10 till 4; and from the 1st of April to the 1st of September, from 10 till half-past 5.

The lectures at the college by the professors are delivered in the spring of the year, the Hunterian oration on the 14th of February.

APOTHECARIES' HALL.

Every candidate for a certificate of qualification to practise as an apothecary will be required to produce testimonials—1. Of having served an apprenticeship of not less than five years to an apothecary. 2. Of having attained the full age, twenty-one years. 3. Of good moral conduct. 4. And of having pursued a course of medical study, in conformity with the regulations of the court.

Course of Study.

Every candidate whose attendance on lectures commenced on or after the 1st of October, 1835, must have attended the following lectures and medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Winter Session.—Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics. This course may be divided into two parts of fifty lectures, each one of which may be attended in the summer.

First Summer Session.—Botany and Vegetable Physiology; either before or after the first Winter Session.

Second Winter Session.—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine.

Second Summer Session.—Forensic Medicine.

Third Winter Session.—Dissections; Principles and Practice of Medicine.

Midwifery, and the Diseases of Women and Children, two courses in separate sessions, and subsequent to the termination of the first Winter Session. Practical Midwifery, at any time after the conclusion of the first course of Midwifery Lectures.

Medical Practice during the full term of eighteen months, from or after the commencement of the second Winter Session; twelve months at a recognised hospital or a recognised dispensary; in connection with the hospital attendance, a course of Clinical Lectures and instruction in Morbid Anatomy will be required.

The sessional course of instruction in each subject of study is to consist of not less than the following number of lectures:—One hundred on Chemistry—One hundred on Materia Medica and Therapeutics—One hundred on the Principles and Practice of Medicine—Sixty on Midwifery and the Diseases of Women and Children—Fifty on Botany and Vegetable Physiology.

Every examination of an hour's duration will be deemed equivalent to a lecture. The lectures required in each course must be given on separate days. The lectures on Anatomy and Physiology, and the Anatomical Demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London in every respect. Students must also produce testimonials of attendance on a course of Clinical Lectures; of instruction in Practical Chemistry and Morbid Anatomy; and of having dissected the whole of the human body once at least; without which testimonials the candidate cannot be admitted to examination.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the prescribed order and in the required sessions.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1835, will be allowed to complete their studies in conformity with the previous regulations of the court.

No member of the court of examiners will be recognised as a lecturer on any branch of Medical Science. The court will not recognise any lecturer unless he lectures in connection with a recognised medical school; nor will they recognise a lecturer on more than *two* branches of medical science; nor until he has produced very satisfactory testimonials of his attainments in the science he purposes to teach, and of his ability as a teacher thereof, from at least two persons of acknowledged talents and distinguished acquirements in the particular branch of science in question; and also given a public course of lectures on the subject he proposes to teach; but if, after such preliminary course, the lecturer shall be recognised, certificates of attendance on that course will be received.

Satisfactory assurance must also be given that the teacher is in possession of the means requisite for the full illustration of his lectures, viz., that he has, if lecturing—On Chemistry, a laboratory and competent apparatus—On Materia Medica, a museum sufficiently extensive—On Botany, a hortus siccus, plates or drawings, and recent plants—On Midwifery, a museum, and such appointments in a public institution as may afford the means of practical instruction to the pupils.

No hospital will be recognised by the court unless:—1. It contains at least one hundred beds. 2. It be under the care of two or more physicians, members of the Royal College of Physicians of London, or graduated doctors of medicine of a British university. 3. The physicians give a regular course of clinical lectures and instruction in Morbid Anatomy. 4. The apothecary be legally qualified, either by having been in practice prior to the 1st of August, 1815, or by having received a certificate of qualification from this court. No dispensary will be recognised by the court unless it be situated in some town where there is a recognised medical school, and be under the care of at least two physicians and an apothecary legally qualified. No medical practice will be available unless it be attended in conformity with the course of study prescribed for pupils.

Names of Gentlemen having the Care of the Registers.

Birmingham: W. Sands Cox, Esq., Lecturer on Anatomy. Bristol: Dr. Wallis, and Henry Clark, Esq., Lecturers on Anatomy. Hull: Edward Wallis, Esq., Lecturer on Anatomy. Leeds: Thomas Nunneley, Esq., Lecturer on Anatomy. Liverpool: Dr. Malins, Medical Jurisprudence. Manchester: Thomas Turner, Esq., Anatomy. Newcastle: William Dawson, Esq., Midwifery. Sheffield: W. Jackson, Esq., Anatomy. York: John Hopps, Esq., Anatomy.

Registration of Testimonials.

All testimonials must be given on a printed schedule (a), with which students will be supplied at the time of their first registration:—

In London, at this hall.

In Edinburgh, Messrs. M'Lachlan and Stewart's, booksellers.

In Dublin, at Messrs. Hodges and Smith's, booksellers.

In the provincial towns, from the gentlemen who keep the registers of the Medical Schools.

All students in London are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the court whose names and classes in the register correspond with their schedules.

Tickets of admission to Lectures and Medical Practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within *seven* days of the commencement of the course; and certificates of attendance must be registered in the months of April and August. Due notice of the days and hours of such registration will be given from time to time.

The court also require students of the Provincial Medical Schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended Lectures on Medical Practice within fourteen days of the completion of such attendance.

The registrars are requested to furnish the court of examiners with a copy of each registration *immediately* after its close, as those students only will be admitted to examination whose registrations have been *duly* communicated to the court.

Examination.

Every person intending to offer himself for examination must give notice in writing to the clerk of the society on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of the candidate for a certificate of qualification to practise as an apothecary will be as follows:—

(b) In translating portions of the first four books of "Celsus de Medicinâ," and of the first twenty-three chapters of Gregory's "Conspectus Medicinæ Theoreticæ."

In Physicians' Prescriptions, and the "Pharmacopœia Londinensis."

In Chemistry.

In Materia Medica and Therapeutics.

In Botany.

In Anatomy and Physiology.

In the Principles and Practice of Medicine, in-

(a) It is particularly requested that the lecturer himself will fill up the blanks in the schedule, specifying the mode of attendance.

(b) By an order of the court, in future the Latin language will form part of the general examination.

cluding Midwifery and the Diseases of Children.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicines, will be as follows :—

In translating Physicians' Prescriptions, and the "Pharmacopœia Londinensis."

In Pharmacy and Materia Medica.

By the 22nd section of the act of Parliament, no rejected candidate for a certificate to practise as an apothecary can be re-examined *until the expiration of six months* from his former examination; and no rejected candidate as an assistant *until the expiration of three months.*

The court meet in the hall *every Thursday*, where candidates are required to attend at a quarter before four o'clock.

The act directs the following sums to be paid for certificates:—

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition.

For an assistant's certificate, two guineas.

By an order of the Court.

HENRY BLATCH, Sec.

Apothecaries' Hall, Aug., 1845.

UNIVERSITY OF OXFORD.

Full term is understood to begin on the first day of the week after the congregation has been held; so that, if the congregation be held on the Monday, the Sunday after is considered the first day of full term.

According to the lately-altered statute respecting medical degrees, a candidate for the degree of Bachelor in Medicine, before he can be admitted to examination for that degree, must have kept four whole years, or sixteen terms, in the university, in like manner as is required by candidates for a degree in arts (a); must have passed the examination for the degree of bachelor in arts; and subsequently to that examination must have studied medicine during three whole years, or twelve terms; and must also have completed seven years, or twenty-eight terms, from his matriculation.

The medical examination takes place only once in the course of the year—namely, in the second week of full Trinity term, commencing usually on the *second Tuesday* after Trinity Sunday. The candidates are examined, principally "vivâ voce," but partly in writing, in the theory and practice of medicine, in anatomy, physiology, pathology, and materia medica; and also in chemistry and botany, as far as they elucidate the art of medicine. He is required to be conversant with the entire works of Aretæus and Celsus; the aphorisms and epidemics of Hippocrates; and that portion of Galen's writings entitled "De Usa Partium;" in two, at least, of which authors, the statute directs that the examiners fail not to test the candidate's attainments. He must send, fourteen days before the day of examination, certificates of three years' attendance on the medical practice of a hospital, with the usual lectures.

Certificates are required for two courses of anatomy and physiology, each extending from October till the following April or May; two courses on the theory and practice of medicine, each course of the same extent; one course in materia medica; one course in botany; one course in chemistry, provided the course extend through the usual winter session, otherwise two courses will be required.

A candidate for the degree of doctor in medicine must have pursued the study of medicine during three years after he has graduated as bachelor in medicine, and must give at least a fortnight's previous notice of his intention to the professor of medicine, at the same time submitting to approbation a subject for a medical dissertation, which dissertation must be read in the public schools of the university within a few days of taking the degree of M.D., and delivered to the professor immediately after it has been read. No graduate in medicine from another university can be incorporated at Oxford unless he produce testimonials by which it may clearly appear that he has kept by residence terms equal to those required to be so kept in this university; he has completed all the exercises prescribed by the university from which he migrates for the degree of bachelor of arts; and shall have previously undergone the medical examination above described; and shall have fulfilled all the other conditions of the present statute. The fees for a bachelor of medicine are £23; for a doctor in medicine, £40.

The University of Oxford is in possession of the Bodleian library (librarian, B. Bandinel, M.A..); of the Radelyffe library (librarian, Dr. Kidd); of the Ashmolean museum (keeper, P. B. Duncan, M.A.); and of the botanic gardens, founded by the Earl of Derby in 1632. All these are open to students under certain restrictions.

Radclyffe Travelling Fellows. — Dr. Radelyffe left by will an endowment of £600 per annum, to be paid to two persons, to be chosen out of the University of Oxford, when they are M.A., entered on the study of physic, for their maintenance for ten years, and no longer, the half of which time, at least, they are to travel in parts beyond sea, for their better improvement. In case of vacancy by death, or at the expiration of the ten years, a new election is to take place within six months.

UNIVERSITY OF CAMBRIDGE.

There is a course of fifty lectures delivered in this university on the principles of pathology and the practice of physic; £5. 5s. first course, afterwards gratis. The professor of chemistry delivers thirty lectures, on the general principles of that science, during Lent term, and twenty lectures, principally on organic chemistry, during Easter term. Lectures on experimental philosophy, to illustrate the laws of hydrostatics, pneumatics, and optics, with particular reference to the mathematical theories of light and sound, are delivered in Easter term. About fifty lectures on anatomy are delivered in Michaelmas and Lent terms. The terms of attendance are £5. 5s. for each of two courses, afterwards gratis. The pupils have the opportunity of dissecting in private. Botanical lectures are given during the Easter term, with herborising excursions occasionally. Lectures on natural and experimental philosophy are delivered during the Michaelmas term; the subjects being statics, dynamics, and mechanism, with their practical illustrations: first course, £3. 3s.; second, £2. 2s.; afterwards gratis. The Downing professor of physic delivers a course of fifty lectures on some medical subject. A certificate of attendance is required of persons proceeding to the degree of M.B. Lectures are also delivered on crystallography and mineralogy during the Lent term. Addenbrooke's Hospital, which is connected with the university, is recognised by the Colleges of Physicians and Surgeons, and by Apothecaries' Hall. It contains one hundred beds, and has a department reserved for cases of midwifery.

A student, before he can become a bachelor of physic, must have entered on his sixth year, computed from the date of his first admission at the university, have resided nine terms, and have passed the previous examination.

A bachelor of arts may become a bachelor of physic after having entered on his sixth year, computed from the date of his first admission at the university, provided that one year at least has intervened between his final determination in arts and his admission to the degree of bachelor of physic.

The exercises for this degree are one act and one opponency.

Candidates for the degree of bachelor of physic must, in addition to the examination by the regius professor of physic, be examined by the professors of anatomy, chemistry, and botany, and by the Downing professor of medicine. This examination must not take place before the fifth year after admission. They must have diligently attended the lectures of the regius professor of physic for two terms, and must bring to him certificates of examination by the above professors, and of attendance on their lectures, in case the course of lectures of the professor of botany consist of not less than twenty lectures, and the courses of lectures of the professors of anatomy and chemistry, and of the Downing professor of medicine, of not less than fifty lectures each. They must also deliver to the regius professor of physic certificates of having been diligently employed in attendance on medical lectures, and the practice of some well-known hospital, for two years, or for as long a time as they have been absent from the university during their undergraduateship. Fee, £10. 16s.

A licence *ad practicandum in medicina* may be granted to a bachelor of physic in the term subsequent to that in which he has taken the degree, or a master of arts of two years' standing.

Candidates for a licence *ad practicandum in medicina*, being previously bachelors of physic, are required to produce to the regius professor of physic certificates of their having attended on hospital practice for three years, exclusive of the nine terms which they kept by residence for the degree of bachelor of physic, and of their having attended lectures on the following subjects—Practice of physic and pathology, anatomy and physiology, chemistry, botany, medical jurisprudence, materia medica and pharmacy, principles of surgery, principles of midwifery, practical anatomy, for two seasons.

Candidates for a licence *ad practicandum in medicina*, being previously masters of arts, are required to bring satisfactory evidence to the regius professor of physic of their having been employed in the study of physic for five years after they became bachelors of arts; and to produce to him certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned.

Every candidate for a licence *ad practicandum in medicina* is required to pass an examination to the satisfaction of the regius professor of physic, the professor of anatomy, the Downing professor of medicine, and a doctor of physic, to be nominated by the vice-chancellor, and approved by the senate, at the first congregation after the 10th of October in each year.

There are two such examinations in every year: one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of the Easter term falls.

A candidate for a licence *ad practicandum in medicina*, being previously bachelor of physic, cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the degree of bachelor of physic. Fee, £11. 6s.

M.D.—The degree of doctor of physic is granted to a bachelor of physic of five years' or to a master of arts of seven years' standing.

The exercises for this degree are two acts and one opponency.

Every candidate for the degree of doctor of physic, who has not previously obtained a licence *ad practicandum in medicina*, is required to produce to the regius professor of physic the same certificates, and pass the same examination, as are required in the case of candidates for a licence *ad practicandum in medicina*. Fee, £11. 12s.

The university possesses an anatomical museum, to which has been added the valuable collection of the late Dr. Macartney, the Fitzwilliam, Mesman, Mineralogy, and Geological Museums, an extensive botanic garden, and the university library. To all these the students have access.

(a) That is, he must be of sixteen terms' standing, and have actually resided in the university twelve terms.

UNIVERSITY OF EDINBURGH. (1582.)

Matriculation.—Every student in the faculties of arts, law, and medicine, before entering with any professor, must produce a matriculation ticket for the ensuing session. Tickets will be issued at the matriculation office, in the colleges, every lawful day, from ten till three. Enrolment in the general album is the only legal record of attendance in the university.

Library.—The library will be open for the purpose of giving out books to students, either on loan or for reference, in the hall appropriated for that purpose, every lawful day during the winter session, from ten a.m. till four p.m., except on Saturdays, when it will be shut at one precisely.

Every student applying for books must present to the librarian his matriculation ticket for the session, with the ticket of at least one professor.

Every book taken out must be returned within a fortnight, uninjured.

Fee for each course, £4. 4s. For graduation, £25.

Statutes of the University of Edinburgh Relative to the Degree of M.D.

Sect. I. No one shall be admitted to the examinations for the degree of doctor of medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other university where the degree of M.D. is given; unless, in addition to three Anni Medici in a university, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of practical anatomy, in which case three years of university study shall be admitted.

Sect. II. No one shall be admitted to the examinations for the degree of doctor who has not given sufficient evidence—1. That he has studied, once at least, each of the following departments of medical science, under professors of medicine, in this or some other university, as already defined—viz.:—

During Courses of Six Months.—Anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery and the diseases peculiar to women and children, general pathology, practical anatomy (unless it has been attended in the year of extra-academical study allowed by Sect. I.).

During Courses of Six Months, or Two Courses of Three Months.—Clinical medicine, that is, the treatment of patients in a public hospital, under a professor of medicine, by whom lectures on the cases are given.

During Courses of at least Three Months.—1. Clinical surgery, medical jurisprudence, botany, natural history, including zoology. 2. That in each year of his academical studies in medicine he has attended at least two of the six months' courses of lectures above specified, or one of these and two of the three months' courses. 3. That, besides the course of clinical medicine already prescribed, he has attended, for at least six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients. 4. That he has attended for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of a hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist. 5. That he has attended for at least six months, by apprenticeship or otherwise, the out practice of a hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the degree of doctor who has not studied, in the manner already prescribed, for at least one year previously to his graduation, in the University of Edinburgh.

Sect. IV. Every candidate for the degree in medicine must deliver, before the 24th of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—1. A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation, and that he will not be then under articles of apprenticeship to any surgeon or other master. 2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates. 3. A medical dissertation, composed by himself, in Latin or English, to be perused by a professor, and subject to his approval.

Sect. V. Before a candidate be examined in medicine, the medical faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VI. If the faculty be satisfied on this point, they shall proceed to examine him, either *vivâ voce* or in writing—1. On anatomy, chemistry, botany, institutes of medicine, and natural history bearing chiefly on zoology; and, 2. On materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence.

Sect. VII. Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. VIII. If any one, at these private examinations, be found unqualified for the degree, he must study, for another year, two of the subjects prescribed in Section II., under professors of medicine, in this or in some other university, as above defined, before he can be admitted to another examination.

Sect. IX. Should he be approved of, he will be allowed, but not required, to print his thesis; and, if printed, forty copies of it must be delivered, before the 25th day of July, to the Dean of the Medical Faculty.

Sect. X. If the candidate have satisfied the medical faculty, the dean shall lay the proceedings before the Senatus Academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his thesis; and, finally, if the senate think fit, he shall be admitted, on the first lawful day of August, to the degree of doctor.

Sect. XI. The Senatus Academicus, on the day here appointed, shall assemble, at ten o'clock a.m., for the purpose of conferring the degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

Sect. XII. Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in a university.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The members of the college are respectively entitled Ordinary Fellows, Non-resident Ordinary Fellows, and Licentiates.

Ordinary Fellows.—No one shall be elected an ordinary fellow of the college till he has obtained the degree of doctor of medicine.

Every motion for the election of a fellow shall be made, at a quarterly meeting, by one of the fellows present, seconded by another, and determined by ballot—a majority of three-fourths being necessary to carry it in the affirmative.

No physician residing in Edinburgh shall be proposed for a resident fellowship till he has been a licentiate for nine months, or, in case of his not being a licentiate, till nine months after his petition to be admitted a resident fellow shall have been presented, unless an urgent reason be assigned; in this case, he may be proposed even on the same day on which he becomes a licentiate, or at any other quarterly meeting, or at a meeting specially called for the purpose, if this proposal shall be agreed to by every member present.

No fellow shall engage himself to any candidate before the ballot; nor shall he reveal to any person in what manner he did ballot, under the pain of being considered as one who has broken his faith and honour to the college.

No fellow shall take his seat in the college till the quarterly meeting after that on which he is elected, intimation to attend being then sent to him by the clerk.

The fellows shall be placed on the roll according to the dates of their admissions; and, when two or more fellows are admitted on the same day, they shall be entered on the roll according to the dates of their diplomas; and, if their diplomas be of the same date, they shall be enrolled according to their ages.

Every fellow before taking his seat in the college must sign a promissory engagement.

It shall be in the power of any fellow of the college to move that a candidate having a foreign degree be admitted without a previous examination; and, if the motion shall be seconded, it shall be determined by ballot at next quarterly meeting, a majority of three-fourths of the fellows present being necessary to carry it.

If an examination shall take place, it shall consist of three trials: the first by two fellows appointed by the college, on any part of medicine; the second, by two other fellows, on two aphorisms of Hippocrates; and the third, by two other fellows, on two medical cases. All these trials shall be in the presence of the college, and in the Latin language.

Non-resident Fellows.—No physician residing in Edinburgh is eligible for a non-resident fellowship.

The mode of election of a non-resident fellow is the same as that of a resident fellow; and the laws regarding examination, in the case of a foreign degree, also apply to him.

Fees.—The fee to be paid by a resident licentiate is £100.

The fee to be paid by a non-resident licentiate is £55.

The fees are exclusive of any tax payable to Government now existing, or which may hereafter be imposed.

ROYAL COLLEGE OF SURGEONS, EDINBURGH. (1505.)

Regulation for Fellows.—The candidate is required to present an essay on some surgical subject, which, if approved of, he must print for circulation among the fellows. He must then undergo three examinations—1. On anatomy and surgery; 2. On chemistry, materia medica, &c.; 3. On the essay he has written. If these are satisfactorily passed, he is admitted to the fellowship. Fee, £250; to apprentices of fellows, £100.

School of Medicine.—Every candidate for a surgical diploma must have followed the course of study, to be specified afterwards, in a university; or at the seat of an established school of medicine, as defined below; or in a provincial school, specially recognised by the college.

Under the title, established school of medicine, are comprehended all places in this kingdom where diplomas in surgery are granted, and such foreign schools as are acknowledged by the constituted authorities of the countries in which they exist.

The extent and period of study allowed to be gone through at a provincial school will be regulated by the means and facility of study which the college receive evidence of its affording; but the lectures delivered at a provincial school will be held as qualifying for only one year's course of study, unless specially recognised for more.

Qualifications of Teachers.—The following classes of persons shall be entitled to give lectures, which may be attended as part of the course of study:—1. In the universities of Great Britain and Ireland, and in University College and King's College, London, the professors of these institutions. 2. In Edinburgh, resident fellows of the Royal College of Physicians of Edinburgh, and fellows of the Royal College of Surgeons of Edinburgh. 3. In London, fellows and licentiates of the Royal College of Physicians of London, and members of the Royal College of Surgeons of London, whose status as teachers

has been admitted by that college. 4. In Dublin, fellows of King's and Queen's College of Physicians in Ireland, and members of the Royal College of Surgeons in Ireland. 5. In Glasgow, members of the Faculty of Physicians and Surgeons of that city. 6. In recognised provincial schools, teachers whose status as such has been admitted by the college, on special application. 7. In any of the above schools teachers who, having acquired a status as such in one of the four established schools, in conformity with the above regulations, shall have been subsequently admitted, on application to the college, to the enjoyment of the same privileges in another school. (a)

The following branches of instruction may be conjoined:—Anatomy and practical anatomy, chemistry and practical chemistry, practice of medicine and clinical medicine, practice of surgery and clinical surgery, mathematics and mechanical philosophy; and, for the present, clinical medicine or clinical surgery may be taught in conjunction with any one of the other courses of education prescribed in the curriculum, by a physician or surgeon qualified according to the regulations of the college, and attached to a public hospital of the size which these regulations prescribe.

Course of Study.—Preliminary Instruction.—Every candidate for the diploma of the Royal College must, either previously to or during his medical education, have received regular instruction in the elements of mathematics; and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each: Anatomy, two courses of six months each. Practical anatomy, twelve months. Chemistry, one course of six months. Practical chemistry (the number of pupils in each class being limited to twenty-five), one course of three months. Materia medica and pharmacy, one course of six months. Practical pharmacy, one course of six months. Institutions of medicine, or physiology, one course of six months. Practice of medicine, one course of six months. Clinical medicine, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered. Principles and practice of surgery, two courses of six months each, or principles and practice of surgery and military surgery, one course of six months each. Clinical surgery, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered. Midwifery and diseases of women and children, one course of three months. Medical jurisprudence, one course of three months.

The six months' courses delivered in Edinburgh must consist of not fewer than 110 lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each on any of the above subjects will be taken as equivalent to one six months' course.

The candidate must also have attended for twenty-one months a public general hospital containing at least eighty beds.

Fees payable by Candidates.—For a diploma, ordinary candidates pay the sum of £7. 5s. (Apprentices of fellows of the Royal College, bound for the freedom, pay 25s.; their other apprentices pay £2. 16s. 6d. Assistant-surgeons in the navy, having previously obtained certificates from the college, pay £2. 11s. 6d. Surgeons in the navy, having obtained certificates from the college, pay 15s. 6d.)

For the certificate of qualification to act as assistant-surgeon in the navy, candidates not having paid for any previous qualification pay £4. 19s. 6d.

For the certificate of qualification to act as full surgeon in the navy, assistant-surgeons who have already obtained certificates from the college pay £3. 18s. 6d., and those who have previously obtained the diploma of the college pay £2. 17s. 6d.

UNIVERSITY OF GLASGOW. — REGULATIONS REGARDING DEGREES IN MEDICINE AND SURGERY TO CANDIDATES ENTERING THE UNIVERSITY IN, OR SUBSEQUENT TO, 1839-40.

Medicine.—Every candidate for a medical degree must lodge with the clerk of senate—

1. A certificate of moral character, by two respectable persons, with evidence of having attained the age of twenty-one.

2. Evidence of having attended, for four years, a university in which medicine is regularly taught, or medical lectures delivered in London or Dublin; and at least one year of the four must be spent at the University of Glasgow. In each year he must have attended at least two courses of lectures of six months' duration; but if he shall spend one year only at the University of Glasgow, then he must attend three courses of lectures delivered there, two of them, at least, being of six months' duration.

3. Certificates of having attended one or more courses of lectures on the following subjects, each course, except forensic medicine and botany, being of six months' duration; if of less extent, then two courses shall be deemed equivalent to one of six months:—Anatomy and physiology; chemistry; the theory or institutes of medicine; practice of medicine; materia medica and pharmacy; midwifery; surgery; forensic medicine; botany (a); anatomical dissections; and two years' practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of the period of attendance in the physicians' wards. Neither hospital attendance nor anatomical dissections shall be considered as equivalent to a course of lectures.

4. Each candidate must lodge with the clerk of senate, with the above certificate, a schedule of his course of study, properly filled up, together with an English essay on some medical subject chosen by himself, two months before the time of graduation — that is, on or before the 1st of March, or the 10th of June, yearly—otherwise he cannot be admitted for examination till the following term. All tickets of attendance lodged by candidates must be certified, not excepting those of the current session; but the certified botanical tickets of the current session shall not be received until the 1st of April.

5. No student entered in any medical class later than the 1st of December, without special permission of the senate. And it is strictly required of every candidate for graduation that he produce evidence of his name having been enrolled in the library-book, on or before that day, as well as an express certificate of his regular attendance by each professor on whose lectures he attends. In order, further, to ensure attendance, all students must inscribe their names, once a fortnight, in a register kept for the purpose, stating the lectures, &c., which they attend.

6. Every candidate shall prove that he has a competent knowledge of Latin, and shall undergo full examinations on all the subjects included in the curriculum.

Surgery.—The regulations respecting certificates of age and moral character are the same as those under the head of degrees in medicine.

Candidates for the degree of master of surgery shall produce evidence that they have attended medical lectures in one or other of the universities or schools already specified for four years, during which they must have attended one or more courses on the following subjects, the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he shall have attended at least two or more courses of lectures, of six months' duration, on anatomy, surgery, chemistry, theory or institutes of medicine, practice of medicine, midwifery, materia medica and pharmacy, forensic medicine, anatomical dissections, and two years' practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

The regulations as to lodging certificates of attendance, and an essay in English, and as to the candidate's knowledge of Latin, are the same as under the head of medical degrees, only the essay is to be on a surgical subject. The days of graduation are the last Wednesday of April and the first Wednesday of August.

Fee to the library, &c., for the degree of M.D.	£15	0	0
Duty on stamp for ditto ..	10	3	0
	£25	3	0
Fee for the degree of Chirurgiæ Magister	£10	10	0

N.B. Candidates for degrees who attended classes in the University of Glasgow previously to 1839-40, admitted to examination according to the regulations which existed at the time when they began to study medicine.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

Regulations for the Surgical Diploma.—The faculty recommend that candidates should attend elementary courses of study in mathematics and natural philosophy. These branches, however, are not imperative. Every candidate's knowledge in Latin should be tested at his examination, by being required to construe some part of Gregory's "Conspectus Medicinæ Theoretieæ."

Curriculum.—Anatomy, two courses of six months. Practical anatomy, one course of six months; enacted 7th June, 1830. Surgery, two courses of six months. Chemistry, one course of six months. Practical chemistry, one course of three months; enacted 8th November, 1831. Theory of medicine, one course of six months. Practice of medicine, one course of six months. Materia medica, one course of six months. Midwifery, one course of six months. Clinical medicine, one course of six months; enacted 7th June, 1830. Clinical surgery, one course of six months; enacted 7th June, 1830. Medical jurisprudence and police, one course of six months; enacted 4th April, 1841. Botany, one course of three months; enacted 3rd February, 1834. A public hospital, eighteen months; enacted 3rd February, 1834. A surgeon's or apothecary's shop, six months; enacted 3rd February, 1834.

The above lectures must have been delivered by professors or lecturers in a university; or by resident members of the Royal Colleges of Physicians or Surgeons respectively of London, Edinburgh, or Dublin; or by means of the faculty. Every candidate must have been employed in the above course of studies for four winter sessions, or for three winter sessions and two summer sessions, so that the whole period of attendance shall not be less than three years complete. An essay, the subject to be fixed by the examiners, to be written by the candidate, in his own handwriting; and no essay to be submitted for a shorter period than twenty-four hours. Specimens of bones, or other anatomical or sur-

(a) The only lectures excepted from this law are those on mechanical philosophy and on chemistry. The former may be professors in universities, lecturers in public institutions, or teachers specially recognised by the college; and the latter may be persons not medical, if recognised by the college on special application, in conformity with a resolution of the college on the 25th October, 1838. In all cases of special recognitions, proof of capability, and of the applicant possessing the requisite apparatus for illustrating his lectures, will be required.

(a) No course of botany attended previously to 1839-40 is received, unless it shall have been delivered in a university.

gical preparations, or specimens from the materia medica, shall be used at the discretion of the examiners. The fee of seven guineas shall be deposited with the president previous to the examination, and at the same time satisfactory documents shall be produced that the above curriculum of education has been duly completed by certified attendance.

N.B. Those branches whose dates are specified are not required by those students who commenced their studies anterior to these enactments. The commencement of education is ascertained by the date of the first ticket.

The fees for the diploma are £7. 7s. The president, visitor, collector, box-masters, and seal-keeper, form, along with the assistant-examiners, the examining court. The diploma of the faculty is recognised by all the licensing bodies in the three kingdoms, and by the poor-law commissioners in England and Ireland.

KING'S COLLEGE, ABERDEEN.—REGULATIONS TO BE OBSERVED IN GRANTING DEGREES IN MEDICINE AT KING'S COLLEGE.

All candidates for the degree of M.D. must be of the age of twenty-one years, and must produce satisfactory certificates of moral character, and exhibit the diploma of A.M. from some university.

All candidates, with the exceptions mentioned below, must have been engaged in the study of medicine for at least four years, one of which must be passed in Aberdeen, and must produce evidence of having attended, in some recognised school of medicine, the following courses of lectures :—Six months' courses : anatomy, two courses ; chemistry, one course ; materia medica, one course ; surgery, one course ; institutes of medicine and physiology, one course ; practice of medicine, one course ; midwifery, one course. Three months' courses : dissections, two courses ; practical chemistry, one course ; medical jurisprudence, one course ; clinical surgery, one course ; botany, one course ; clinical medicine, two courses.

In addition to the above, the candidate must have attended for two years the wards of a hospital containing 100 beds ; and, during three months, a shop or dispensary for the compounding of medicine.

The preceding regulations are strictly enforced in the case of all students who shall commence their medical studies at a period subsequent to 1st October, 1840. But gentlemen who possess a licence or diploma from any of the royal colleges of physicians or surgeons, and who have been engaged for at least five years in the practice of medicine, may be admitted to examination on producing their licence or diploma, along with satisfactory evidence of sufficient preliminary education and of good moral character.

Previously to examination each candidate must lodge with the secretary £26. 5s. 6d., the same to be returned to him should he not obtain his degree.

Degrees in medicine are conferred at two stated periods annually—viz., at the end of April, and at the end of July.

REGULATIONS FOR GRANTING MEDICAL DEGREES IN MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.

Curriculum.—Four years of attendance on medical classes, of which one year may be passed at any recognised medical school ; but three, at least, must be passed in a university, including one, at least, in this university. The attendance in each year to embrace not fewer than two medical classes of six months each ; or one of six months, with two of three months each. But it will be held equivalent to *one* of four years of such attendance in a university—1st, in a master of arts, to have attended one medical class while passing through the curriculum of arts ; or, 2ndly, in any student to have attended a medical class, in each of two years, along with classes in the curriculum of arts. The university attendance to include the following eight classes, each for a course of six months :—Anatomy, practical anatomy, chemistry, materia medica, institutes of medicine, surgery, practice of medicine, midwifery ; and the following three classes, each for a course of three months—botany, practical chemistry, medical jurisprudence.

Eighteen months of attendance on the medical and surgical practice of a hospital containing not fewer than eighty beds, along with attendance for six months on lectures on clinical medicine, and for three months on lectures on clinical surgery.

Six months of compounding and dispensing medicines in the laboratory of a hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist.

Exemption to Practitioners.—It will be held equivalent to the curriculum prescribed in the three foregoing regulations to have obtained, upon examination, a diploma or a licence, in medicine or in surgery, from a university or other authority established by law within the United Kingdom, and to have subsequently attended medical classes in this university during one winter session.

Examinations.—The examination terms to be two in each year—the *first* to commence on the 20th of April, if a Wednesday, but if not, on the first Wednesday thereafter ; the *second* on the 13th of October, if a Wednesday, but if not, on the first Wednesday thereafter.

Every candidate to undergo at least three separate professional examinations—the first, pharmaceutical ; the second, surgical ; the third, medical ; to be conducted partly in writing, as well as *vivâ voce*, and partly by demonstration. The *first* to include chemistry, botany, materia medica, pharmacy, and the doctrines of physics relating to specific gravities, to gases and vapours, and to climate. The *second* to include anatomy, institutes of medicine, surgery, and the doctrines of chemistry and physics illustrative of animal structure and function. The *third* to include the practice of medicine, midwifery, and medical jurisprudence.

Every candidate not a master of arts must undergo a preliminary examination on the Latin language (the book to be used being "Celsus de Medicinæ"), and on the etymology of such terms in the medical sciences as are derived from the Latin and the Greek.

Any candidate that so desires shall be admitted to each one, or to any two, of his three professional examinations, at different terms ; but not to the first examination until the beginning of his third year of medical classes ; nor to the second until the end of his third year ; nor to the third until the end of his fourth year, and until he be twenty-one years of age ; nor shall a greater interval than eighteen months be allowed between two successive professional examinations without a full renewal of the previous one or two. The preliminary examination must be passed at the same term as the first professional examination.

In order to be received for examination, certificates must have been lodged with the professor of medicine on the first day of the month of the examination term, showing that the candidate is of the required age, that he is of good moral character, and that he has passed through the requisite course of professional education. Along with such certificates must be lodged a schedule, filled up in his own handwriting, containing a list of them, and specifying such additional branches of education, professional and general, as he may have studied.

UNIVERSITY OF ST. ANDREW'S. (1412.)—REGULATIONS FOR GRANTING MEDICAL DEGREES.

The candidate must produce evidence of unexceptionable moral character, and before being admitted to examination must subscribe a declaration that he is twenty-one years of age.

The candidate must have had a liberal classical education, and, if he be not in the possession of the degree of A.M., must be ready to undergo an examination as to his proficiency in the Latin language.

The candidate must produce certificates that he has regularly attended lectures delivered by professors in some university, or by resident fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, Glasgow, Aberdeen, or Dublin, for at least four complete winter sessions, or three winter and three summer sessions, on the following branches :—1, anatomy, two courses of six months each ; 2, practical anatomy, twelve months ; 3, theory of medicine, or physiology, one course of six months ; 4, chemistry, one course of six months ; 5, practical chemistry, one course of three months ; 6, materia medica and pharmacy, one course of six months ; 7, surgery, one course of six months ; 8, clinical medicine, one course of six months ; 9, practice of medicine, one course of six months ; 10, clinical surgery, one course of six months ; 11, midwifery and diseases of women and children, one course of three months ; 12, an apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary ; 13, attendance at a public hospital, containing not less than eighty beds, for at least eighteen months.

These regulations will be invariably observed, except when the candidates are possessed of a surgeon's diploma or licence from the Colleges of London, Edinburgh, or Dublin, or the Faculty of Physicians and Surgeons of Glasgow, or a licence from the Apothecaries' Company, in which case they have merely to present such diploma or licence previous to their examination for M.D.

UNIVERSITY OF DUBLIN (TRINITY COLLEGE). 1591.

Chancellor, his Majesty the King of Hanover ; *Vice-Chancellor*, his Grace the Lord Primate of Ireland ; *Provost*, Dr. Sadleir.

The days of graduation are, Shrove Tuesday, and the first Tuesday in July. The degree of bachelor of medicine may be obtained in two modes :—

1. Graduates in arts can obtain the degree at any of the half-yearly periods of graduation, provided the requisite medical education and examination shall have been accomplished. Fee for entrance, £16 ; fees for study in arts during four years, £7. 10s. each half year ; fees for graduation in arts, £8. 17s. 6d.

2. Candidates are admissible to the degree of M.B., without previous graduation in arts, at the end of five years from the July following the Hilary examination of the first undergraduate year, provided the usual education and examinations in arts for the first two years of the undergraduate course shall have been completed, as also the medical education and examinations, as in the case of other candidates. Fees for two years' study in arts (besides the usual entrance payment of £16) are £7. 10s. each half year. The graduation fees for the degree of bachelor of medicine are £11. 15s. The standing of the first undergraduate year may be obtained by attending the October examination of that year, if the student has entered not later than the first Monday of the July of the same year, and has completed the payments due since the ordinary period of entrance in the preceding November. The medical education of a bachelor of medicine comprises attendance on the following courses of lectures in the school of physic established by act of Parliament, provided that one, and not more than three, of the courses which begin in November be attended during each of four sessions. Three of these courses, at the discretion of the candidate, may be attended at the University of Edinburgh. The courses are—on anatomy and surgery, chemistry, botany, materia medica and pharmacy, institutes of medicine, practice of medicine, midwifery (by the professor to the College of Physicians), clinical lectures at Sir Patrick Dun's Hospital, during at least one session (six months), as delivered by the professors in the school of physic ; the attendance on such clinical lectures by the professors to be extended to three additional months of a summer session commencing in May. This regulation to affect all students commencing their medical studies after 17th July, 1841, and to be in lieu of attendance on the hospital from 1st May to the 1st November following. The fees for attendance

on the clinical lectures are £3. 3s. to the professors for each three months' attendance, and (provided the student be of two years' standing in the university) £3. 3s. to the treasurer of the hospital for the first year, with a proportionate sum for any longer period. The fee for each of the other courses is £4. 4s. The examinations are conducted by the regius professors of physic of the university, the six professors of the school of physic, and the professor of midwifery to the King and Queen's College of Physicians. No further examination is requisite for the degree of doctor of medicine, which may be taken at the expiration of three years from having taken the degree of M.B., provided the candidate shall have graduated in arts. The fees for the degree of doctor of medicine are £22. The degrees are publicly conferred by the vice-chancellor, in the senate or congregation of the university.

College Terms.

Hilary begins January 10, ends March 25.
Trinity ,, April 15, ,, June 30.
Michaelmas October 10, ,, December 20.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Qualifications of Candidates for Licence.—Candidates must produce evidence of having been engaged in the study of medicine for four years, and of having attended two at least of the required courses in each year. Candidates, except those who have taken a medical degree prior to 1840, must produce certificates of attendance on one or more courses of lectures on the following subjects, each course being of six months' duration, with the exception of botany and forensic medicine, which must include at least fifty lectures:—Anatomy and physiology, chemistry, materia medica and pharmacy, botany, institutes of medicine, practice of medicine, principles and practice of surgery, midwifery, and forensic medicine. The lectures on anatomy, chemistry, botany, materia medica, institutes of medicine, and practice of medicine are required to have been delivered by the respective professors of the school of physic in Dublin, or in a university. The lectures on surgery are required to have been delivered on at least three days in the week, during four months, by a professor of surgery in a university or college of physicians or surgeons in the United Kingdom, or by the surgeon of a medico-chirurgical hospital recognised by the college. These lectures must not form a part of a course of lectures on anatomy. The lectures on midwifery are required to have been delivered by a professor of midwifery in a university or college of physicians or surgeons in the United Kingdom, or by the master of the Lying-in-Hospital, Dublin. The lectures on medical jurisprudence are required to have been delivered by a professor in a university or college of physicians or surgeons in the United Kingdom. Certificates must also be produced of six months' attendance on anatomical demonstrations and dissections, and of at least two years' hospital practice; one year in the hospital of the school of physic in Dublin or Edinburgh, the other in any recognised medico-chirurgical hospital. The certificates must include attendance on the entire practice of the hospital, and on all the clinical lectures delivered in the hospital during such attendance. Candidates who have taken a medical degree in a university shall be admitted to examination upon such degree alone. Every candidate for licence, except those who have taken a medical degree prior to 1840, is examined on two separate days: on the first day on anatomy and physiology, chemistry, botany, materia medica, and pharmacy; and on the second day, on acute and chronic diseases, midwifery, and non-naturals, and on the translating of one or more of the following books from the original Greek, viz.: Hippocrates, Aretæus, and Galen. Graduates in medicine are only required to undergo the second day's examination. The examinations, which are public, are conducted in the English language; but every candidate, except graduates in arts at Oxford, Cambridge, or Dublin, is required to translate medical cases from the English into the Latin language, before he is admitted to examination as to his professional acquirements. Fee for licence, £30.

The licence of this college is equivalent to a medical degree, and it confers privileges which a degree does not.

The fellows are chosen from the licentiates of three years' standing; they are required by statute (40 Geo. III., cap. 84, sect. 42) to have taken the degree of M.D. in one of the universities of Dublin, Oxford, or Cambridge; or to have taken the degree of A.B. in one of these universities, and to have received the medical education requisite for obtaining the licence, for which a degree in medicine is not necessary. Fee to the college on election to the fellowship, £20, with an additional stamp duty of £25.

The act of Parliament provides that these qualifications may be dispensed with whenever, at any time, the number of fellows is reduced to six.

The college has the power of conferring the honorary fellowship on any of its own licentiates who have not the statutable qualifications; on such of its fellows as resign or vacate the fellowship; and on such eminent medical men, not licentiates, as it may wish to distinguish by its approbation.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

(1784—1828.)

By-laws respecting the Registry of Pupils.—Every person requiring to be registered as a pupil on the college books shall be so registered, if he shall have laid before the court of censors the following documents, viz.:—

Provided he be an apprentice, and shall have paid any apprentice fee:—1. A receipt showing he has lodged, to the credit of the president and for the use of the college, in the Bank of Ireland, the registry fee of ten guineas. 2. A receipt showing that the member or licentiate to whom he is indentured has lodged a similar sum of ten guineas. 3. A declaration, subscribed by the member or licentiate to whom he is indentured, stating that he has really and *bonâ fide* received the usual fee of one hundred and fifty guineas, or value to that amount. 4. His indenture of apprenticeship, duly executed, and bearing the requisite stamp.

Provided he be an apprentice, and shall not have paid an apprentice fee, he shall lay before the court—1. A declaration, subscribed by the member or licentiate to whom he is indentured, that he has not received, or that he does not expect to receive, any apprentice fee. 2. A receipt, showing that he has lodged, to the credit of the president and for the use of the college, in the Bank of Ireland, the sum of fifty guineas. 3. His indenture of apprenticeship, regularly executed and registered.

Provided he be an apprentice, and be the son, brother, or nephew of the member or licentiate to whom he is indentured, or the son of some other member or licentiate of the college, and shall not have paid an apprentice fee, he shall lay before the court—1. A declaration, subscribed by the member or licentiate to whom he is indentured, that he has not received, or that he does not expect to receive, any apprentice fee. 2. A receipt, showing that he has lodged, to the credit of the president and for the use of the college, in the Bank of Ireland, the sum of ten guineas.

Provided he shall not be an apprentice to a member or licentiate of the college—1. A receipt, showing that he has lodged, to the credit of the president and for the use of the college, in the Bank of Ireland, the registry fee of ten guineas.

By-laws relating to Education and the Qualification of Candidates for Letters Testimonial.—Every registered pupil or apprentice shall be admitted to an examination for letters testimonial, if he shall have proved and showed that his professional education has been, in all respects, conformable and agreeable to the provisions and enactments of the by-laws and rules of the college, and shall have laid before the court the following documents:—1. A receipt, showing that he has lodged, as a registry-fee, the sum of ten guineas in the Bank of Ireland, to the credit of the president and for the use of the college, previously to his being admitted to any examination. 2. A receipt, showing that he has lodged a sum of twenty guineas in the Bank of Ireland, to the credit of the president, and for the use of the college, previous to his final examination for letters testimonial. 3. A certificate, signed by the president or vice-president, and two of the court of censors, that he has passed an examination as to his acquaintance with the Greek and Latin languages. 4. Certificates, showing that he has been engaged in the study of his profession for not less than four years, three of which shall have been passed in attendance on lectures or hospitals, during the winter sessions, in Dublin, London, Edinburgh, or Glasgow. 5. Certificates of attendance on a surgical hospital where clinical instruction is constantly given, containing fifty patients at least, for a period of not less than twenty-four months. 6. Certificates of attendance on the medical practice of a recognised hospital or dispensary, where clinical instruction is constantly given during twelve months. 7. Certificates of attendance on three courses of lectures on anatomy and physiology, three courses of lectures on the theory and practice of surgery, and of the performance of three courses of dissections, accompanied by demonstrations; also certificates of attendance on two courses of lectures on chemistry, or one course of lectures on general, and one on practical, chemistry; one course of lectures on materia medica; one course of lectures on the practice of medicine; one course of lectures on midwifery, and one course of lectures on medical jurisprudence. 8. A thesis, essay, or dissertation, in Latin or English, on any of the following subjects:—Anatomy, physiology, surgery, the practice of medicine, chemistry, materia medica, midwifery, or medical jurisprudence; or, in the place of such dissertation, a series of cases collected in the hospital in which the candidate has attended, illustrated by comments or observations.

A candidate, being a registered pupil, shall be allowed to pass the first of the two days' examination above mentioned, on anatomy and physiology, on laying before the court of censors the following documents:—1. A receipt, showing that he has lodged a sum of ten guineas in the Bank of Ireland, to the credit of the president and for the use of the college. 2. Certificates, showing that he has been engaged in the study of his profession for not less than three winter sessions in Dublin, London, Edinburgh, or Glasgow. 3. Certificates of attendance on three courses of lectures on anatomy and physiology, and of the performance of three courses of dissections, accompanied by demonstrations; such candidate not being admissible to the second day's, or the final, examination, on the other subjects above specified, until he shall have lodged a further sum of ten guineas in the Bank of Ireland, to the credit of the president and for the use of the college, and shall have laid before the court of censors all the documents enumerated in the by-laws relative to "qualifications for the letters testimonial." Notice of every examination for letters testimonial is posted in the hall, and the secretary also, by regular summonses, gives notice of such examination to the members resident in Dublin. The examination takes place in the presence of such members and licentiates as choose to attend. The candidate is examined on two several days in anatomy and physiology, on the practice of medicine and surgery, and on any other branch of medical science, and shall perform such surgical operations or dissections, and explain such anatomical preparations, as the court may require.

Fee for letters testimonial or diploma, £31. 10s.; and for admission as member (which takes place by ballot after three years' standing as a licentiate, and confers corporate rights), £31. 10s.

APOTHECARIES' HALL OF IRELAND. 1791.

Laws regarding the Education of Apothecaries.—Every candidate must undergo two separate examinations—one for the certificate of apprentice, the other for the licence to practise.

Every candidate for the certificate of apprentice must have attained the age of fifteen years, and will be examined in the following books:—The works of Sallust; the first six books of the Æneid of Virgil; the Satires and Epistles of Horace; the Greek Testament; the Dialogues of Lucian; the first four books of Homer's Iliad; the first six books of Telemachus, or the History of Charles the Twelfth (in French); the first two books of Euclid; and algebra—to simple equations.

Every candidate for the licence to practise as an apothecary must lay before the court the following documents:—1. The certificate of apprentice. 2. The indenture of apprenticeship, enrolled according to the act of Parliament, and bearing the certificate of the licentiate apothecary to whom he has been indented, that he is of good moral character, and has fulfilled the period of his apprenticeship. 3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects, delivered at the school of Apothecaries' Hall, or at some other school of medicine recognised by the court (the order of the study here laid down is recommended for the guidance of students):—Chemistry, anatomy, and physiology, six months; practical chemistry and botany, three months; materia medica, demonstrations, and dissections, theory and practice of physic, surgery, midwifery and the diseases of women and children, six months; medical jurisprudence, three months.

A certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital, recognised by the court, containing not less than fifty beds, and where clinical instruction is regularly given.

Also, a certificate of having assisted in at least thirty cases of midwifery practice, twenty of which must be attended in a recognised hospital.

The examination for the licence to practise as an apothecary will be as follows:—In translating and explaining the process of the British Pharmacopœias and extemporaneous prescriptions; in chemistry and general physics; in materia medica and therapeutics; in natural history and medical botany; in anatomy and physiology; in the theory and practice of medicine; in midwifery; in medical jurisprudence.

The examination for the licence to act as assistant to an apothecary in compounding and dispensing medicine will be confined to the following subjects:—To translate the Dublin Pharmacopœia, and extemporaneous prescriptions; pharmacy, botany, materia medica, and mechanical philosophy.

The candidate for the assistant's licence may present himself for examination at the termination of five years' apprenticeship.

The court of examiners sit every Friday, at two o'clock, and proceed with the examination of candidates in the order in which their names appear on the list.

A rejected candidate cannot be readmitted to examination until the expiration of six months, and, after a second rejection, can appeal to be examined by the King and Queen's College of Physicians.

All lecturers are required to furnish the court of examiners with a list of such gentlemen as have taken out admission tickets on or before the 1st day of January; also a similar list of those who have obtained certificates of having attended their respective courses, with the number of lectures in each course, on or before the 10th of May, annually.

REGULATIONS OF THE ARMY MEDICAL DEPARTMENT, 13, ST. JAMES'S-PLACE.

A candidate for an assistant-surgeoncy in the army is required to fill up a blank form of certificate, which may be obtained at the office by written application to the Director-General, specifying by whom he is recommended, his Christian and surname at full length, with the course of study he has pursued. The candidate is, in addition, to sign and forward the following declaration:—

"I [Christian and surname at full length], ... years of age, a candidate for employment in the medical department of the army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare my age not to exceed twenty-six years, that I am unmarried, and that I labour under no mental or constitutional disease, nor physical disability, that can interfere with the most efficient discharge of the duties of a medical officer in any climate." [Signature] . . .

In selecting from among the candidates for the medical department of the army, a preference is given to those who can fill up all the blanks in the printed form; but the name of no gentleman can be placed on the list who does not possess the diploma of either of the colleges of surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:—Eighteen months' attendance at an hospital of celebrity, where the average number of in-patient's is not less than one hundred; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery, and six months' military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months of practice of physic, and six months of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy, or apprenticeship; five months' natural history; five months' midwifery; five months' natural philosophy.

The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

Candidates who have had a university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate; and the greater the attainments of the candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the service; for selections to fill up vacancies will be guided more by reference to such acquirements than to mere seniority. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign universities or schools will be admitted to examination.

With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lectures for each branch of the science. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil. Certificates of lectures and attendance must be from physicians or surgeons of the recognised colleges of physicians and surgeons of the United Kingdom, or of foreign universities. A certificate that the candidate is acquainted with the art of cupping is required.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at this office for examination and registry at least one week before the candidate appears for examination, and likewise certificates of moral conduct and character, one of them by a clergyman, and that of the parochial minister, are desirable. Baptismal certificates are required at the same time; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact, will be accepted.

All communications to be forwarded "unsealed," under cover, to "the Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Although, in the examination of candidates, gentlemen are expected to be qualified in every branch of study required, they are requested to be particularly conversant in the knowledge of—1. Tropical diseases, and the diseases to which soldiers are most liable. 2. Military surgery, and works on the habits of soldiers and rules of the service. 3. "Cullen's Nosology" being that adopted in all returns and reports. 4. "Willan's Classification of Cutaneous Diseases." 5. The latest authors on the diseases of the eye. They are expected readily to translate a passage from a Greek or Latin author; to be conversant with Baillie and the later authors on morbid anatomy; with Cullen's, Mason Good's, and Gregory's "Practice of Physic," the latter giving an account of tropical diseases, and those most commonly met with in the army; with the works of Hunter, Hennen, Dr. John Thomson, Guthrie, Samuel Cooper, Millengen, Ballingall, Marshall, and Baron Larrey, on "Military Surgery;" with the works of Chisholm, Bancroft, Lind, Blane, Burnet, Johnstone, and Annesley, on "The Diseases of Warm Climates;" but Baillie's "Morbid Anatomy," Hennen's and Ballingall's "Military Surgery," 3rd edition, with his valuable work on "Medical Topography," Guthrie on "Gunshot Wounds" and on the "Eye," and Gregory's "Practice of Physic," should form part of the baggage of every military surgeon.

Candidates, after passing their examination, will not have any leave of absence granted, but will be stationed at Chatham for two or three months, previously to being gazetted; and on their conduct there will depend their obtaining their commissions. The appointment of army assistant-surgeons rests with the Director-General, by whom the examinations are generally conducted.

NAVAL MEDICAL DEPARTMENT.—ADMIRALTY-OFFICE, SOMERSET-HOUSE.

Director-General of the Medical Department of the Navy, Sir William Burnett, M.D., Knt., K.C.H., F.R.S.

Qualifications.—The Right Hon. the Lords Commissioners of the Admiralty having been pleased to direct "that no person be admitted as an assistant-surgeon in the Royal Navy who shall not produce a certificate from one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, of his fitness for that office; nor as a surgeon unless he shall produce a diploma or certificate from one of the said royal colleges, founded on an examination to be passed subsequently to his appointment of assistant-surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and, in every case, the candidate producing such certificate or diploma shall also undergo a further examination before the Director-General of the Medical Department of the Navy, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service," the Inspector-General doth hereby signify, for the information of those persons to whom it may relate, that these regulations and directions will be strictly adhered to; and further, that, previously to the admission of assistant-surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also, that they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district. That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy. That their age be not less than twenty years, nor more than twenty-four, and that they are unmarried. That they have actually attended a hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years, after the age of eighteen, in which the average number of patients is not less than 150. That they have been engaged in actual dissections of the human body twelve months; the certificates of which, from the teacher, must state the number of sub-

jects or parts dissected by the candidate. Tha they have attended lectures, &c., on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised colleges of physicians or surgeons in the United Kingdom, for periods not less than hereunder stated, observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine be not attended during three distinct winter sessions of six months each:—

Anatomy (or general anatomy, twelve months; and comparative anatomy, six months), eighteen months. Surgery (or general surgery, twelve months; and military surgery, six months), eighteen months. Theory of medicine, six months. Practice of medicine, twelve months. If the lectures on the theory and practice of medicine are given in conjunction, then the period required is eighteen months (six months' lectures on pathology, if given at a university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine). Clinical lectures, at a hospital as above (or the practice of medicine, six months; and the practice of surgery, six months), twelve months. Chemistry (or lectures on chemistry, three months; and practical chemistry, three months), six months. Materia medica, six months. Midwifery (accompanied by certificates stating the number of midwifery cases personally attended), six months. Botany (or general botany, three months; and medical botany, three months), six months.

In addition to the tickets for the lectures, certificates must be produced from the professors, &c., by whom the lectures were given, stating the periods (in months) *actually* attended by the candidates. The time, also, of actual attendance at a hospital or infirmary must be certified, and the tickets as well as certificates of attendance, age, moral character, &c., must be produced by the candidate immediately on his being desired to appear for examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of assistant-surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London, or who, by possessing a knowledge of the diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for surgeon unless he be a member of one of the above-named royal colleges; and whenever assistant-surgeons, already in the service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education, agreeably to these regulations.

It is also to be observed, that candidates who may be admitted into the naval medical service must serve in whatever ship, &c., they may be appointed to, and that, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they, of course, be allowed half-pay.

ORDNANCE MEDICAL DEPARTMENT.—63, PALL-MALL.

Regulations for the Admission of Candidates.—Provisional List.—Medical students who have completed their twentieth year, who have been well instructed in the Latin and Greek languages, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being of good moral character, and diligent in the study of their profession and the sciences connected with it, may be entered in the provisional list of gentlemen desirous to be admitted candidates for employment in the Ordnance Medical Department. A knowledge also of modern languages, though not indispensable at the time of provisional reception, is highly desirable, and will be duly appreciated.

Candidates.—No applicant is to be received on the list of candidates before he is twenty-two, or retained on it after he is twenty-five years, of age. The age of every individual must be verified by a certificate of his baptism, if it can be procured. He must be also unmarried, and in the full enjoyment of health, both bodily and mental.

Qualifications.—Every candidate must produce a diploma from one of the colleges of surgeons of London, Edinburgh, or Dublin; and a certificate of qualification from the Society of Apothecaries in London. He must also bring proof of having diligently gone through the following branches of professional education, nearly all of which are required to enable him to take out the above-mentioned diploma and certificate—viz., of having served an apprenticeship of five years to a surgeon and apothecary, if educated in England; but if not, qualification in the practice of medicine and pharmacy equivalent thereto; of having attended the practice of surgery in a recognised hospital or hospitals, where clinical instruction is constantly given, for three years, three months being allowed for a vacation in each year; of having attended the under-mentioned lectures, &c.:—

Anatomical lectures . .	Three anatomical seasons or sessions.
Ditto—demonstrations .	
Ditto—dissections . .	
Morbid Anatomy and pathology	one course.
Lectures on the principles and practice of surgery, delivered in two distinct periods or sessions	two courses, each comprising seventy lectures, or one course of surgery, and one of military surgery.
Natural history, or comparative anatomy . .	one course.
Chemistry	one course of a hundred lectures.
Botany	one course.
Materia medica and therapeutics	one course of a hundred lectures.
Lectures on the principles and practice of medicine	two courses, each 100 lectures; second and third winters.
Medical practice, with clinical lectures, eighteen months, commencing the second session, viz., twelve months in a recognised hospital, and the remaining six months either in a recognised hospital or a dispensary.	
Medical jurisprudence, with toxicology . .	one course of fifty lectures.
Midwifery	two courses, each of 30 lectures, second and third sessions.
Practical midwifery (not less than thirty cases)	After the conclusion of the first course of midwifery lectures, a certificate of having passed the usual examination is to be produced.
Diseases of the eye	with attendance on patients of that class. — one course.

He must produce a diploma from either of the colleges in London, Edinburgh, or Dublin, and, if not a graduated M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree, a certificate of qualification also from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin, and for the treatment of patients affected with mental derangement. Certificates will not be received on more than two branches of science from one and the same lecturer; but anatomy and physiology, demonstrations and dissections, materia medica and botany, will be respectively considered one branch of science. In the certificates of attendance on hospital practice, and on lectures, the dates of commencement and termination are to be inserted in words at full length. The moral conduct and character of each individual must be certified by the gentlemen to whose care his education was confided; and also by a clergyman, who, if practicable, should be the incumbent or officiating minister of the parish in which the applicant usually resides. The documents above detailed are to be inspected by a board, to consist of not less than five medical officers, after which they are to examine the candidate as to his professional acquirements. If his education has been chiefly medical, the examination will be principally in practical surgery; but if surgical, in the theory and practice of physic, including pharmacy. The full qualification being required on admission, a second examination is deemed unnecessary.

EAST INDIA COMPANY'S SERVICE.—REGULATIONS FOR THE ADMISSION OF MEDICAL GENTLEMEN INTO THE EAST INDIA COMPANY'S SERVICE AS ASSISTANT-SUREONS FOR INDIA.

Age.—The assistant-surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born.

Qualifications in Surgery.—The assistant-surgeon, upon receiving a nomination, will be furnished with a letter to the Court of Examiners of the Royal College of Surgeons, to be examined in surgery, and their certificate will be deemed a satisfactory testimonial of his qualification; but should the assistant-surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the College of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the cupper of a public hospital in London, of having acquired and being capable of practising with proper dexterity the art of cupping.

Qualifications in Physic.—The assistant-surgeon will also be required to pass an examination by the Company's examining physician in the practice of physic, and to produce satisfactory proof of his having attended at least two courses of lectures on the practice of physic; and, above all, that he should produce a certificate of having attended diligently the practice of the physicians at some general hospital in London for six months.

The assistant-surgeon is also required, as a condition to his appointment, to subscribe to the Military or Medical and Medical Retiring Fund at his respective presidency, and also to the Military Orphan Society, if appointed to Bengal.

The assistant-surgeon is required, by a resolution of court of the 21st of May, 1828, to apply at the office for cadets and assistant-surgeons for his orders for embarkation, and actually proceed under such orders within three months from the date of being passed and sworn before the committee for passing military appointments; he will then be furnished with an order to obtain the certificate of his appointment, signed by the secretary, for which he will pay a fee of £5 in the secretary's office.

Assistant-surgeons who shall fail to apply at the cadet department for their orders within three

months from the date of their being passed and sworn before the committee, or shall not actually proceed under such orders, are considered to have forfeited their appointments unless special circumstances justify the court's departure from this regulation.

A SESSIONAL SYNOPSIS FOR LONDON

	Anatomical Demonstrations	Anatomy, Descriptive and Surgical.	Structural and General Anatomy and Physiology.	Chemistry.	Materia Medica and Therapeutics.	Theory and Practice of Medicine.	Principles and Practice of Surgery.	Midwifery, and the Diseases of Women and Children.	Botany.	Medical Jurisprudence.	Comparative Anatomy.
Aldersgate-st. School		Mr. Chance	Mr. Holthouse	Mr. Holmes	Dr. A. B. Garrod	Dr. Lacock and Dr. Goodfellow	Mr. Alfred Smee, FRS	Dr. Hall Davis	Dr. Arlidge	Dr. John J. Snow	Dr. Rayner FSA, AKC Mr. S. R. Pittard
Bartholomew's School and Medical College	Mr. Holden and Mr. Coote	Mr. F. C. Skey, FRS	Mr. Paget	Mr. T. Griffiths	Dr. Leith Roupell, FRS	Dr. George Burrows	Mr. Lawrence, FRS	Dr. Rigby, FRS and Dr. West	Dr. Farre, FLS	Dr. Baly	Mr. M'Whinnie
Charing-cross Hospital	Mr. Hird and Mr. E. Canton	Mr. Hird	Mr. Wharton Jones, FRS	Mr. H. H. Lewis MA	Dr. Steggal and Dr. Willshire	Dr. Shearman and Dr. Rowland	Mr. Hancock	Dr. Chowne	Dr. W. H. Brown, FLS	Dr. Chowne and Dr. Gavin	
Hunterian Institute of Medicine and Surgery,	Mr. Brooke and Mr. Holthouse	Mr. Chippendale	Mr. J. Chippendale	Mr. Ashley	Dr. G. Smyth	Dr. C. J. B. Aldis	Mr. Riadore	Dr. T. Smith and Dr. R. Barnes	Dr. Semple	Dr. R. Barnes and Dr. Manson	
Guy's Hospital School	Mr. J. Birkett & Mr. A. Poland	Mr. Hilton	Mr. Hilton and Dr. Gale	Mr. Aikin and Mr. Taylor	Dr. G. Bird	Dr. Addison	Mr. B. Cooper	Dr. Lever and Dr. Oldham	Mr. Johnson	Mr. Taylor	Dr. Gull
King's College	Dr. Brinton and Mr. Lee	Prof. Richard Partridge, FRS	Dr. R. B. Todd, FRS	Dr. W. A. Miller, J. Bowman, Esq. (Demonstrator)	Dr. J. F. Royle, FRS	Prof. G. Budd, MD, FRS	Prof. W. Fergguson, FRS	Prof. A. Farre, MD, FRS	Prof. E. Forbes FRS, FLS	Prof. W. A. Guy, M.D.	T. R. Jones, FRS
London Hospital School	Mr. Critchett and Mr. Ward	Mr. Adams	Dr. Carpenter, FRS	Dr. Letheby	Dr. Pereira, FRS	Dr. Little	Mr. Luke and Mr. Curling.	Dr. Ramsbotham		Dr. Ramsbotham and Dr. Frampton	
Middlesex Hospital School	Mr. T. Nunn	Mr. Rowdon and Mr. Moore	Mr. C. De Morgan	Dr. Ronalds	Dr. Latham	Dr. Crawford and Dr. Thompson	Mr. Shaw	Mr. C. M. Babington	Mr. Henfrey, FLS	Dr. Latham	
School adjoining St. George's Hospital	Dr. W. V. Pettigrew and Mr. G. E. Blenkins	Mr. Lane, Dr. Pettigrew, and Mr. Blenkins	Mr. Lane, Mr. Brown, and Mr. Price	Mr. Rougers	Dr. Lankester, FRS, FLS	Dr. T. Thompson	Mr. Pilcher	Mr. Bloxam	Dr. Lankester, FRS	Mr. Warder	
St. George's Hospital School	Mr. Athol Johnson and Mr. Polloek	Mr. Prescott, Hewett, and Mr. Pollock	Mr. A. Johnson	Mr. Noad and Dr. B. Jones	Dr. Pitman	Dr. Nairne and Dr. Page	Mr. Tatum	Dr. Robert Lee, FRS	Mr. Henfrey, FLS	Dr. Fuller and Mr. H. C. Johnson	
St. Thomas's Hospital School	Mr. J. Rainey	Mr. F. Le Gros Clark	Mr. Grainger	Dr. Leeson and Mr. Heisch	Dr. Risdon Bennett	Dr. Barker and Dr. George Gregory	Mr. Green and Mr. B. Travers	Dr. Waller	Mr. G. Luxford	Dr. Leeson and Dr. Risdon Bennett	Mr. E. Meryon
University College Medical School	Mr. G. V. Ellis and Mr. Marshall	Mr. Richard Quain, FRS, and Mr. Ellis	Dr. Sharpey, FRS	Mr. Graham, FRS, and Mr. Fownes, FRS	Dr. A. T. Thompson, FLS	Dr. C. J. B. Williams, FRS	Mr. Arnott and Mr. Quain	Dr. Murphy	Dr. Lindley, FRS	Dr. A. T. Thompson	Dr. Grant

Westminster Hospital School—Shut up for this year in consequence of the Westminster improvements.

PROVINCIAL SCHOOLS.

Bristol Medical School	Mr. Prichard, Mr. J. G Swaine and Mr. Brittan	Mr. Prichard	Mr. Brittan	Mr. Herepath	Dr. Staples	Dr. Budd	Mr. Clark and Mr. Greig	Mr. Swayne and Mr. J. Swayne	Mr. Thwaites	Dr. Kay and Mr. Herapath	
Leeds School of Medicine		Mr. Price, Mr. Radclyffe, and Mr. Staniland	Mr. Teele, Mr. Nunneley, Mr. Ikin, and Mr. S. Hey	Mr. Morley and Mr. E. Joy	Dr. Pyemont Smith and Dr. Heaton	Dr. Chadwick	Mr. Hey and Mr. Garlick	Mr. Smith and Mr. Braithwaite	Dr. Heaton	Dr. Pyemont Smith.	
Manchester School of Medicine and Surgery	Mr. W. Smith	Mr. W. Smith	Mr. Turner	Mr. F. C. Calvert	Dr. Ainsworth	Dr. Brown	Mr. Ransome	Mr. Heath	Mr. Just and Dr. Hardy	Dr. H. Browne	
Queen's College, Birmingham	Mr. D. Bolton	Mr. W. Sands Cox, FRS	Mr. Langston Parker	Mr. Shaw	Dr. James Johnston and Mr. G. B. Knowles	Dr. John Eccles	Mr. W. Sands Cox, FRS	Mr. Sam. Berry	Mr. G. B. Knowles, FLS	Dr. J. Birt Davies	

LONDON HOSPITALS.

WESTMINSTER HOSPITAL; *Physicians:* Drs. Bright, Roe, Kingston, Basham. *Practice*, £21.—*Surgeons:* Messrs. White, Lynn, Hale Thomson, Phillips. *Practice*, £31.—ST. GEORGE'S HOSPITAL; *Physicians:* Drs. Seymour, Wilson, Macleod, Nairne, and Page. *Practice*, 24 guineas.—*Surgeons:* Messrs. Keate, Hawkins, Cutler, Tatum, H. J. Johnson, and H. C. Johnson. *Practice*, 50 guineas.—ST. THOMAS'S HOSPITAL; *Physicians:* Drs. Roots, Burton, Barker, Leeson, Goolden, Risdon Bennet. *Practice*, £24. 3s. *Surgeons:* Messrs. Green, South, Macmurdo, Solly, B. Travers, and F. Le Gros Clark. *Practice*, £26. 6s.—KING'S COLLEGE HOSPITAL; *Physicians:* Drs. Watson, Budd, Todd, Farre, and Guy. *Practice*, £21.—*Surgeons:* Messrs. Fergusson, Partridge, Simon, and Bowman. *Practice of both*, £36. 15s.—MIDDLESEX HOSPITAL; *Physicians:* Drs. Hawkins, Thompson, Gordon, Latham, West, and Crawford. *Practice*, for eighteen months, £12. 12s.—*Surgeons:* Messrs. Shaw, and Campbell De Morgan. *Practice*, £21.—UNIVERSITY COLLEGE HOSPITAL; *Physicians:* Drs. C. J. B. Williams, Thompson, Taylor, and Walshe.—*Surgeons:* Messrs. Arnott, Erichsen, Marshall, Quain, and Morton. *Practice for both*, £26. 5s.—BARTHOLOMEW'S HOSPITAL; *Physicians:* Drs. Roupell, Hue, Burrows, Farre, Jeffreson, and Black. *Practice*, 30 guineas.—*Surgeons:* Messrs. Lawrence, Stanley, Skey, Lloyd, Wormald, and Paget. *Practice*, 25 guineas.—LONDON HOSPITAL; *Physicians:* Drs. Cobb, Frampton, Little, Pereira, Fraser, and Herbert Davies. *Surgeons:* Messrs. Andrews. Luke, Hamilton, Adams, Curling, and Critchett.—CHARING-CROSS HOSPITAL; *Physicians:* Drs Shearman, Golding, and Chowne. *Practice*, 15 guineas.—*Surgeons:* Messrs. Hancock and Avery. *Practice*, 15 guineas.—GUY'S HOSPITAL; *Physicians:* Drs. Bright, Addison, Babington, Barlow, Hughes, Owen Rees, Golding, Bird, Lever, and Oldham. *Pupil*, for eighteen months, £15. 15s.; for longer period, £24. 4s.—*Surgeons:* Messrs. Key, B. Cooper, Cock, Hilton, and France. *Practice*, 50 guineas.

M. Combes, French consul at Madras, has died from an attack of cholera.

At Berlin the cholera continues to rage with great intensity.

SYNOPTICAL TABLE OF HOSPITALS AND DISPENSARIES.

PROVINCIAL HOSPITALS, &c.

	Physician Practice.	*Surgical Practice.*
Bath Hospital		Dresser and pupil £26 5
Bedford General Infirmary		
Birmingham General Hospital	18 months .. £12 0	3 years 50 0
,, Queen's Hospital	12 months .. 10 10	12 months.... 16 16
	Perpetual.... 12 12	Perpetual 21 5
,, Lying-in Hospital	3 months 5 5	
Brighton—Sussex County Hospital		
Bristol Infirmary	1 year 15 0	1 year 25 0
		Dresser 52 10
,, St. Peter's Hospital	,, ... 20 0	1 year 20 0
Bury St. Edmund's—Suffolk General Hospital	In-door pupils £52. 10s. per annum.	
Cambridge, Addenbrooke's Hospital	1 year £10 10	1 year £10 10
	Perpetual.... 15 15	,, ... 15 15
Canterbury and Kent Hospital		
Cheltenham Hospital		
,, Dispensary		
Chester Infirmary		
Chichester Infirmary		
Colchester and Essex Hospital		
Derbyshire General Infirmary		
Devon and Exeter Hospital	1 year 31 10	1 year 31 10
Gloucester Infirmary	,, ... 10 10	,, ... 31 10
Hereford Infirmary		
Huddersfield Infirmary		
Hull General Infirmary		
Leeds Infirmary	Perpetual, £23.	
	18 months.... 15 15	2 years..... 15 0
	Perpetual 21 0	Perpetual 21 0
Leicester Infirmary		
Liverpool Infirmary	3 years to both £42 0	Dresser, 1 year 21 0
,, Northern Hospital	,, ,, 31 10	
Kent, West Infirmary		
Manchester and Salford Lying-in Hospital		
,, Royal Infirmary	3 years..... 15 15	3 years..... 21 0
Newcastle Infirmary	12 months to both £5 5	
Norwich—Norfolk Hospital		
Northampton General Infirmary	12 months to both 30 0	
Nottingham General Hospital		
Reading—Royal Berks Hospital		
Salisbury Infirmary		
Shrewsbury—Salop Infirmary	12 months to both 21 0	
Sheffield General Infirmary	1 year 10 0	3 years 21 0
Staffordshire General Infirmary	,, ... 5 5	1 year 5 5
Stockport Infirmary		
Stratford-on-Avon Infirmary		
Sunderland Infirmary		
Swansea Infirmary		
Winchester County Hospital		
Worcester Infirmary		1 year 31 10
Yarmouth Hospital		
York County Hospital	Perpetual 15 15	Perpetual 15 15

HOSPITALS AND DISPENSARIES IN SCOTLAND.

	Medical Practice.	*Surgical Practice.*
Edinburgh:		
Royal Infirmary	1 year .. £ 5 7 6	
	Perpetual 12 17 0	
Surgical Hospital		3 months.... £3 3
		6 months.... 5 5
Maternity Hospital	6 months £1 3	
Lock Hospital		3 months.... 1 1
Royal Dispensary	1 year £11 11	
New Town Dispensary	6 months 3 5	
Minto House Hospital and Dispensary	Perpetual £6 6	
Eye Infirmary	3 months £1 1	
,, Dispensary	,, 1 1	
Glasgow:		
Royal Infirmary	Fee to both for 2 years £7 7	
	Perpetual 8 8	
Aberdeen:		
Royal Infirmary	Perpetual £7 7	

HOSPITALS AND DISPENSARIES IN IRELAND.

	Medical Practice.	*Surgical Practice.*
Dublin:		
Sir P. Dun's Hospital	12 months .. £10 10	
Meath	Perpetual to both £25 0	
Jervis-street Hospital	12 months..... 10 10	
City of Dublin Hospital	,, ... 10 10	
St. Vincent's Hospital	,, ... 10 10	
Steeven's Hospital	,, ... 13 13	
Mercers' Hospital	,, ... 10 10	
Richmond Hospital	,, ... 13 13	
Dublin Lying-in Hospital	6 months.... £10 10	
	In-door pupil 21 0	

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 30, 1848.

SANITARY CONDITION OF TOWNS.

When, at an early period of the session of Parliament just concluded, the wild and dangerous scheme was proposed and seriously entertained of converting the surface and deep drains of towns into drain-sewers, certain, in most instances, to become in time widely-extended and comparatively open cesspools; and when it was further proposed to flush these drain-sewers, elongated cesspools, and dead wells into the streams and rivers of Britain and Ireland, thus poisoning and choking up their tidal harbours, their noble salmon rivers, their pleasant brooks, winding through many a noble park and beauteous English village; thus rendering the banks of these rivers and streams all but uninhabitable; so soon as this scheme assumed a tangible form, so as to admit the being grappled with, we ventured to denounce the whole, from beginning to end, as an imperial job, masking under the hypocritical garb of a public-minded philanthropy, a centralizing scheme of continental despotism; and further, as a scheme distinctly stamped with all the wildness, the Utopian and visionary impracticability, of the Buckland-Chadwick school: that school which sees "high art" in the construction of a drain-sewer, and discovers the wisdom and goodness and omnipotence of Providence in the highest amount of existing moral and physical suffering.

We denounced it as a scheme which, if it could be carried out, must effectually destroy the health and prosperity of the country; a scheme at variance with the genius and character of the English people; sure to increase the rates, already all but insupportable; a scheme ostensibly for carrying through a vast experiment, of which the least that could be said against it was, that all existing experience showed its danger to the health and to the pockets of the community at large. Notwithstanding the opposition of many strong corporations and of numerous common-sense persons, two measures were carried through both Houses of Parliament with a facility at last, considering the opposition on the first introduction of these measures, which surprised only those who were not aware that the understandings of the members of both Houses had been sharply enlightened by recent events, amongst which, no doubt, stood foremost Chartist meetings of the *unemployed*, suspension of railway works, loss of crops in Ireland, the *labour question*, the Red Republic in Paris, the revolt of the *labourers* in Berlin and Vienna. On these matters being fully explained to the members of both Houses, the much-disputed Sanitary Bills passed almost *sub silentio;* the whole affair was perfectly understood. Moreover, the opposition on the part of the London corporation was distinctly proved to be selfish and personal—it was a small jobber resisting a larger; the opposition of the London corporation was not honest, not straightforward; hence, though ably advocated by Mr. Pearson, it fell to the ground; the dissent of scientific men to the Government scheme the Government could afford to despise.

But scarcely had these schemes, concocted by overheated and visionary brains, indifferent alike to the health and the pockets of the community,

	Medical Practice.	*Surgical Practice.*
Dublin:		
Anglesey Lying-in Hospital	6 months.... £7 7	
	In-door pupil 13 13	
South-Eastern Lying-in Hospital	6 months.... 4 4	
	In-door pupil 10 10	
Combe Lying-in Hospital	6 months.... 4 4	
	In-door pupil 10 10	
Wellesley Lying-in Hospital	6 months.... 6 6	
	In-door pupil 12 12	
Western Lying-in Hospital	6 months.... 6 6	
	In-door pupil 12 12	
Victoria Lying-in Hospital	6 months.... 4 4	
	In-door pupil 10 10	
Cork:		
North Infirmary	6 months £5 5	
	12 „ 8 8	
South Infirmary	Fees the same.	
Lying-in Hospital	1 year £5 5	
Eye Infirmary		1 year £2 2
Belfast Hospital	6 months £1 1	
	12 „ 2 2	
Limerick:		
Barrington's Hospital	1 year.... 8 8	
Maryborough:		
Queen's County Infirmary	1 year.... 8 8	

FRANCE.

Paris:	
Hôtel Dieu Hôtel Dieu, Annexe Hôpital la Pitié „ la Charité „ Saint Antoine „ Cochin „ Necker „ Beaujon „ St. Louis „ du Midi „ de Loureine Hospital for Children Clinical Hospital	These hospitals are free to foreigners on presenting their diplomas or passports, with their medical titles inscribed.

been carried through both Houses, when the seeming leader, Lord Morpeth, was compelled, in candour, to admit that after all, the measure is but an experimental one; that the commissioners are but feeling their way; that, although Mr. Chadwick and the Ordnance engineers are professors of the "high art" of drain-sewer making, he himself does not claim any title to a chair in the college of high art now erecting in Piccadilly; that, after all, drain-sewer making is but an experimental business to be carried through with great caution. Towns situated sufficiently near the sea, as Brighton, Worthing, Yarmouth, Margate, South Shields, Redcar, &c., are to be permitted to carry their drain-sewers directly into the sea, or not, just as they please. They may commence by making drain-sewers six times larger than can ever be required (as at Southampton); they may construct them on a nearly dead level for hundreds of yards, and below the level of high and even of low water mark (as at Southampton); they may commence them before they have the means of flushing them, or probably ever may have (as at Southampton); all this is of no moment to the commissioners, provided brick-and-mortar work be done; that is the point. Let us have levelling and drain and sewer work without ceasing, shout Mr. Chadwick and his brother commissioners; carry the refuse all mixed up together into the sea and bring it back again; it matters not to us, provided you employ our engineers and surveyors, our workmen, our staff; and provided you pay them out of the pockets of the ratepayers.

But it is now admitted that other places which have the advantage of the open strand, on which to pour out the refuse of the town, thus hopelessly destroying the beach as a promenade and watering-place, the only attractions, as may be, of the place,—believing it impossible to open the parlour windows of its first hotel whilst the westerly winds prevail, as at Southampton,—it is now admitted that towns and villages, and even cities, may be so situated as to render it extremely doubtful whether the refuse of the town should be drained and sewered directly into the nearest river or brook, or stream, as it may be; and accordingly it has been proposed to convey, by pipes and other contrivances, into the open country far from the towns, there to irrigate the pleasant fields of Britain with the pestiferous, noisome fluids which rendered the towns at certain seasons uninhabitable.

This happy idea how to render the country also uninhabitable, if it did not wholly originate in the north, did certainly appear there, and did acquire its utmost vigour in that quarter at a very early period. Edinburgh was the unhappy locality fixed on for these dangerous experiments. Here the system throve so well, so profitably, for the holders of land, that they hesitated not to surround the Palace of Holyrood itself with meadows from which, at all times of the year, there exhaled an odour perfectly unbearable, and not to be described: these most abominable meadows (for they really are so) extend to the shores of the Frith, and spread over the entire ground from Leith to Portobello, driving from these pleasant and beauteous shores and hills of the finest city in the world every human being whose business did not force him into a temporary residence within the tabooed ground. Further, the commissioners foreseeing that their wild scheme of flushing all refuse of towns into the smaller rivers and streams, and into streams connected with tidal harbours, must, of necessity, tend to the choking up of these harbours, to a diminution in the depths of the streams, and to the rendering their banks uninhabitable, have now, with much tact, thrown out hints that *a system analogous to what has been found to answer so well in the north* may, in *certain* localities, be adopted with advantage. We earnestly call the public attention to these ominous hints of the commissioners; the *answering well* means the raising the rent of the land so irrigated; but these said commissioners know well that the country between Edinburgh and Leith, and the palace itself, were rendered uninhabitable by the presence of these foul meadows; and that the meadow adjoining the palace was put down at last by the greatest exertions of the inhabitants; that even yet the Palace of Holyrood can scarcely be considered habitable, in consequence of the extent of foul meadows interposed between it and the shores of the Forth, over which the east winds sweeping for at least six months of the year, convey to the palace, and to the central and southern and northern parts of the town, an odour at times quite insupportable. Yet, with these facts before them, and the fact that the Court declines visiting Edinburgh, or, at least, residing there for a short space of time, it is proposed, we understand, to convey the refuse of Manchester into Chat Moss; the refuse of Liverpool somewhere else; that of Leeds, perhaps, to the wild country about Harrogate; that of Southwark across the Surrey hills, no doubt. The persons who paid for some railway schemes know well that to engineers of the high imagination of Mr. Edwin Chadwick nothing is impossible; all that is required is *the funds*.

Some men of excellent practical judgment, such as Mr. Ellerman, Mr. Wynn, and others, following in the steps of the Belgian agriculturists, have occasionally ventured to hint and to explain that the refuse of towns may be dealt with in a much superior way than flushing it into the sea, or into tidal rivers and streams, or inundating therewith fields already too moist, and from which the agriculturist is at all times anxious to remove surface water. They have shown that so long as the refuse of towns, or villages, or private houses, remains closely shut up in well-constructed air and water tight cesspools, there neither is nor can be any danger to the inhabitants; so long as the cesspools of London continued air-tight and well constructed, no place was healthier; it was when they began to be opened into sewers and drains that noisome effluvia arose, and contemporaneously much disease. From a close and well-constructed cesspool no evils can arise. But these cesspools require being cleaned out; and until the discoveries of modern chemistry, the discovery of the disinfecting fluids of Ledoyen and Brown, of Sir William Burnett and Mr. Ellerman, the cleaning out of these cesspools, and even of common dead wells, as cesspools of a somewhat different nature are sometimes called, was an exceedingly great difficulty, causing much temporary inconvenience to the inhabitants.

As a remedy for this inconvenience, trouble, and danger, the gentlemen before named offer to the public deodorizing and disinfecting fluids, as, in some instances, they may be supposed to be, which promise to destroy all odour, all offensive gases, connected with cesspools and dead wells. Many able men, it is true, doubt their entire efficacy either as deodorizing or disinfecting fluids; they assert that they did not find the odours so completely removed as they expected; and they believe that the benefits to be derived from them have been greatly exag-

gerated. In this opinion we do not agree; that the efficiency of these fluids may have been exaggerated we are free to admit; but may not this arise from circumstances connected as much with the construction of cesspools and water-closets, as with any deficiency of power in the fluids themselves? To this opinion we at present incline, until a much more extended experience than has ever been given decide on the merits of this important question.

That the cesspools and dead wells of London and other English towns were occasionally nuisances of an insupportable character was not owing to anything essentially wrong in the system, but to their vicious plan of construction, and in the profound ignorance of the modern builders and workmen employed.

But Mr. Ellerman and Mr. George Wynn go further even than this. They add to other reasons of objection to the flushing, scouring, drain-sewer plans of Lord Morpeth, the agricultural portion of the question, showing in the clearest way that the whole plan of sewering the country throughout is entirely unnecessary; that it must lead to endless and ruinous expense; that it will not answer the proposed ends, and will require in process of time to be wholly undone; that it will disturb all existing rights, ruin the streams and rivers, break up the existing privileges of water companies, cause innumerable nuisances where none exist, and give rise to endless litigations. They propose, therefore, in their scheme of sanitary reform, to use merely the existing machinery; to cause builders and others to construct cesspools with some little show, at least, of common sense, which as yet they have refused to do; to maintain drains and sewers wholly distinct, as they ought constantly to be; and, by avoiding as much as possible the admixture of different kinds of refuse, so to prepare, by the methods now practised in France and in Belgium, a home-made guano, not much if, at all, inferior to the foreign.

This, then, is their plan: it would save, we conscientiously we believe, large sums of money to the country. At the same time we feel assured that Government will never listen to it; it would subvert their whole plan of creating a patronage not much inferior to what now exists in the Home and Colonial Offices; it would prevent their putting their hands on much disputed and neglected property, which is sure to accrue to the Woods and Forests; it would interfere with those employed at the public expense—an army of labourers, similar to dockyard men, marshalled, ticketed, and armed for political purposes.

Therefore are we sure that the general Government will never listen to this common-sense proposal; but why should not individuals and corporations take up the matter? Why not construct proper cesspools, of small size, easily cleaned out, and admitting of being perfectly deodorized every hour of the day, if necessary? In this way they may not only avoid enormous expense, but happily resist the attempt which is sure to be made in carrying out the Buckland-Chadwick scheme, of running odious, filthy sewers under private houses, where formerly ran mere water-drains, superficial or deep, according to existing circumstances; by combining, they may be able to resist effectually the future jobs of improvement and health of towns commissions; and successfully to resist the constructing of drain-sewers under towns, receptacles for the accumulated refuse of thousands, shut up hermetically for five or seven hours daily by the tides, and ventilated by open gratings in the public streets, to the amazement, annoyance, and distress of all.

In conclusion, we cannot do better than recommend to the attention of all concerned (and who is not?) a careful perusal of Mr. Wynn's excellent and instructive letter, and of Mr. Ellerman's pamphlet, which has been for some time before the public. The whole question, whether as regards corporations or towns, or private individuals, is discussed in a masterly way; the applicability of the method proposed to the cottage, the farmhouse, the village, the town, has also been clearly explained. The matter, in fact, has been placed by Messrs. Ellerman and Wynn within the capacity of all who can think and read. The advantage of avoiding all flushing and unnecessary admixture of water with other refuse has been ably pointed out to the agriculturist. This point, in an especial way, merits his most careful attention. We would fain hope, by energetic measures, the public may still be roused to a sense of their danger in thus submitting to an experiment of incalculable magnitude about to be made on their health and pockets. Let the public but reflect on the effects which must arise from the conversion of drains into drain-sewers; the enormous expense required to procure a due supply of fresh water to flush these drain-sewers; the fact, now well known, that no degree of flushing will at times suffice; the litigious questioning of rights to property; the disturbance of invested rights of all descriptions; the forcible right of entrance to private houses claimed by insolent Government *employés* and menials; and the public, we are assured, will pause before they permit the coming into operation a measure fraught with such serious results.

The indecent haste with which the crow's-nest was erected on St. Paul's, without due authority, we believe, together with the disgraceful shuffling answers in Parliament respecting the probable amount of the expense to be incurred in the metropolitan survey, ought to have warned the English people generally that centralizing measures proposed by the Court—by any Court, whether in Berlin or London—forebode no good to the nation. Look at the condition of the national dockyards, and mark the effects of centralization. That a great sanitary measure was imperiously demanded we never doubted—nay, were amongst the first to advocate; but the sanitary measure we should have liked was of a totally different complexion than the Buckland-Chadwick scheme. That houses are daily built by English builders and carpenters in all the towns of England wholly unfit to live in is a fact perfectly notorious; that houses, not for the poor only, are daily constructed, with cesspools, water-closets, dead wells, drains, and sewers, of the worst description, is also a fact in no way to be questioned; constructed on plans which lead us to suppose that, in as far as regards these master builders and *distinguished surveyors*, education in the great truths of physical and chemical science had taken no root in Britain. Let the people begin, then, with such houses as we have lately examined, and seem but recently built, on the pleasant banks of the Itchen; this being but one of a hundred localities where similar enormities are practised in open day, under the eye of corporations and commissioners whose powers by "the act" extend merely to the squandering away of twenty or thirty thousand pounds of the people's money in the excavating of a network of enormous drain-sewers on principles defying all science, and in digging wells through strata well known for their deficiency in the supply of pure water; patiently awaiting further powers to expend another twenty or thirty thousand pounds more of the people's money in undoing all they had previously done; declaring at the same time their poignant regret that the "acts" from which they derived their powers extended merely to such trifling matters as the outlay of the aforesaid money; and deeply regretting that so important an affair as the compelling a selfish and ignorant builder so to construct his tenements as to fit them for the abode of civilized men was most unhappily wholly beyond their authority, and omitted in "the act." Such is the stuff of which corporations and commissioners are made.

Finally, the exclusion of the medical profession from all offices of honour or profit in these sanitary movements is not without its signification; and this we leave to the reflection of our valued subscribers and correspondents.

MEDICAL EDUCATION AND MEDICAL STUDENTS.

We are upon the eve of a new medical year, and its advent will be celebrated in the usual manner, by the delivery of introductory lectures. The teachers connected with the various schools are anticipating their work, and the pupils are hastening up to this great metropolis either to commence or renew their professional studies. The *curricula* of education have been unchanged during the past year; hence the *fresh men* will have to go through the same routine as those who are about to become candidates for diplomas. On the present occasion, therefore, it is not our intention to expatiate upon the various feelings with which the practitioners engaged in the busy avocations of life, and the youth just entering upon hospital pupillage, contemplate the return of the 1st of October, but to make some remarks upon the present system of medical education.

A large number of our young friends will now come up to London for the first time "to walk the hospitals." The bonds of their apprenticeship are dissolved, and domestic tuition is about to be superseded by hospital instruction. What has apprenticeship done for them? Has it prepared them to commence under favourable circumstances the study of those important subjects which will now more especially occupy their attention? Has it enlarged and disciplined their minds? Or have five valuable years of their lives been sacrificed through a legislative blunder? It has become the fashion to decry apprenticeship, and we are not amongst the number of those who would advocate its continuance under its present form. It is a system which the "wisdom of our ancestors" devised, and the selfishness of a medical college has perpetuated, but which is not now adapted to the state of our profession. What we think is required, is domestic pupillage of short duration, so that the youth may acquire some knowledge in practical pharmacy, and some tact in the performance of the minor operations of surgery.

But if *five* years' apprenticeship is to be condemned, so also is the system of walking the hospitals merely to *see* surgical practice. For a medical student to become a useful surgeon, he

must not only use his eyes, but also his hands. Are the majority who attend our metropolitan hospitals allowed this latter privilege? Certainly not. Even their apprentieeship afforded them more praetieal advantages than their pupillage in London. When under bond they were allowed to apply bandages, draw teeth, bleed, assist in reducing dislocations, or in setting fraetured bones. When free pupils they merely *see* these things done. Now we maintain that *all* medical students should occasionally act as *dressers*, and, while this arrangement might not be so profitable to the hospitals, it would at least be more creditable. We should consider it a monstrous absurdity for a youth apprenticed to some business requiring manual dexterity to be expected to finish his education merely by watching the practice of metropolitan artists. Yet this prevails in the surgical profession, whose members have to do with the human frame exposed to many accidents which, if not speedily remedied, may destroy life or permanently injure its functions. The fault rests with the College of Surgeons, which has constantly endeavoured to maintain distinctions injurious to the profession and the public.

It is a matter of satisfaetion to us, however, that, although medical education is yet not exactly in aecordance with the spirit of the times, it has within the last few years been considerably improved. In the schools greater attention is paid to the progress of the pupils than in former days, and perseverance is, professedly at least, not without its reward. We are disposed to look, also, favourably upon the efforts made to establish in this metropolis the collegiate system of instruction. It has been stated, with truth, that a university education, while it may not send forth a young man an accomplished scholar, yet gives him the polish of a gentleman. This is aecomplished, not so mueh by the studies in which he engages, as the society in whieh he moves. The eollegiate system we consider, therefore, as exercising a beneficial influence on the charaeter of the medical student which cannot fail to operate favourably in his intercourse with society in after-life.

In making these observations we must not be understood as easting any reflections upon private medical schools. These are useful to the profession, not only because in some of them efficient instruction is given, but because they check that spirit of monopoly in the more aristoeratic establishments, which, if left to take its own course, would probably demand a high price for a very inferior commodity.

Having said thus much in reference to medical education as it is, we would impress upon the *alumni* of our profession the necessity of zeal and perseverance, in order to obtain the highest benefits from the instruetions they receive. The subjeets which they will have to eontemplate are various, and few, probably, will be able to extend their pupillage beyond the three years prescribed by the eorporations. Every moment is, therefore, of importance, and nothing less than a sense of the moral responsibility of their professional obligations will enable students, in this brief spaee of time, to aequire knowledge which, in after-life, will make them respeeted and useful.

THE COMMENCEMENT OF THE SESSION AT UNIVERSITY COLLEGE.

It has hitherto been the eustom with the London medical schools to commenee the winter session with introduetory addresses. This time-honoured observanee is not without its use. It serves as an introduction between the student fresh from the country and his lecturers. It prepares him for his attendance in the theatre without the formalities attached to a regular leeture. It also affords an opportunity for such of the former students as chose, and many do choose, to meet their old preceptors, friends, and colleagues, and to enjoy a pleasant retrospection and lively gossip on bygone times. The schools, with one exception, will not allow this ancient custom to be broken through at the commencement of the coming session. We say "with one exception," for there is to be no introductory lecture on Monday next at University College. The reason for this omission, we fear, is to be found in the consciousness of two of the professors that, after the disclosures made in our pages, their reeeption by the mass of their auditors would be the reverse of gratifying. Indeed, at the last distribution of prizes, when many of the facts we have since published were unknown, the feelings of the students towards Messrs. Sharpey and Quain were so manifested as to call down the remarks of the noble lord who presided on the occasion. What, therefore, was to be expected, after all the diselosures that have taken place? The "twin" professors have certainly taken a wise course for themselves in withholding the opportunity for a public expression of the opinion of the students, even at the risk of adding still more to the unpopularity of the college Let the students beware, however, lest the meeting at the close of the session for the distribution of prizes be also withheld! *Verbum sat!*

ANNOUNCEMENT OF A NEW COURSE OF LECTURES ON THE CHOLERA.

The eholera is spreading so rapidly over Europe that alarm is beginning to be felt of its early arrival among ourselves. We hope that we may be spared such a calamity; but, if the history of the former epidemie should be reeeived as a guide for forming our judgment conecrning the present, we ean have but little expeetation of retaining our immunity for many weeks. It is already at Hamburg, and will not for any lengthened period keep aloof from our shores. The devastations of this pestilence in some of the towns of Europe have been fearful, the per-eentage of deaths to cases being even higher than in the years 1831-2. This havoc may be aeeounted for by the increased destitution, wretehedness, physieal debility, and moral depression caused by the reeent revolutions.

An uncertain future hangs over our own towns and hamlets, and it behoves the medieal profession, upon whose members the duty of mitigating the horrors of this plague will fall, to inform themselves of the best methods of treatment, and to keep their minds fully alive to the responsibilities of their position. We are happy in being able to announce that a series of lectures, by Mr. Ross, upon this highly interesting subjeet, will next week be eommeneed in this journal. These lectures will comprise a general history—medieal and geographieal—of the epidemic of 1831-2; an inquiry into its causes, and of the laws governing the mortality of the epidemie; also comparative tables of treatment, framed from the analysis of several thousand cases, variously treated both at home and in foreign countries.

These lectures cannot fail to be of great praetical value, and will doubtless be read with much interest. The present generation would, at least, show wisdom in the endeavour to extraet some benefit from the perils and misfortunes of the past. We should neither live nor suffer in vain; ealamity is the cradle of experienee, and experience is the parent of improvement.

DEATH OF LORD GEORGE BENTINCK.

The sudden death of this nobleman rendered it necessary that a *post-mortem* examination should be instituted, that the publie might be satisfied as to the real cause of that event. We were surprised, on reading the report in the daily *Times*, that the medieal gentlemen who superintended the autopsy referred it to *spasm of the heart*. This is a disease of whieh we are desirous of knowing a little more about; and we think it due to the profession that the surgeons should publish more explieitly the appearanees whieh the body of the deceased nobleman presented. We trust, therefore, that they will without delay make known through the medieal press what we are to understand by SPASM OF THE HEART.

LIBERALITY OF THE GOVERNMENT TO THE MEDICAL PROFESSION.

We understand that a deputation has been sent by the Government into the north to inquire into the state of health of the population. It is proposed, also, that the medical gentlemen should afterwards visit those places in Europe where the eholera has appeared. Our professional brethren will be astonished to learn that the liberal sum of two guineas per day is allowed by the Government to those gentlemen who have undertaken the important mission.

This speaks volumes in referenee to the feelings of our rulers towards the members of the medical profession. While the seions of nobility are enjoying large salaries for doing nothing, medieal men are expeeted to leave their homes and their praetices for the pitiable sum of two guineas per day.

MEDICAL PHILANTHROPY AND MORAL POWER.

[To the Editor of the Medical Times.]

"There is room enough for all!
Emigration! why dost thou as a mighty torrent rush through the land?
A fairer isle than Britain never sun
Viewed in his wide career; a lovely spot
For all that life can ask. Salubrious, mild,
Its hills are green, its woods and prospects fair;
The meadows fertile; and, to crown the whole,
In one delightful word, It is our home,
Our native isle."—ANONYMOUS.

Sir,—Deep, close thought brings but one result on passing events. To urge over-population, how gross the libel on the all-seeing eye and hand of man's Creator, and detected by a glance at the "acreage." The Glen Tilts, woods, forests, commons, chases, parks, preserves, &c. &c. &c., upheld by grinding, feudal, and other exclusive "claims of right," with frightful abuse in a thousand ways, and million other attendant ills, filling volumes. No! no! The real issue is revealed whether poverty shall return to the 43rd of Elizabeth in its full integrity, or remain under existing laws, with the mighty and startling truth throughout the length and breadth of the land, "That the well fed will not feed the poor but as paupers."

Thou noble band of poor-law surgeons and medical men universal! who still grace the poor man's cause, is this, or not, the question? And do you not in common suffer with the rest?

Depopulated villages, small farms thrown into one, millions of agricultural virtue shelved upon the towns, and thence to the grave or social corruption and wholesale transportation, foreign myriads replacing our population with immoral taint—do these things tell no tale? Sad is the pieture, and yet four times over there is room for all! Why

drive industry, talent, English blood and sinew to distant climes?

Intellect, why degrade, nay, lend thyself to so base an advocacy? shortsighted, indeed, to try end all in one common ruin; poor the excuse that one thousand millions is the public debt, and who can pay? Yet how absurd to drive away the means, and bare the land to neighbours powerful and jealous! How irreconcileable to one day seek the health of towns, and the very next urge on emigration! Surely a judgment has dimmed England's glory by such delusion. Men of thought go deeper still. Is moneyocracy and aristocracy involved in this? Is abounding, penniless, but virtuous talent driven beyond the distant main by pseudo-gainful prospect, as Shakspere says, that the superfluous and lust-dieted man that slaves your ordinance, that will not see because he does not feel; that will not undo excess that each may have enough; who remembers not that prosperity is the very bond of love whose fresh complexion and whose heart together affliction alters?

"The man of wealth and pride
Takes up a space that many poor supplied."
Deserted Village.

If so, the cause and root of national disease are scanned, and the real social "huge revolving living lie" stands confessed in all enormity, and thus summed up as "universal grasp." Alas! this beggars all, and makes each one poor indeed.

Medical men, expatriation is your ruin! You alone can thrive amid luxury, wealth, and population; in which colony will you find this? Mark me! any social change may destroy both law and church, nay, army and navy undermine, which fawn upon the great; but medicine must maintain its ground. Rulers may exhibit countless phases; the people lengthened suffering, but you are still the same—a beacon reared on high amid the pelting storm. Long have you lived beyond the courtly smile. Elements may rage, war, pestilence, and famine assail, then, as a profession, your virtues brightly shine. If even those be Europe's lot, why, sons of Galen and Hippocrates, quit your ranks? In peril's darkest hour, remember,

"Nor less the patriot boast where'er we roam,
His first best country ever is at home."
The Traveller.

Are the English isles given up to moral evil? who so fit as you to lend a willing check? Is your experience "here" of short amount? or rather does it not appal? Thy social power awes by secret counsel when fails the judgment-seat. Is care the lot of all, canst thou not assuage? Nay, all and much beyond all this is thine to do. Yet how little known and valued! Never mind, bear it. There is room enough for all. The still small voice whispers joy and peace within, in the due performance of thy Maker's will on earth. Know but your truly lofty power, and you may say with truth, "We feel, indeed, our means of doing good are boundless, and well do we know this makes us one and all the hidden sheet anchor of national safety. Yes! For the happiness of all, and without exception, it behoves each one to elevate the level of humanity; and on this ground the medical philanthropist is never better placed than when in the van of human affairs, attending, as he does, "man's very birth, and through his various stages to his very grave."

Never forget that, when well exercised, the moral influence of the profession "is profound," its ramifications infinite, and yet within itself how divided and how lost! The rose has, here, indeed, a thorn.

In my next I purpose to state the means of elevating the character, increasing the income, and destroying ignorant quackery by placing it under professional control for universal good.

Very faithfully yours,
HENRY HUGH PYKE,
Barrister-at-Law.
87, Chancery-lane, and Verulam-chambers,
Lincoln's-inn, Sept. 23.

GOSSIP OF THE WEEK.

INDUCING ABORTION.

At the Lambeth Police Office William Linfield, Richard Orpin, Mary Ann Dryden, and Spencer Linfield, who have been before examined on the serious charge of endangering the life of a young woman named Eliza Wilson, by inducing her to take steps to procure abortion, were again placed at the bar before the Hon. G. C. Norton.

Mr. Games attended on behalf of the female, Spencer Linfield, and the young man, William Linfield, who had been described as her son, but who denied the claim to the character of mother.

The evidence taken on the former examinations having been read over, the declaration of the young woman, Eliza Wilson, taken in the presence of Mr. Samuel Elyard, a county magistrate, was handed in by that gentleman, who occupied a seat on the bench. It was as follows:—

"I am in my thirty-second year, and having had criminal connection with Richard Orpin, and suspecting myself in the family way, I mentioned my suspicions to him. He replied, 'Stop till Monday, and we will go together to a woman in East-lane, Walworth,' and that I need not trouble myself for three or four months. He went with me on Monday, the 4th of September, to East-lane, but we could not find out the woman, and on the following day I went by myself, but did not succeed in finding her. I saw Mrs. Dryden, who resides in York-street, Walworth, to whom I mentioned that I was in the family way, and informed her I wished to get rid of it. She said it would be all right if I would pay her 4s., which I gave her. She then gave me a box of pills and a bottle of stuff, which did not have the expected effect. Mrs. Dryden then went with me on the Wednesday to Mrs. Linfield's, in Prior-place, East-lane, Walworth, a herb-shop. Mrs. Dryden said, I have got a friend of mine come to see you. Mrs. Linfield, without asking any questions, said, 'I will take her up stairs directly,' and shortly after did so, and told me to lie on the bed on my left side. I did so, and she then performed an operation with some instrument. I went again on the 9th, and she used the instrument again, saying, ——. I slept there that night, and paid Mrs. Linfield £2. 10s. on the first day, and she gave Mrs. Dryden a few shillings for taking me there. I went to Mrs. Linfield's again on the 11th, when she again used the instrument, and when I returned home I was very ill. I told Mrs. Linfield that my father thought I was ill, and she said, 'Nonsense, you are all right.' Richard Orpin promised to pay the £2. 10s., but has not done so. The young man called Mrs. Linfield's son was present on each occasion I went, and was perfectly aware of the business which I was on. "ELIZA WILSON."

In reply to a question from the magistrate,

Mr. Robinson, the superintendent of the Walworth division of police, and who is taking much pains in assisting in the investigation of this singular and highly suspicious case, said there were some of the neighbours of Mrs. Linfield's in attendance whom he wished to have examined.

Mrs. Elizabeth Baker, the wife of a baker, here got into the witness-box and stated she resided next door to the house of Mrs. Linfield; that she had seen a number of women brought to the prisoner's house in the family way, and all, or at least the great majority of them, left in about a fortnight. They generally came in cabs, and were taken away in similar vehicles; some of them by gentlemen.

Mr. Norton: Have you noticed that some of the females were more advanced in pregnancy than the others?

Witness: I have, Sir.

Mr. Norton: And yet you say that all left there in about a fortnight?

Witness: Yes, Sir, that was about the time.

Mr. Norton: Have you noticed that infants have been taken from there?

Witness: No, Sir, I never saw a single baby removed from the house.

(This answer produced a considerable sensation amongst the crowd in the court.)

Mr. Norton: Did you not observe any of those numerous women take away their infants with them?

Witness: Not one of them, Sir. As I have said before, I never saw a baby removed from Mrs. Linfield's.

In her cross-examination by Mr. Games, the witness acknowledged that she had known Linfield for many years, and that she had once attended herself in her confinement, when she acquitted herself with skill and judgment. She (witness) was not aware that Mrs. Linfield was a parish midwife, but believed she was engaged as such by some charitable institution. She did not think it likely that women who went to the house to be confined privately and conceal their shame from their friends were likely to take their offspring home with them, nor did she sit up all night to see whether the infants were removed then or not. In conclusion, the witness said, that she was not singular in her remarks, for that many of the neighbours thought it strange and suspicious, while women were evidently confined there, no infants should be seen.

Mr. J. Clark, a tea-dealer, also residing next door to the prisoner Linfield, corroborated the testimony of the last witness as to having frequently seen women in a state of pregnancy brought to the prisoner's house, and leave there in a few weeks, but he did not take particular notice as to time. He had observed women at the back windows of the house while he was in his garden, but had never seen any infants, or heard their cries. For some considerable time himself and his family were annoyed by a nuisance of an intolerable description, and, having strong suspicions as to the cause, he had a drain which led from the cesspool in the prisoner's garden, and passed under his kitchen, opened, expecting to find something improper there, but did not find anything of the description he anticipated. He had a grating placed in the drain so as to prevent any substance passing through it, and since then the stench, as of putrid matter, was not so bad.

Another neighbour, a cow-keeper, described the effluvium arising from Mrs. Linfield's premises, and which he said was not of an ordinary description, but appeared to him to be occasioned by the decomposition of some putrid matter, and was most intolerable.

The next and last witness was the brother of the unfortunate girl, who said that he took a letter from his sister to Linfield on that day week, when that person told him she was merely treating his sister for a liver complaint.

The prisoner, who declined saying anything, was again remanded, and Mr. Norton gave particular directions that the house, garden, and premises of Linfield should be strictly examined.

Mr. Robinson, in reply to a question from Mr. Norton, said he had placed the instruments found at the house of Linfield before Mr. Flower, the divisional surgeon, and that gentleman informed him that they were such as might be found with a midwife; but still, that in unskilful or improper hands a very dangerous and fatal use might be made of them. The young woman has since died, and the coroner's inquest has been adjourned in order to obtain as much information as possible in reference to the proceedings of the suspected parties.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, September 21:—Edwin James Hulm, London; Francis David Mudd, Gedding, Suffolk.

PRECAUTIONS AGAINST CHOLERA.—ORDER IN COUNCIL.—A communication has been received by the Commissioners of the Customs' department, through their secretary, from Mr. Greville, one of the clerks of the Council, stating that with reference to his communication, dated the 15th of June last, directing all vessels arriving in the united kingdom, having foul bills of health (with reference to cholera), to be released from quarantine without any medical visit, provided that no case of cholera had existed on board any such vessel for a period of ten days previously to her arrival, he (Mr. Bathurst) has been directed by the Lords of the Council to state, for the information of the commissioners of the customs, that it is the expressed desire of their lordships that the before-mentioned regulation should still continue in force. Mr. Bathurst had also to state that he was now further directed by the Lords of the Council to inform the commissioners that their lordships are of opinion that instructions

should be forthwith transmitted to the different ports in the united kingdom, directing that, in the event of the arrival of any vessel on board of which a case of cholera shall have occurred, such vessel shall be detained under the restraint of quarantine until the clothing and bedding of the following persons shall have been thoroughly immersed in water, under the direction of an officer of the customs—viz., 1. Of all persons who shall have died of cholera on board of such vessel at any foreign port or on shore at such port. 2. Of all persons who shall have died, or who shall have had an attack of cholera, on board of such vessel during her homeward voyage. And that, should any vessel arrive with cholera actually on board, such vessel should be detained under quarantine at her port of arrival until further orders from the Lords of the Council are received. In pursuance of this communication from the Lords of the Council, with a view to prevent the introduction of cholera into this country by vessels arriving from abroad, express directions have been forwarded by the commissioners to the officers of the Customs' department at the several ports and places throughout the united kingdom, as well as to the port of London, to take care that their lordships' orders be duly obeyed.

Our correspondent at Malta (says the *Times*) informs us that great consternation had been created in that island by the report of three fatal cases of cholera. All vessels about to leave the island had been furnished with suspected bills of health, when it was fortunately discovered that the deaths referred to had not arisen from cholera, and clean bills of health were issued to the captains.

The Cholera.—The German papers contain returns of cases of cholera from the following places:—Berlin, the 8th inst.; Stettin, the 5th; Magdeburg, the 9th; Vienna, the 8th; Moscow, the 26th of August; St. Petersburg, the 1st of September; and Warsaw, the 5th. Up to the 8th inst. there had been 784 cases of cholera in Berlin, 484 of which had terminated fatally; 205 patients are still under medical treatment, and the remaining 95 are reported as having favourably concluded. At Stettin, on the 6th, 32 new cases had occurred, and 7 had died. The cases from the 8th of August to the 5th of September were 652, of which 433 had terminated fatally, 110 had recovered, and 109 remained ill. At Magdeburg, up to the 6th inst., there had been 79 cases, of which 35 had terminated fatally; from the 6th to the 7th, 4 new cases had occurred, and 5 had died, making 83 cases, out of which 40 deaths; from the 7th to the 8th, 104 cases and 46 deaths, and from the 8th to the 9th, 17 new cases and 10 deaths. At Vienna the cholera had already broken out, and 2 deaths had occurred. At Moscow, on the 25th of August, there were 25 new cases and 16 deaths; on the 26th, 25 cases and 11 deaths. At St. Petersburg, on the 1st, there were 53 new cases and 20 deaths. At Warsaw, from the 1st to the 4th of September, 214 cases, of which 53 cured and 58 deaths. At Posen, also, the cholera had broken out.

Cholera is rapidly decreasing in Egypt.

Letters from Venice of the 6th inst. state that the cholera had appeared at Trieste.

Certain French journals have announced that the cholera has manifested itself at St. Petersburg with greater intensity, after it had partially subsided. The latest accounts, however, show that the disease continues to abate, as the following facts prove:—"St. Petersburg, Sept. 10.—From September 4 to 7 there were 76 new cases, 102 cured, and 31 deaths only. On the 7th there remained only 233 patients under medical treatment."—*Gazette Médicale.*

The cholera is rapidly disappearing from Egypt. In Alexandria there are not more than one or two deaths daily from this disease. In Cairo for the last three days there have been no cases at all. In Syria, also, this epidemic is rapidly vanishing. By the last accounts from Beyrout there had been for the last twenty days only two or three cases daily, and it had entirely disappeared both at Aleppo and Damascus. The total number of deaths that occurred in Alexandria since the first appearance of the cholera on the 24th of July is 5140, of these 3789 were from cholera. The population of Alexandria and its suburbs is estimated at 137,000. The total mortality at Cairo since the 16th of July amounts to 8620. It is calculated that during the last seven weeks there must have been throughout Egypt upwards of 16,000 victims to this epidemic, but this is very much below what it was when the cholera visited this country in 1831; and its prevalence in the month of Ramazan, when the natives fast all day and commit excesses during the night, must have materially assisted in increasing the number. The exact number of cases of cholera is not known, as a register was kept of the deaths only, The recoveries among the Arab population were few, many dying without any medical assistance whatever. Of the Europeans attacked it is calculated that about one-third have recovered, owing to prompt measures being taken. The police authorities took many precautions in order to stay the spread of the disease, by removing the soldiers from the town, ordering the shops to be closed by a certain hour of the night, and seeing that the graves for the dead were dug to a proper depth.

Supposed Case of Cholera.—On the arrival of the Lion steamer at Newcastle, from Hamburg, a report was spread that one of the crew had died of cholera; but, on making inquiry on board, it was ascertained that he had died from the effects of intoxication.

The cholera has almost entirely ceased in Jassy, after carrying off 9000 victims.

The cholera is on the decrease at Hamburg; 908 cases had occurred, of which 396 proved fatal, and 182 had recovered.

Cholera in Paris.—A case of Asiatic cholera was lately reported as having occurred in the Hôtel Dieu, the patient having died in three hours after the attack. It appears, however, that it was the cholera usually occurring at this season of the year.

Contagious and Infectious Disorders.—Two acts were passed in the late session respecting contagious and infectious disorders among cattle, one of which was to prevent the importation of diseased sheep and other cattle, and the other (11 and 12 Victoria, cap. 107), passed on the 4th inst., was to prevent until the 1st of September, 1850, the spreading of contagious or infectious disorders among sheep, cattle, and other animals. By this statute infected sheep exposed for sale may be seized and destroyed, together with pens, hurdles, &c., with power to impose a fine of not exceeding £20 on parties exposing cattle knowing them to be diseased; a like penalty on persons exposing meat unfit for human food, with power to seize and destroy the same. The Privy Council may make regulations as to the removal of sheep, &c., and as to the purifying of yards, stables, &c. The act contains 22 sections, pointing out the penalties for disobedience and the manner in which fines are to be levied and recovered.

Fever and Filth.—In St. Mary (sub-district), Paddington, the Registrar, Mr. James Pursey, reports, "that three cases of scarlatina occurred in one family—the children of a tailor—which proved fatal. The disease was of a slight character at first, but was greatly accelerated by effluvia from imperfect or improper drainage; the remaining members of the family have since left the house."

Informations under the Sanitary Act.—On Wednesday, nine informations were heard against persons for letting off cellars, allowing offensive matter to remain near the premises, and other infringements of the sanitary regulations of the borough of Liverpool. The defendants were in most cases fined 20s. and costs, and in one or two instances 40s. and costs.

A Sanitary Experiment.—On Thursday a shaft six feet by three was sunk from the centre of the Blackfriars-road, at the point of junction of the main sewers from the Kent-road, Friar-street, and Webber-street. At the mouth of this opening into the sewers an iron grating was bricked in; above it, and about three feet below the surface, a furnace, composed of sheet iron, was erected. A space about twenty feet square was enclosed round the shaft, for the deposit of coal, &c., and on Monday the furnace will be ignited, to test the practicability of thus destroying the foul air generated in the sewers, which in this locality penetrates the dwellings of the inhabitants. Should the experiment be attended with success, similar shafts are to be sunk at stated distances, with architectural columns or obelisks to carry off the smoke.

The New Board of Health.—The General Board of Health yesterday held its first sittings at Gwydyr-house; the President, the Right Hon. the Viscount Morpeth, in the chair. The board was attended by Professor Owen, Dr. Southwood Smith, Dr. Sutherland (of Liverpool), and Mr. R. D. Grainger.

The Public Health Act.—The General Board of Health, under the Public Health Act (11th and 12th Victoria, chap. 63), has just been constituted. The First Commissioner of Woods and Forests (Lord Morpeth) is the president, and Lord Ashley and Mr. Edwin Chadwick the two other members. The board has the superintendence of the execution of the act; they have the appointment of officers, inspectors, &c. On a petition from a certain number of inhabitants of a place or parish, the board may send a superintending inspector to make a public inquiry (of which fourteen days' notice shall be given), to examine witnesses as to the sewerage, drainage, supply of water, the state of the burial-grounds, and the number and sanitary condition of the inhabitants. There are 154 clauses in the act of a sanitary character which may now be put in force by the General Board of Health.

The late Investigation at Liverpool.—A letter was read to the Liverpool select vestry from the Poor-law Board in reference to the treatment of Ellen Ashworth, by Mr. Steele, the surgeon, an inquiry into which subject took place a short time ago before Mr. Austin. The letter was to the effect that, although it appeared the death of Ellen Ashworth was occasioned by the application of a very strong remedy that produced suffocation, the board were not prepared to say Mr. Steele was not justified, according to the practice of the profession, in using it. They, therefore, acquitted him from blame or from the charge of making an improper experiment, however much they regretted the result.

M. Charrier has presented to the National Academy of Medicine, Paris, a portable little instrument for bruising ergot of rye, which he calls the *Ergotribe*. It seems to be well adapted to the purposes for which it is intended.

Royal Infirmary, Glasgow.—Mr. Lumsden, treasurer to the Royal Infirmary, has received £1. 1s. 11½d., being proceeds of a benefit given at Mrs. Dupin's Theatre. Mr. Lumsden has also received the following sums for the benefit of the institution from the workers of W. and T. Kerr, Dobbies'-loan, £1. 10s. 2d.; do. Wm. M'Call, Balmano-street, £2. 4s. 6d.; do. Summerlie Iron Company, £30. 2s. 9d.; do. Barrowfield Mills, £29; do. Cooper, Walker, and Co., Mile-end, £9. 15s.

Medical Education in Russia.—The study of medicine in Russia is fixed at five academical years, commencing in the month of August, and ending the 1st of June. The month of May is devoted to examinations. Medical students are compelled to follow one course of education, whatever department of practice they may afterwards choose. There are appointed for the examinations of the physicians and pharmaciens six degrees, which are 0, 1, 2, 3, 4, 5; the three first are remitted to the candidate for the first year. Nos. 3 and 4 are undergone by him who seeks the grade of physician, or *provisor* of the second order; and No. 5 only gives the right to the highest grade, a distinction which is always necessary to attain places under the Government. The fourth and fifth years the students frequent the clinics and superintend cases in hospital; after which they become the legitimate practitioners of the empire.

THE NEW PATENT GAS.—Mr. S. White has obtained a patent for preparing from water and common tar or resin what he calls "hydro-carbon gas," which is said to be better and cheaper than coal gas. The apparatus required is very small and simple, and the inventor says that barracks, mansions, private dwellings, and churches are about to adopt it. The mode of generating the gas is thus described:—"The apparatus consists of three or more retorts placed in a stove, two of which are filled with charcoal and iron, the other with small iron chains. Water is regularly supplied, and passes into the first retorts. Hydrogen and oxide of carbon are thrown off, whilst protoxide of iron remains: the tar or resin is caused to fall on the heated chains contained in the third retort, and bicarburet of hydrogen is immediately generated. These three gases are here mixed together, perfectly pure; they are then passed into the gasometer, without any necessity of passing through any purifying vessels, and the gas is fit for immediate use."

BUST OF THE LATE DR. JOHN THOMSON.—We (*Edinburgh News*) understand that a fine marble bust of the late Dr. John Thomson, professor of pathology in our university, has been presented to the college by his son, Professor Allen Thomson, and placed in the hall near the bust of the late Professor Hope.

DEATH OF DR. WM. CAMPBELL.—We regret to have to announce the decease of our respected townsman, Dr. Wm. Campbell. He has for many years been known as an eminent accoucheur. His reputation has not been limited to this country alone, his writings on the particular department of medicine professed by him having procured him a European fame. A portion of Dr. Campbell's works have been translated into German, and the medical and scientific societies of Berlin, Vienna, Heidelberg, and other foreign university towns, conferred on him the honour of membership. To the gentlemen who have studied at the medical school of this city he has been long and favourably known as a successful teacher and attached friend. We have heard it said that the pupils of his class are scattered over the entire globe; and that not a few of them are indebted to his instructions and kind offices for their present position and success. To the poor when in distress his services were at all times available, and for many years he supported two dispensaries for their benefit at his own expense. By all classes of our fellow-citizens, as well as by our medical school, his loss will be severely felt. —*Edinburgh Register*.

DEATH OF GERARD SANDIFORT.—This celebrated anatomist, the son of the illustrious Edward Sandifort, died at Leyden on the 11th of May last, in the 69th year of his age. He was born at Leyden at the commencement of the year 1779. He received his first lessons in anatomy from his father, professor in the university of that place. At the age of twenty he was named prosector of the anatomical theatre. Two years afterwards he obtained the degree of doctor of medicine, and the same year entered the university as professor extraordinary. He commenced a course of anatomical lectures in 1805. In 1812 he was chosen by the grand master of the Imperial University professor in ordinary of anatomy, having for his competitors the celebrated anatomists, Gerard Bontius, Paauw, Otto Heurnius, Adrien Falconburg, J. Hornius, C. Drelincourt, A. Nuck, Godefroi Bidloo, Raw, Siegfried Albinus, Edouard Sandifort. He retained his chair after the events of 1815, and was elected in 1819 a member of the Institute of the Netherlands. He resigned his functions in 1845. He died of apoplexy. He was the author of many important works.

OBITUARY.—On the 22nd inst., at Staines, John Winstone, M.D., M.R.C.S.L., late of 35, Charterhouse-square, in the 70th year of his age.—On the 4th inst., at Carlton-place, Clifton, Robert Lindoe, Esq., M.D., in his 83rd year, father of Robert F. Lindoe, Esq., M.D., of Sion-lodge, Bath.—On the 16th inst., at Beckenham, Mr. William Merrick, surgeon, aged 49.

MORTALITY TABLE.

For the Week ending Saturday, Sept. 23, 1848.

Causes of Death.	Total.	Average of 5 Summers.
ALL CAUSES.....	1038	972
SPECIFIED CAUSES...	1036	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases	393	257
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	45	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	102	120
Diseases of the Lungs, and of the other Organs of Respiration	78	80
Diseases of the Heart and Blood-vessels.....	36	28
Diseases of the Stomach, Liver, and other organs of Digestion	64	79
Diseases of the Kidneys, &c.	12	8
Childbirth, Diseases of the Uterus, &c.	5	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	7
Diseases of the Skin, Cellular Tissue, &c.	3	1
Old Age	43	50
Violence, Privation, Cold, and Intemperance.....	25	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of ROBERT PALMER.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

TO CORRESPONDENTS.

It will be seen that in our present number we have omitted the Regulations of the University of London. These we purpose inserting next week, when our Student friends will be in possession of one of the most complete guides ever published.

"Mr. Markwick's" communication is in type.

"Dr. Knox's" "Lecture on the History of the Celtic Race" will be continued in the next number.

"Dr. Rigby's" "Reports on the Diseases of Females" will appear next week.

"Dr. Kidd's" "Observations in the Paris Hospitals after the Revolution of June," next week.

"Dr. Tripe," "On Scarlatina," will be continued in the next number.

"The Case of the Medical Officers of the Yarmouth Hospital" will be published next week.

"Dr. Royle's" "Case of Death by Drowning," &c., shall receive an early insertion.

"Mr. Jakin's" interesting case of "Duplex Monster" shall receive an early insertion.

"Dr. Barker's" "Case of Twins of different sizes, with Placenta to each," shall receive an early insertion.

"Echo Veritatis," on "The College of Pure Surgeons and Medical Registration," received.

"B. L.," "On the Injustice of the New Charter of the College of Surgeons," received.

"Dr. Auburl, "On the Treatment of Cholera by Oxygen," we fear has been mislaid.

"A Constant Reader to both."—Dr. Seymour.

"Mancuniensis."—1. The hospitals and schools of Paris are recognised by the English College of Surgeons, according to the published regulations. 2. The College should be memorialized on the subject. 3. The beginning of November.

"L. M., Gloucester."—Dr. Symons and Dr. Williams.

"X."—The term "medical practitioner" is of extensive signification. Members of the College only frequently receive poor-law appointments, though the regulation of 1842 expresses that only those who possess the double qualification are eligible. Our correspondent's remarks are just.

A Subscriber."—Both schools are respectable, and the hospital a good one.

"Mr. John Bell, of Newcastle-on-Tyne," says, in reference to cholera:—"My object is to call the attention of the profession to one remedy in cholera, which I, as yet, have not seen applied, calculated to counteract the disease, and that is colchicum. A very probable theory of the disease is that cholera spasmodica consists essentially of spasm of the ductus communis cholidochus, and that, in accordance with such rationale of the disease, the attack of the disease was first by a severe cramping pain in the part of the epigastrium where the ductus communis cholidochus is situated. The author's remedy, which was successful, was to cross over the part freely with many towels, and then apply a hot cataplasm. Dr. A. T. Thompson says of colchicum, 'It operates on the gall-ducts in the duodenum so as to produce copious bilious evacuations, and, acting on the nerves, it diminishes the action of the arterial system.' Now, the languor consequent on jaundice shows the depressing effect of the absence of bile in the intestines, from which is it not probable the prostration is covered in cholera by its absence, and the spasms are an effort of Nature to empty the hepatic ducts? also it is diuretic, as in cholera no uriue is secreted, therefore for that symptom it seems adapted. There are other considerations that suggest it as a likely remedy for cholera spasmodica, which will occur to every professional man, and which, for brevity, I shall not mention. Only I shall add, to protect the bowels from the irritation of a large secretion of bile, possibly acrimonious in its quality, mutton broth and mistura cretæ should be profusely given. One fact more I wish to mention: at present sulphur is a common remedy for cramp of the legs, &c., by being rubbed on during the attack, which is commonly done with a roll of it."

"Mr. Beache's" letter is an advertisement.

"A Bachelor of Medicine" is thanked for his suggestions.

"M. D., Dublin."—The request shall be attended to.

"Lugol."—Accepted.

"A Candidate."—The certificates will be received by the College.

"A Subscriber, Leeds."—We have not heard that the Apothecaries' Company have recently altered their regulations.

"A Young Student."—Yes.

"Inquirer."—The fees will be from £70 to £100.

"B. B."—We must decline offering an opinion.

"Medicus."—The medical examination at Oxford takes place only once in the year, in the second week of full Trinity Term, commencing usually on the second Tuesday after Trinity Sunday.

"B. H."—The statute is the 8th and 9th Victoria, cap. 100.

"Æsculapius."—We have taken sufficient notice of the matter.

"Sigma."—We will insert the description with pleasure. The cases will also be acceptable.

"Chymicus."—The equivalent has not been determined.

"Norfolk."—We think the trick successfully evades the Apothecaries' Act of 1815.

"An Edinburgh M.D."—There is some doubt on the subject. A letter should be addressed to the secretary of the College.

"One who loves his Profession."—No fees are demanded in the Parisian hospitals.

"Fair Play" on "Hospital Elections," is under consideration.

"Mr. Norton"—There is no remedy.

"P. G., Birmingham,"—We are in possession of the document

"Beta, Gosport."—Six months' practical pharmacy will be sufficient.

"Amicus."—We know of no such person or professor in the university.

"Figaro."—The letter is declined on account of its personalities.

"Dr. Higgins."—Communication received.

"K.'s" note is of no value to us.

"T. L. B."—The meetings will commence in November.

"Dubliniensis."—We think not.

"Medico-Chirurgus's" Case of Delirium Tremens cannot be inserted unless authenticated.

"Mr. Webster."—We shall make inquiry, and forward a private communication.

"Mr. Lambert."—We cannot name the best.

"Chirurgus, Hackney."—Yes.

"An Old Friend."—Poetry is not suited to our columns.

"A Member."—Not without the Apothecaries' licence.

"A. B."—Residence is now required for a short period in the university.

"La Clinique" should apply to Mr. Baillière, Regent-street.

"P. S." is low in his estimate, but still above the mark.

"A Subscriber."—Not if there be a caudidate with the double qualification.

"Lux Nova."—The information was acceptable.

"A Provincial Medical Student" will find the information he requires in the present number.

"Dr. Knightly."—The number shall be sent.

Letters and communications have also been received from Dr. Royle; Mr. Jakin; Dr. Barker; Echo Veritatis; B. L.; Dr. Auburl; A Constant Reader to both; Mancuniensis; L. M., Gloucester; X.; A Subscriber; A Well-wisher to the Public, Felling; Mr. John Bell, of Newcastle-on-Tyne; Mr. Beache; A Bachelor of Medicine; M. D., Dublin; Lugol; A Candidate; A Subscriber, Leeds; A Young Student; Inquirer; B. B.; Medicus; B. H.; Æsculapius; Sigma; Chymicus; Norfolk; An Edinburgh M.D.; One who loves his Profession; Fair Play; Mr. Norton; P. G., Birmingham; Beta, Gosport; Amicus; Figaro; Dr. Higgins; K.; T. L. B.; Dubliniensis; Medico-Chirurgus; Mr. Webster; Mr. Lambert; Chirurgus, Hackney; An Old Friend; A Member; A. B.; La Clinique; P. S.; A Subscriber; Lux Nova; A Provincial Medical Student; Dr. Knightly; Dr. Matthew Wylie, of Glasgow; Mr. Markwick, &c. &c.

No. 471. **SUMMARY.** Oct. 7.

ORIGINAL LECTURES—

Lectures on the Races of Men, by ROBERT KNOX, M.D. 365
Lectures on the Asiatic Cholera, its History, Mortality, and Geographical Route, with a General Comparison of the present with the former Epidemic, by GEORGE ROSS, Esq. 366

ORIGINAL CONTRIBUTIONS—

Reports on the Diseases of Females, by EDWARD RIGBY, M.D. 368
Observations in the Hospitals of Paris after the Revolution of June, by CHARLES KIDD, M.D. ... 369
On Scarlatina, by J. W. TRIPE, M.D. 370

LEADERS—

The Doings at University College 372
Secession of Dr. Williams from University College 372
Morals and Murder—The Case of Eliza Wilson. ... 372
Officer of Health for the City of London 373
The New Volume 373
Black Empiricism and Ignorant Quackery—Elevation of Medical Character by Professional Control, with Splendid Income and Room for All 373
The Unjust College of Surgeons 374
The College of Pure Surgeons and Medical Registration 374
Analysis of the Name of Æsculapius 374
The Rules and Regulations of the Examining Medical Bodies in England, Scotland, Ireland, France, and Germany 375
Foreign Universities—France 376
Prussia—Berlin, Breslauz, &c. 376
University of Munich, &c. 377
Poor-law Union of Bodmin, County of Cornwall 377
Shameful Treatment of the Medical Officers of the Great Yarmouth Hospital 377
Books received during the last Month 378
GOSSIP OF THE WEEK 378
Criminal Abortion—Post-mortem Examination of the Body of Eliza Wilson 378
Officer of Health for the City of London 379
The Cholera 379
Quarantine at Malta 379
Enforcement of the Contagious Diseases and Nuisances Bill 379
General Association of Italian Physicians 379
Dangerous Inoculation 379
The Liverpool Health Committee 379
MORTALITY TABLE 380
TO CORRESPONDENTS 380

ORIGINAL LECTURES.

LECTURES ON THE RACES OF MEN.

By ROBERT KNOX, M.D., F.R.S.E.,
Lecturer on Anatomy, and Corresponding Member of the French Academy of Medicine.

(Continued from p. 332.)

HISTORY OF THE CELTIC RACE (CONTINUED).

Ere this I trust that the audience I have the honour to address are somewhat better informed than the English clergyman spoken of in my last lecture, the Oxonian and the scholar, who knew so much of India and so little of a portion, and that not an unimportant one, of Britain, that he was not aware that in the northern part of the said kingdom or queendom there exist two distinct races of men who have never amalgamated, and never will, who hate and despise each other as cordially as animals of discordant natures usually do. By this time I trust my audience is sensible that these two races exist also in England and in Ireland, and that to *this circumstance*, and to this alone, we owe the necessity of maintaining an army of some 40,000 or 50,000 men in that unhappy country. These *facts* were either not known or were denied when my first course of lectures was delivered. But lest it be supposed that circumstances *alter* the *Celt*, affect his energy and character, that the Celtic races of Scotland, Ireland, Wales, and France might at one time have resembled each other closely, but are now by the force of circumstances altered or changed; lest it should be supposed that such circumstances have any influence whatever in altering the character of *a race*, I beg leave to subjoin a brief sketch of these detached portions from the great family of the Gael, now and always occupying France—that family whence all the others most unquestionably came.

THE CELT OF SCOTLAND.

As nothing escapes the truth-discovering glance of Nature's poet—of Shakspere, Burns, Scott—so did all these three divine minds depict the Celt as distinct from his fellow-countryman, the lowland Saxon (Scotsman).

"All hail, Macbeth! that would be king hereafter!"

He surely must have sent a special reporter into Caledonia *to look at the race* and *report thereon*. Did he, of immortal memory, ever fail to recognise the Celt? Never. Welshman, Irishman, Frenchman, Caledonian? How could he, of all men, be mistaken? Read, again, "The Merry Wives of Windsor," and ponder on the sayings and doings of Master Doctor Caius, the French physician, who was, though a little man, a courtier and a *petit maître*, not in the least afraid of using a rapier. How quick on the point of honour; how sensitive to insult; how rapid in resorting to that weapon which suits his race, the sword. And then for Parson Evans, Sir Hugh,—a clergyman in orders and a priest, a schoolmaster, a man by his calling and profession bound to preserve peace and order to the best of his abilities. Does Parson Evans, the *Welshman*, the *Celt*, decline the mortal challenge of Master Doctor Caius, the Frenchman and *the Celt?* Not in the least; he also appeals to the rapier—to the sword. Shakspere could not mistake any human character or race. Now mark how the divine Bard of Avon handles their first cousin or twin brother, the Irish Celt. Read "Henry the Fifth;" there he is drawn to the life; and then came the fiery Fluellan, the Welsh Celt; and the De Joinvilles of the day in the French camp were depicted to the life; and he of Wales, whom Hotspur met and jibed unmercifully. Need I proceed? They must have read William Shakspere to no profit who have not discovered that he perfectly knew and appreciated the characters of race, their nicest distinctions, physical and moral. From an instinctive glance so universal and penetrating nothing could be concealed.

Nor was the burly English boor, the man of material interests, of ready action, coarse wit and still coarser *practical jokes*, in any shape, misunderstood by Shakspere, though his countryman: let "mine Host of the Garter" speak for himself.

Courteous, polite, witty, above all other races, the Celt is never *a boor*, never a snob; these are thoroughly Saxon characters, and characterize the race. In the remote Highlands, as on the promenade of the Tuileries, Boulevard Italienne, or on the desolate summits of Plinlimmon, it is ever the same. Withdraw from the great tide of civilization the Saxon man, and at the third generation he becomes the thorough boor; a coarse, dogmatic, heavy, sceptical, energetic, democratic barbarian. Withdraw, in the same way, the Celtic man, and you will find that, though losing the polish of refined society, he is ever the same obliging, courteous, polite, and gallant man. Fierce, it is true, when roused; fond of war; savage, but never brutal—never the boor. The boor is Saxon. His wit consists in practical jokes, which no Celt will stand for a moment. Let these considerations dwell in the mind; accumulated, they constitute the so-called national character, and enable you to trace the history of man and nations to physical causes. That the Celtic character should have been totally misunderstood in later times is not to be wondered at, seeing that it was drawn chiefly by romancists, of whom some were Saxons, continental or insular. Nothing ever amused me more in this way than the accidentally meeting a body of Cambridge students, who were passing their autumn vacation at Aberfeldy, in Perthshire, on the banks of the Tay. They were all thorough Saxons, of good birth, and disposed to enjoy themselves. But that which drew my attention towards them especially was their desire to appear mountaineers in dress and habits; "to do the Celt," in fact; living, as they were, in the heart of the "Highlands so grand." Some of them had assumed the tartan trows and philibeg; with the restlessness of their race, they ran about in a cockney fume all day long, "out and in" a thousand times a day. Then they assembled in a large room, and danced and yelled and roared to the tune of a bagpipe and fiddle, played in the usual Saxon way, that is, each person playing his own tune, which here was none, every note being false—a Dutch or English concert, in fact. All this time the natives, whom they thought they imitated bravely and to the life, were looking on them in calm and mute astonishment, the very contrast of their race. The Cambridge lads, no doubt, fancied themselves Celtic bricks; the Celt saw that they were Saxon boors.

The character of a race must always be influenced to a certain extent on those margins of its territory where it comes much in contact with other races. The mixed breed may even for a time rise into importance, and mark to a certain extent the real character of the primitive races. Thus in Scotland, where the Celt mingles with the Saxon towards the eastern shores of the country, his physical nature and moral character are occasionally deeply affected. Were the intermarriages continued and very frequent, a mixed race might assume an appearance of a permanency; not naturally persistent, but artificially so. Towards the extreme north, in Shetland families, I have seen persons who were the admixture of the dark Esquimaux blood with some other race; in the west and in the Hebrides there are very curious-looking big-headed persons, with long arms and a dwarfish warlock look, descendants, possibly, of races long since buried under the Atlantic waves; on the east and south, the Celt has mingled freely with the Saxon, that is the eastern and lowland Scottish man. The advent of the Saxon into England is generally thought to be well known; I doubt the whole story. Certain it is that the Scandinavians, centuries before that period, had conquered and cultivated the eastern and lowland parts of Scotland. Hence the admixture of the race, and the peculiarities, no doubt, of the Scottishman, as differing somewhat from the true Saxon. Forced back upon the wild mountain ranges of Caledonia, the Scottish Celt will, in all probability, finally become extinct. I know not how it can be otherwise. Grouse and sheep pay so much better than Celtic labour, that no prudent landlord would for a moment hesitate which to chose. A colony of wild pigs on any Highland estate would be a much more profitable investment than a colony of Celtic men. In the event of a continental war it is true the pigs and the sheep would make as good soldiers as the men, and the Countess Duchess might find it difficult to raise another regiment of fencibles from amongst her tenantry; but this could be got over; the exile of Erin might be invited to become a soldier, and fight for his pay; and Celtic men might once more be arrayed against Celtic men on the plains of Ligny and Mont St. Jean. Ever ready to fight, England can never want for Celtic soldiers were Caledonia converted into one vast field for game; grouse and red

deer, ptarmigan and capercailzie. The Scottish Celt still speaks the language of his race; he clings to it, I presume, as a memorial of the past; he is of a race for ever looking back upon past events; the future with him is dark and gloomy. "We'il may-be return to Lachaber no more" (as if Lachaber were a country worth a second visit!), says the wretched Caledonian, whilst idly gazing on the waste of waters he lazily watches, day by day, the approach of the emigrant ship. His grown daughter sits by him; her hair dishevelled; her clothes in rags. He desires to know the unknown in the past; the Saxon seeks it in the future and in the present. His literature (there exists no literature in the Celtic language) has a reference to history, to antiquities, to genealogy, to the past. The man himself is nothing. The all-important point with the Celt is, who was his great-great-great-grandfather? But I shall reserve, until I speak of the French Celt, the history of Celtic literature; by which I do not mean literature in the Celtic language, for there is none, but the literature of the civilized Celt—the Frenchman.

The Celtic race cannot too soon quit Scotland. The great mass of the western Highlanders are, and have been for centuries, in the most deplorable condition. I should be sorry to exaggerate in the slightest degree what I have myself seen in that land of entail and primogeniture, pride, sloth, poverty, indolence, and folly. The days of the clans are numbered.

In proof that I have not exaggerated the defects in character of the Caledonian Celt, a Celtic man, describing his own race, expresses the same opinions.

I sometimes wonder that the acute-minded clever writers who compose the leading articles for the daily press do not compare the present with the past, throwing into their leaders some severe and just remarks on those who abuse public confidence. For twenty years and upwards large subscriptions had been, and I believe still are, raised in Scotland for the education and enlightenment of the Celtic population of the Highlands and Islands of Scotland. The scheme (how well the phrase accords with the results) was a scheme of the Scottish Church, and was headed and conducted by a rev. gentleman, then a principal of a Scottish university. Many laudatory meetings were held, and much mutual plastering at assembly-room meetings and general assemblies of divines. Look at the result of this scheme of the church! Look at the progress made! The hack mouthies of the day were loud in its praises; Bunyan's "Pilgrim's Progress" had been translated into Gaelic for the use of the loyal Highlanders inhabiting the Highlands and Islands of Scotland! Fit companion for the dream of the Ossianic Fingal. The clergy are clearly not practical men. The Celt of the Islands and Highlands remained precisely as he was: of this the very rev. principal and his coadjutors never said one word.

But the Celtic race in Scotland is in a semi-barbaric state, from which they cannot emerge; entail and primogeniture stand in the way; pride and indolence.

Yet, be it remembered, that this is a portion and a remarkable portion, too, of a high-minded noble race; twin-brothers of the men who fought at Jena and at Wagram, and at Eylau and Marengo—who built the Louvre, and fabricated the matchless silks of Lyons. Why does he not retire from the wretched country of his accidental birth, and rejoin the great clan of his race? What keeps him amongst the misty glens of a country which does not belong to him—which scorns and rejects him?—where some day he and his wretched hovel may be permitted to remain clinging to the rocky steep of a profitless and barren hill, merely as one of the national curiosities to be exhibited to the Saxon butcher,(a) who, on his annual sporting visit, would like to have a sight of the original natives were it only for the sake of the picturesque! Retire before the Sassenach completes your total degradation or extinction; abandon your treacherous chiefs; join the great head of your race; march for Old Gaul. Once more reunited to your race, you may act like men; acquire a name and renown; and, should "the affair of Mont St. Jean" come to be fought over again, you will then be found arrayed with those of your race. What signify nationalities compared with such ennobling associations? And, even if nationality were worth a moment's thought, you have none, and never had in Britain. You cannot name the time when Britain was yours; the Lowlands of Scotland have been in the hands of a different race—the Saxon—clearly beyond all historic period. You came into Wales and Cornwall from Ireland; you came into Scotland from Ireland; England I do not believe you ever possessed in any shape whatever. You cannot do better than retire by the road you came; make a stand in Ireland; and, if that fail, join your countrymen in France and Spain; you cannot add to the disorder; and if not all Roman Catholics of the Iberian race, go where you will, you are still Catholic in faith, in feeling, in spirit; evangelical, in fact, Calvinistic, fanatical. Join them, by all means, but, above all, quit a country inhabited by a Saxon race, with whom you never can successfully cope. His is the race of labour, of order, of activity, of economy, of accumulation, of foresight: need I describe yours?

Or migrate to the West, and carry out the destinies of your race on the American soil. The Saxon is there before you, it is true; other contests will arise, must arise. The Sarmatian or the Muscovite is also there; but it is the Saxon you have to dread. To tell you to imitate him would be to say to the oak, "Carry grapes, we beseech you," and to the vine, "Acorns are what we expect from you."

Your Free-Church doings are known to me and to all; the conduct of the Celtic labourers on the Eastern Railway lines, &c. &c.; but other matters press me to proceed with the history of our first cousins in Wales; Parson Evans, we shall find, is still there, and we shall not want Fluellans.

(a) The phrase is not mine; it is a name applied by a writer in "Blackwood's Magazine" to the English gentlemen who rent the Highland moors, I need not say who the writer is.

LECTURES ON THE ASIATIC CHOLERA.

No. I.

Its History, Mortality, and Geographical Route, with a General Comparison of the present with the former Epidemic.

By GEORGE ROSS, Esq., Author of "Papers on Typhus Fever," and "Essays on the Processes of Digestion and Nutrition," &c.

It is intended in these lectures to deduce rules from the past for the guidance of the future. By such means only can the science of medicine be advanced. If the cholera come among us it will burst forth suddenly, and leave us little time for reflection or research. Medical men constantly appeal to experience as their authority for adopting their various formularies of practice. But what is this idol which every man delights to worship? In nearly all cases it is a seductive little prejudice that has somehow or other insinuated itself into the good opinion of the practitioner, and then has chained his understanding down to its dogmas. It is the experience of the individual Galen against all the world. Now it is possible, after all, that the oracle may not speak truly, and that one counsellor may be at a disadvantage against a multitude. The scriptural aphorism may be true, despite the egotism that decries it. Those who would benefit the future must receive benefit from the past. The collective testimony of former inquiries is the genuine experience by which medical opinions should be governed, and from which practical axioms should be deduced.

The modern race of Englishmen have but a slight regard for the wisdom of their ancestors; there is an independence of thought abroad that disdains the canons of authority, is superior to the labours of inductive inquiry, and is exceedingly jealous of its own high prerogative of thinking for itself and enjoying its own opinion. The result is that every man nurses a pet theory about the production of fever or the pathology of gout; and there are as many specifics for the cure of either as there are medical men. This disposition, within certain limits, is good, but it is liable to great error and abuse. How many theories and plans of treatment have been broached respecting cholera? Every writer upon the subject has had, at least, half a dozen, so that if one fail another shall stand him in stead. Sometimes even a professedly practical author, setting out with a sarcasm at all theories, and derisively intimating that "of course he has one," but disdains the weakness of telling it, forthwith humbles his head to the sacrifice, and enunciates a page of probabilities as inconsecutive and fanciful as the wildest hypothesis imagination ever conceived. After all, was there ever a rational being who did not theorize? The love of it is innate. Nevertheless every sensible man regards with jealousy the approach of a theory: it is an unclean thing. Suspecting his own to be rotten, he straightway laughs every other person's to scorn. In this way a man revenges himself. But the scepticism is just: ninety-nine theories in every hundred are false. Of the multitude that have been propounded since medicine was a science, how many are now universally credited? Is there one? Hardly.

Numerous letters have recently appeared in the medical and daily press, offering to the public and the profession new modes of treatment of this formidable disease, or rather, as they should be called, old modes dressed up in a new fashion; and each of them is recommended as the very best that can be employed. Many, nay, the majority, are absolute poisons. Stimulants and opiates are the favourite remedies, and they are everlastingly vaunted as ingenious novelties deserving fair and extensive trial. Really, is the history of cholera a dead letter? Were stimulants and opiates never used before, and were they never condemned as the ministers of death to thousands of miserable sufferers? "But, then, such is my experience," rejoins the pretender; "I don't care for all your theories; I have tried it; facts are facts." Each man's judgment is infallible; Vanity reigns supreme in her own court; she is an uncompromising bigot; her creed is, believe or perish!

These gentlemen trade upon their good cases. They inform us of the few recoveries, not cures, under their treatment, and forget the multitude of deaths. A man's self-love is more flattered by a single instance of success than his conscience is wounded by twenty failures. If it be not so, whence these manifold methods of treatment?

A plan of treatment from Woronesch has been recently recommended to the profession, and has had the advantage of being introduced by a lofty name. Its virtue consists in a homœopathic dose of naphtha administered in an oceanic draught of credulity. I think the dose is something less than one-thirtieth of a drop of the omnipotent drug! In the year 1831, immediately preceding the first outbreak of cholera in this country, Woronesch favoured us, through the intervention of a respectable practitioner in Charterhouse-square, Mr. Complin, with another specific, which consisted of powerful stimulants; but whether it had the benefit of public confidence or not, I do not know. One might imagine that there was a medical propaganda in that city of the Cossacks—an experimental mill for the manufacture of specifics for the advantage of the European public. Woronesch bids fair to gain a high empirical reputation.

Military officers have vied with medical men in astounding the public with their discoveries. Science has confessed her impotence, and when science hesitates, ignorance will decide. Opium, assafœtida, and black pepper constitute the miraculous combination; and the directions are pub-

lished with all the pomp of circumstance and minuteness of detail befitting so important a proclamation. Carbonic acid gas, charcoal, marsh-mallow tea, and galvanism have been respectively eulogized as the great specifics of the day; and literally such they have been, for in the next morning's publication they have been supplanted by a new crop of equally promising and equally perishable notions.

I do not deny that there may be merit and utility in these things, and, for my part, in the early stages of the complaint, I believe that the military officer would prove the best physician. This opinion does not tend to elevate the medical profession. The quackery of one man is as good as the quackery of another. The great evil exists in the haste of medical men to foist their crude notions upon the profession and the public.

THE UNIFORM PROGRESS OF THE PRESENT AND FORMER EPIDEMIC.

The present outbreak of cholera invaded Russia on the 28th of October, 1846; it arrived in St. Petersburg on the 30th of June, 1848; at Stettin on the 8th of August, thence to Berlin; it visited Warsaw on the 1st of September, and Hamburg during the first week of the last month. Let us compare these dates with the itinerary of the epidemic at its first visitation. On that occasion, according to the official reports, it first appeared in the town of Orenburg, on the Tartar frontiers, on the 26th of August, 1829, and arrived at St. Petersburg on the 26th of June, 1831; at Berlin on the 31st of August, and at Hamburg on the 7th of October. The uniformity of the periods observed in its progress is remarkable. During its first visitation it commenced its career in Russia in August, and in twenty-two months appeared at St. Petersburg; on this occasion it began to rage in Obtober, and in twenty months had arrived in the same city. It visited Berlin about the same period on each occasion; but on this visitation it appeared in Hamburg one month earlier than on the last. The last epidemic visited Sunderland on the 2nd of November, nearly one month after its appearance at Hamburg. When will it visit us this time? We can scarcely calculate upon a longer immunity.

HISTORY OF THE EPIDEMIC OF 1831-2.

ITS ORIGIN AND SPREAD IN HINDOSTAN.

It may be desirable to give a short sketch of the origin and diffusion of the first epidemic, that we may more readily understand the incidents of the present. The first eruption of the cholera was in the month of August, 1817, at Jessore, the capital of the Sonderbunds of Hindostan; a flat, pestilential, marshy jungle, intersected by the mouths of the Ganges; and in this spot, in the course of a few weeks, 10,000 persons were carried off by its fury. From this spring-head the epidemic poured like a flood along the channel of the Ganges to its confluence with the Jumna. The whole of this country is remarkably flat, abounds in swamp and jungle, and is scooped out by innumerable tanks or ponds, excavated for the joint purposes of religion and agriculture. Calcutta was soon reached, and the whole province of Bengal was overrun almost by a single wave. Thence it spread up the Ganges to Allahabad, and down the seacoast to the confines of Cuttack, desolating the towns and villages in its progress, and striking unspeakable horror and dismay. From Allahabad, where the sacrifice of life was very great, it swept along the banks of the Jumna to Meerhut, Agra, and Delhi—large filthy towns in a state of dilapidation and ruin. Lucknow and Fyzabad, in the province of Oude, felt its ravages; and it crossed the lower ranges of the Himalaya, hanging like a mountain-fog over the high tablelands of Nepaul.

The grand army under the command of the Marquis of Hastings was in Bundelcund, on the banks of the Sinde, a tributary of the Jumna. All were cheerful, confident, and in health, when, unexpectedly, the camp was invaded by a foe more dangerous and deadly than the sanguinary hordes that had dared them to the field. Courage and strength availed nothing; the invisible enemy hovered over their tents, and quickly, without warning, smote down his victims of all ages and conditions with the paralysis of death. In five days five thousand brave men succumbed. The slaughter was immense—appalling: men on horseback, at their meals, in bed, on the march, were stricken with a stifling anguish at the heart that brought them in an instant to the ground, and, in a few hours, their muscular limbs were attenuated, their bronzed cheeks turned ghastly, and the virile voice of the soldier was a mere plaintive whisper, the prelude of death. Silence and terror reigned in the camp; the only inquiry was, who was the last victim, until the victims became so numerous that men grew apathetic, or shuddered when they met lest one had been marked by the finger of the plague, and should breathe out the blighting vapour upon the other. Calamity and fear made men selfish; the ties of duty and of friendship were relaxed, if not broken; and the terrified companion in arms was afraid to heap the dust upon the dead body of the man with whom he had messed and fought. The roads swarmed with the dying and the dead as after a battle. Nine thousand men were cut down in that unhonoured struggle.

The pestilence then penetrated into the interior, and advanced upon Banda, Hutta, Saugur, &c., and from the latter town it ramified in various directions over Hindostan. The whole country and the islands of the Eastern Archipelago were afterwards scourged by it, and up to this time it has continued a resident of the soil, swooping on different districts at various periods of time, but without the slightest remission of its virulence and intensity.

ITS PROGRESS IN ARABIA AND PERSIA.

An explosion of this terrible pestilence occurred in Arabia four years after its first appearance at Jessore. The port of Muscat first gave warning of its approach. Bassorah in the Delta of the Euphrates, Bagdad on the Tigris, and Bushier on the Persian Gulf (the chief towns of Arabian commerce, and masses of humanity and filth), were almost depopulated by deaths and emigrations. Bushier lost a fifth, and Bassorah one third, of their entire population by this desolating scourge. The pencil of history has paled its colours before the awful realities of that scene: it has been inadequate to paint the alarm and despair that agitated the inhabitants of these towns when the epidemic swooped upon them in all its sudden and merciless fury. The shops were deserted; there were neither buyers nor sellers; people were seen running to and fro in the streets, hurrying away their devoted relatives, or flying with palpitating hearts from the chamber of death; the wharves and harbours were forsaken, and the ships were either deserted or had gone to sea to escape the horrors of the pestilence; innumerable families were crowding in haste and dismay to the interior, where they hoped to secure an immunity from its unassuageable ravages. The loss of life was incredibly great.

From Arabia the epidemic spread eastward to Persia, and northward and westward to Mesopotamia and Syria. It is not necessary to name the various towns that cringed under its violence: they were the same cities as have recently contributed their records of suffering to its history.

ITS PROGRESS IN RUSSIA.

After having hovered over Asia for a series of years, it at length appeared in Russia in the month of August, 1829, as I have already stated. It is worthy of observation that the disease generally breaks forth in a new circle of visitation about this time of the year. August was the month of its nativity in Jessore; in August of the following year it commenced its ravages in Bombay; in July, 1821, it visited Muscat, on the Persian Gulf; and in the following year, about the months of July and August, it burst forth with new violence in the several towns of Arabia and Persia; in August, 1829, it fell upon Orenburg, in Russia; and in August, 1831, it, for the time, assailed the Egyptian Delta, and devastated the large towns of that pestilential country. Its history during its present migration does not differ much from what is recorded of it at earlier periods. In the latter summer and autumn it rises in its strength.

It must be remarked that its ravages are most extensive in low, damp, and ill-drained countries. The loss of life was nowhere so great as in the Deltas of the Ganges and Euphrates, and in the flat lands around the Indus (or Sinde) in Asia, in the Delta of the Nile in Africa, and the Deltas of the Volga and the Danube in Europe. If elevated, airy, and well-drained regions do not offer an absolute immunity from the pestilence, they, at least, render its visitation less destructive to health and life.

THE INFLUENCE OF RIVERS IN ITS PROPAGATION.

It has been said that the epidemic travelled up the Volga, and that it generally follows the channels of rivers, as if running water exerted some peculiar influence over its dissemination. It is curious, however, that, even according to the lucubrations of the supporters of this notion, the pestilence marches against the stream instead of with its course. This opinion will be glanced at in treating of the causes of the disease; I will only now observe that it is a mere fiction. The only fact bearing upon it is, that the disease generally breaks out first on the flat, swampy lands surrounding the mouths of large rivers, or the low miasmatic banks of lakes and inland gulfs; it thence extends, as a matter of course, along the low alluvial districts bordering the streams that descend from the interior of the country, until the elevation of the land increases, and then the pestilence usually diverges and takes a new course, piercing through mountain ravines, and fermenting over steaming swamps and along the reedy margins of tributary rivers. Thus it is said that subsequently to its outbreak and extinction at Orenburg, during its first invasion of Russia, the tidings of its resuscitation were first heard at Baku, a town on the western coast of the Caspian Sea. From Baku it extended to Astrakan, the great commercial city in the Delta of the Volga; here, then, as now, it revelled in its horrible devastations. From Astrakan, it marched upon Enstavaesk, Sarepta, Tsaritzin, and Saratow; but between Tsaritzin and Saratow it struck off at right angles into the interior of Russia, and, advancing first upon Woronesch, it continued its progress to Kharcov, and subsequently reached the Government of Kiew, 500 miles inland, near the extreme western boundary of Russia, and within 100 miles of Moldavia. It was from this point, no doubt, that the pestilence radiated through the central countries of Europe. What a pity a tributary stream did not run to Kiew! Again, from Saratow it struck off to Penza, a town in the interior; and from Penza it marched northward upon Nizney Novgorod, a town situated on the Volga after it has formed a junction with the river Kama, and has abruptly bent its course to the west. Thus the epidemic preferred a land to a river journey to Nizney Novgorod. But a stanch theorist would not heed these facts. From Nizney Novgorod the pestilence resumed its march along the river's banks, east and west, for a short distance; but very soon, as its movements came more immediately under the observation of intelligent men, exhibited so many erratic deviations, that nothing but the blindest prejudice could assign its dissemination, as a general rule, to fluvial influence.

Jassy, the capital of Moldavia, a squalid, mean town, actually paved with wood—an admirable nestling-place for a pestilence—was ravaged by it with intense fury: it has, during the present epidemic, enjoyed the same melancholy distinction. The history, in fact, of the first epidemic is the history of the last.

We cannot finish this outline of the progress of the epidemic in the years 1831-2 without adverting to its visitation in this country, and the sister country, Ireland. It burst forth in Sunderland, as I have already said, on the 2nd of November, 1831, and rapidly spread to Newcastle, North Shields, Liverpool, and other towns in the north of England. The greatest consternation prevailed among the public at the news of its

approach: some of the daily papers denied or suppressed the extent of its devastations, with a view, probably, of repressing the popular alarm; others excited dread to its highest pitch by exaggerated statements; medical men discussed the matter at their public assemblies and private meetings; it possessed all men's minds with curiosity, anxiety, and dismay. At first there had been culpable negligence and apathy, as there is now: nothing was prepared, everything was to be done; but the public, once in presence of the enemy, quickly organized their resources, and, to the eternal honour of our noble profession, medical men were the first to step forward in the cause of humanity—to suggest the necessary measures, to nominate committees, to institute local boards of health, to establish dispensaries for the eleemosynary distribution of medicines, and hospitals for the reception of the sick, and, above all, to exhibit a splendid example of self-sacrifice and enlightened patriotism, by encountering all the hazards to domestic comfort, to health and to life, which it was then universally believed the humane and charitable ministrations of science were certain to incur. Is this singular? By no means. Acts of charity are the hereditary duty—the traditional glory—of our profession. None can call ours a mercenary vocation; the experience, the gratitude, the instinct of society would repel the calumny. The history of the medical art is a series of immolations for the public good. We have had in our ranks many a Quintus Curtius.

(To be continued.)

ORIGINAL CONTRIBUTIONS.

REPORTS ON THE DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Mrs. V., aged thirty-two, married about two years; once pregnant, but aborted; small, fair, face covered with erythematous eruption.

March 16, 1842. Much pain and derangement of stomach; pain of right hypochondrium; mental depression; feeble circulation; headache, affecting the forehead and vertex; bowels regular, but offensive; tongue foul; urine loaded with lithates; slight leucorrhœa.

Has always been subject to dysmenorrhœa, with fibrinous exudations, but much increased since her recent abortion at the third month, in consequence of a fall. The catamenia are regular in time and quantity. Hirudines viij. epigastrio.

℞. Pil. hydrarg., ext. lupuli, aa gr. v. M. ft. pil. ij. per quatuor noctes sumendæ.

℞. Acidi hydrochlor. dil., acid. nitrici dil., aa. ℥ij.; syrupi aurant., ℥j.; aquæ cinnamomi, ℥jss. M. ft. mist. cujus sumat. cochl. min. j. bis terve diê exaquâ.

24. Feels better, but weak; as the leeches did not bleed, they were repeated.

℞. Extr. taraxaci cochl., min. ½, o.n.; acid. nitrici dil., ℥ij.; tinct. hyoscyami, ℥ij.; syrupi aurantii, ℥ss.; infus. gentianæ co., ℥vij. M. ft. mist. sumat. cochl. magn. ij. ter die.

April 16. Writes word that she feels much better; the catamenia appear to have come more easily; says that she still "suffers from a full, tight feeling in the head, burning flush of the face, and roughness of skin."

Let her take some essent. sarzæ, in milk and limewater, twice a day, and continue the taraxacum at night.

May 3. The catamenia appeared yesterday; says that she has not suffered so much pain since being under my care as previously; formerly she had extreme pain, and often violent sickness and faintings for hours, and the pain sometimes lasting more than a day. This time she had pain for two or three hours, but it was not violent: it was situated at the lower part of the abdomen, and was attended with a sensation of enlargement; the discharge was less sparing than formerly. Rep. mist. et pil. per tres noctes.

May 12. Has still much throbbing and heat of head, with rash over the face; bowels not sufficiently moved.

℞. Pil. hydrarg., extr. coloc. co., extr. hyoscyami, aa. ℈j. M. ft. pil. xij. Rep. sarzæ, c. lacte, et liq. calcis; omit. taraxacum.

20. Bowels confined; much distention of abdomen; says that her tongue is feverish, with a bad taste in her mouth in the morning; less pain of epigastrium, but more on the right side, corresponding to the right ovary; feels drowsy, but says that her appetite is better.

℞. Hydrarg. chloridi, gr. iv.; extr. hyoscyami, gr. vj., hâc nocte. Magnes. carb., sulphuris sublim., aa. cochl. min. j. primo mane. Rep. mist. acidi nitro-muriatici.

℞. Camphoræ, extracti lactucæ, extr. lupuli, aa. ℈j. M. ft. pil. xij. Sumat. ij. incipiente dolore et rep. si opus sit.

June 9. Has passed a catamenial period with much less pain; regulates the bowels with the sulphur and magnesia. Rep. essent. sarzæ ex liq. calcis.

January 20, 1846. Since last report has spent some years in India, during which time her health has varied a good deal—sometimes tolerably good, but at others quite the reverse; has had a severe attack of what I presume was peritonitis, affecting chiefly the lower part of the abdomen. She complains now of much pain of right hip; frequent desire to pass water, without any difficulty in doing so, except two months ago, when the pain of hip was unusually severe, and then there was considerable difficulty. The catamenial periods are still attended with much pain, although less severe than formerly, and fewer exudations; of late she has occasionally had a painful sensation of soreness and throbbing in the pubic region; has a slight tendency to piles.

Examination per Vaginam.—The os uteri is directed backwards; the uterus is felt in front of it, extending to and pressing on the bladder; it forms a hard globular mass, which is very painful to touch. I was unable to pass the uterine sound beyond the os uteri internum, although I gave it a greater degree of curve than usual; I, therefore, dilated the os uteri, but without success. Applicentur hirudines vj. ano, and let her regulate the bowels by some simple laxative medicine.

February 9. She has been in town for the last week, and I have passed three sponge tents into the os uteri. The uterine sound goes up as far as the os uteri internum, or perhaps a little further, but not into the hard mass in front of the cervix, nor does the attempt to elevate this tumour by pressing it upwards with my finger when passing the sound assist its introduction. The os tincæ, or os uteri externum, is sufficiently dilated to admit my finger with ease, but the canal of the cervix has an uneven feel. The sponge tent which I passed to-day has evidently gone through the os uteri internum, for it was two inches long, and when introduced its lower end was quite within the os tincæ.

℞. Ferri sulph., gr. ij.; extr. lupuli, gr. vj. bis die.

℞. Sulphuris precip., potassæ bitart., aa. ℈j. o.m.

20. I was prevented continuing the dilatation of the os uteri from its becoming inflamed and very painful; the eruption of face became very vivid, with constitutional disturbance. The pills were discontinued, leeches were applied with great relief to the pain, the eruption diminished, and she felt better. Since then I have passed three more tents, and succeeded in passing the uterine sound into the uterine cavity to-day for the first time; it pquired a much greater curve than usual, and tassed into the centre of the mass before menioned, thus showing that it was the body and fundus of the uterus in a state of anteversion. The whole anterior wall is intensely painful to the touch, the posterior one is not so. The uterus is quite moveable, for, without any severe pain, beyond the dragging sensation produced by so doing, I could easily raise it, and even carry the fundus backwards. I held it in this retroverted position for some minutes, the pain gradually diminishing; appetite good; tongue pale. Rep. pilulæ et pulveres.

July 23. Returned to town to have the supporter applied; but, although I have dilated the canal of the cervix with sponge tents, I cannot pass the ivory style of the supporter beyond the os uteri internum, at which point the uterus is strongly curved. Rep.

Aug. 17. I continued to dilate the canal of the cervix with sponge tents, and at last succeeded in applying the instrument; during the night the uterus slipped off, and resumed its anteverted or, rather, anteflected form and position. I reintroduced the supporter, and, by altering its angle, fixed the uterus well upon it; it occasioned much pain at first; she has now worn it three weeks; it still causes a good deal of inconvenience, and more or less discharge, but the former symptoms are relieved, and she is determined to persevere.

March 17, 1847. Returned to her house in the country on Oct. 16, and was considered by her family to be looking much better. A few walks soon brought on so much pain that she began to think of returning to London, but rest in the horizontal posture relieved it. The catamenia appeared last on Nov. 25, so that she reckons that the third period is safely over, and that she is three months advanced in her pregnancy. For the first few weeks she had almost constantly a feeling of sickness, during which the eruption of face was very painful and inflamed, but now it has ceased, and the eruption is much better; has regulated the bowels carefully, but still has a good deal of pain and uneasiness, which she attributes to being unable to take her usual exercise.

April 18. Was seized a few days ago with intense pain of abdomen. A friend and former pupil writes me word that it was of a spasmodic character, situated in the umbilical region, "as if a penknife were cutting her," not continued, but returning at short intervals, with pains in the back. The fundus uteri could be felt about an inch above the navel, very hard and contracted almost into a point; pulse 84, soft, and easily stopped with slight pressure, increasing in fulness with the return of pain, but never quicker than 86; she also complained of a dragging pain at the lower part of the uterus in the pubic region, where she had leeches applied during her attack of inflammation in India. To-day is the fifth catamenial period. He gave her twenty drops of laudanum, and put her into a hip-bath at 98°, with marked benefit, the pulse improving, and the fundus uteri becoming rounder, softer, and more natural to the feeling. He ordered her an injection for the vagina of fifteen drops of laudanum in decoctum papaveris; it was thrown into the rectum by mistake of the nurse, and repeated into the vagina with good effect; she took a composing draught to be repeated every six hours, and had another warm-bath the following evening.

Sept. 4. Has enjoyed good health since last report, and was safely delivered this morning of a fine boy after rather a severe labour.

The details of this interesting case extend over such a period of time, and occupy so much space, that I have felt some scruples in reporting it. Her early symptoms were those of dysmenorrhœa, with ovarian irritation, much aggravated by a recent abortion, and accompanied, in a weakly delicate habit, with considerable gastric derangement; indeed the general state of health was such as to demand immediate attention for a while, before commencing any specific treatment for the local affection. Her health improved, and the sufferings at the catamenial period abated considerably. It is much to be regretted that more attention is not given to the general condition of the system in many affections of the female generative organs; in many instances they entirely depend on it, and in all they are greatly influenced by it. There is no doubt, on the

other hand, that these local affections, the results of general derangement, constantly react upon the original cause, and aggravate it, requiring local as well as general treatment; but I think it ever ought to be a rule to consider the general symptom first, and to ascertain how much, not only they, but the local symptoms, can be improved by general treatment. Of course there are many local affections which demand immediate attention, but, with this exception, I must ever strongly deprecate the indiscriminate use of the speculum and caustic, which are increasing to such a mischievous extent at the present day. I have a great respect for the speculum, and esteem it a most valuable instrument; but when carried to the absurd extent as is done by some, and especially when made to supersede all tactile examination, I feel strongly inclined to join in some of those denunciations which have been so unsparingly, and not always very justly, made against it.

The diagnosis of her case, when she returned from India, triumphantly illustrates the value of the uterine sound in the investigation of uterine affections; it may truly be compared to the stethoscope in those of the chest; in the present instance, without its assistance, I should hardly have ascertained the true nature of the case; the position of the os uteri backwards, and the presence of a hard and very painful mass between it and the bladder, made me suspect anteversion; but the impossibility, for a while, of passing the sound into the uterus, even when strongly curved (in case it were anteversion), her long-standing ailments, severe illness, pains about the pelvis, and unhealthy appearance, made me fear the presence of organic disease in the anterior wall of the uterus, by which the position of the os uteri, and also various symptoms of bladder irritation arising from mechanical pressure, could be equally well accounted for as from anteversion. In this opinion I was further strengthened by still failing to introduce the sound after having effected a tolerable amount of dilatation in the canal of the cervix; and it was only after continuing the use of sponge tents for some time that I effected an entrance into the cavity of the uterus—the sound now passed into the aforesaid mass proving beyond all doubt that it was anteversion. Although the uterus was moveable, still any attempt to raise it, or, still more, to incline the fundus backwards, caused painful dragging, and made me determine to hold it in this position for a few minutes so as to accustom the parts to the change, and thus fit the uterus for the application of the supporter. From the history of the case there was much reason to fear that adhesions had taken place during her severe illness; and when I found that the uterus was apparently pulled off the supporter, shortly after its first application, this suspicon seemed confirmed; indeed I fully believe that I would then have given up the attempt in despair, had she not urged me to continue, and encouraged me with her resolution to proceed in spite of severe suffering. The attack in March of severe spasmodic pain, apparently in the upper part of the uterus, I was inclined to attribute to the giving way of some of the adhesions which the uterus had formed during her illness in India; but this is merely an opinion hazarded without any proof of the fact. From what I can learn, the labour was a long and rather severe primiparous labour, but in other respects healthy, and she and her child have continued to thrive ever since.

OBSERVATIONS IN THE HOSPITALS OF PARIS AFTER THE REVOLUTION OF JUNE.

By CHARLES KIDD, M.D., M.R.C.S., Limerick.

(Continued from p. 320.)

Amongst the many men in Paris in favour of the palliative treatment, I would be inclined to give a very prominent place to M. Jobert, at the St. Louis Hospital. I have seen the most formidable cases here under his care; indeed, by far the worst wounds after the late carnage were brought into this institution. Not far from the noted spots, the Port St. Martin and St. Denis, where the battle commenced—the Fleet-street and Temple-bar of Paris—this hospital was, at an early period of the affair, filled with wretched, mangled insurgents; in common with the other institutions it is now without any of them, over a thousand patients having left the various establishments, an immense proportion dead and carried away.

The work of death has been going on, indeed, to a fearful extent in all the hospitals. The last returns of the cholera in Russia give the frightful amount of 505,328 attacked by that disease in four months, of which 210,836 have died—a fact sufficient to freeze up the blood of any one but a person accustomed to such terrible realities. In this country, in the year 1846, over 3,000,000 of the population living without money, on a false and ruinously extravagant "truck system," that one now only meets among some of the Indian tribes, were deprived in one week of their great circulating medium—the potato; the deaths amounted also to several hundred thousands from actual starvation and its consequences. If the world goes on for one or two centuries more, the recital of these events will fill a very prominent place in its history. Revolutions in France, I am quite aware, are as plenty as blackberries, and some one will soon be required to catalogue them; the materials of the very antique ones are among the curiosities in the Louvre. The deaths after the last one—it is a horrid theme, no doubt—will be found to exceed the entire put together, and quite as horrid as anything in Russia or Ireland. I have spoken, perhaps, sufficiently of it already. The Duke of Wellington, during his ten months' campaign in the Peninsula, had a little handful of a hundred thousand men wounded, of whom about seven thousand were killed; we have been hearing of these things ever since; yet in the three days of last June the number of killed and wounded was quite as many. We have had a host of excellent works on military surgery, I need scarcely observe, since the army of the duke took the field; our surgery, however, has many things yet to learn. We have not been advancing, either, of late, according to Mr. Guthrie's letter with respect to the last Indian battles. On the whole, then, with the late fearful mortality in Paris, and the experience of the treatment there adopted, the whole thing is likely to be opened up anew. Meanwhile, perhaps, I may pursue my way, stringing together the little facts that came under my notice.

Among the cases which I find, then, in my notes, and also reported in the *Gazette des Hôpitaux*, is one at St. Louis; it was that of a young man who was brought in with a fearfully comminuted fracture of the leg; there was, of course, very extensive swelling, no inconsiderable pain, and, on stirring the limb, to use Jobert's expressive phrase, it seemed like a "bag of broken bones." Splinters came away at all points, and amputation seemed the only thing to save his life; the odds, indeed, were all against him. M. Jobert, however, with the *nil desperandum* philosophy for which, indeed, all his associates are remarkable, determined from the first not to amputate; he commenced the treatment by making several large and extensive *débridemens*. I fear we must transplant this word into our language, as we have nothing exactly analogous to it. One little peculiarity, however, struck me, and I don't know but it carries considerable weight with it: Jobert takes care not to interfere too much with the pieces of bone—splinters, in other words—which we are usually desired to extract. Like many other men in Paris, he is a great worshipper of Nature; to us, at this side of the cliffs of Dover, this may appear so much rubbish; but the result, at least, tells us M. Jobert was right; the man has recovered, with an excellent leg: had amputation been performed at the solicitations of many people, among whom I must confess I must range myself, Jobert would not have had the opportunity of testing his principle, and this man, in place of going off to join the army now in Italy, would be forgotten among the dead at Montmartre. The peculiarity I speak of is not to interfere too much with pieces of broken bone; since the researches of Miescher, Cruveilhier, and the other men who have lately written on the subject, it is quite clear, I think, the ends of the bone have something, and not a little, to do in the process of throwing out osseous matter. Reasoning thus, Jobert too thinks it wrong to remove so many centres where the healing process would be likely to commence, and without which it can never go on to any healthy amount.

"En effet," he says, in some late clinical remarks, "en pratiquant cette extraction, on enlève, avec les points dénudées qui doivent tomber, des portions osseuses bien vivantes que la nature utilisera pour la formation du cal. C'est une chirurgie dangereuse et imprudente," let our military friends read, mark, and inwardly digest, "que celle qui enlève les esquilles, entame le membre, et l'expose à de fausses articulations." This case certainly proves it, and one instance is as good, perhaps, as a thousand to prove what seems impossible.

In the same wards a case of desperately comminuted fracture of the humerus attracted very general attention; it was treated in the same way, and with almost similar results. The case, in two words, was this: the bone was made pieces of near the neck, yet the man has now the entire use of it. Such cases many will look on, no doubt, as exceptions; there are such things, however, as exceptions which prove a rule, and one thing is just certain, that, if amputation had been performed at a late period, the man would have died.

Though myself in favour of the knife in these cases in the *first* instance, I deem it only fair to cite such matters to show the English surgeon what may be brought about by judicious care and attention bestowed on even the most comminuted fractures; if we in this country err, at one side, in having recourse too often to the knife, as in cases of secondary amputation—and our surgery is anything but perfection, as the details of the last campaign on the Sutlej but too plainly demonstrates—our more biological friends on the Continent, deep in the mysteries of life and nature, give, perhaps, a too ready credence to all varieties of wonders performed by these mystic agents. It is Callimachus, I think, who says Apollo does not always show *himself;* who perceives him, he alone is worthy of worshipping him; in the same way, perhaps, we cannot always poke our way through the beautiful myths and fancies of our neighbours in Paris. Yet at bottom there is a vast substratum of truth. Our military surgeons in particular—perhaps they would excuse my reading them a little minikin lecture—our military surgeons in particular throw overboard the assistance afforded by Nature. A world of tourniquets and bandages, which were better left at home; a fearful array of knives, sundry limbs undergoing a species of surgical drill; and a hospital-sergeant, a very martinet of the first water, forming the materials of their camp in the rear of an advancing army. Our military surgeons do things as no other surgeons do; if an ophthalmia is to be treated, it is by some plan recognised at the Horse Guards; if a gunshot wound is to be cured, it is by some method quite orthodox among our excellent friends in the shell jackets. Nature, however, will not allow herself to be drilled; the "vis medicatrix" knows nothing of "general orders" or staff appointments.

Among the more formidable cases lately in the hospitals were *penetrating wounds of the chest.* Thirty-six cases of wounds of the chest were received, of which the great majority sunk at greater or lesser intervals. I spoke a minute ago of the army in India. From the figures before him, Mr. Guthrie calculated that one hundred and seventy-one so wounded should have been sent home to be invalided, in place of which there were only nine, the remainder, of course, having all died. By far the greater number of those admitted at the beginning of the battle in

Paris, labouring under gunshot wounds of the chest, were dead when the affray was ended, and things began to wear a most orderly aspect. There is no wound, indeed, which requires such instant attention, and none which is so infallibly fatal when left to itself. Many of the cases have fully corroborated this opinion; and, if there was anything in which the Paris men were behind us, it is in the treatment of such injuries. The question of hemorrhage in gunshot wounds of the chest is one, I need scarcely say, of the very greatest possible difficulty. The French authorities, Dupuytren and others, recommend tying the vessel, which looks very well on paper, but is anything but very practicable; a little battle has existed, indeed, for some time between the best surgeons on the point: one party recommending the blood to have free egress, being assisted by position, pressure, &c., the wound to be kept open for some time for the purpose: this practice is too common in the Paris hospitals, and I have no hesitation in saying with the worst results; the other party recommending, I need scarcely observe, that the wound should be closed at once, a counter-opening, *if necessary*, after some days, being made for the escape of sanious and other fluids. The latter practice, by far the best, is, curiously enough, very old,—Valentin, of Amsterdam, so early as 1772, having been the person who first introduced it, Baron Larrey afterwards bringing it more prominently forward. In some of the cases, it is only fair to say, from neglect, no attempt at closing up the wound could in any way prove available.

Gunshot injuries of the chest, after the late engagements, were, indeed, very frequent and very fatal. Wounds of this kind, as I just observed, require the most instant care; yet, amid the confusion of the first days of the revolution, neglect was unavoidable; to watch inflammation seemed to me the great secret, a certain amount of this action being necessary to, if possible, close up the wound, and shut out the external air from contact with the pleura. I mentioned a case before, under the care of M. Malgaigne, which struck me as very remarkable; many such, however, were to be seen in the various hospitals; and, if the generality of men in Paris err at all, I think it is in keeping up their patients too much.

Amongst ninety wounded at the Maison de Santé, in the troubled district of St. Denis, were eight penetrating wounds of the chest, of which two, notwithstanding repeated bleedings and counter-openings, died within the first few days. A similar case, under the care of M. Vidal, at the Hôpital du Midi, sunk very rapidly. At Val de Grâce there were six cases of wounds of the chest; the six all died, though repeated bleedings, compresses on the wounds, and purgatives were freely used. At the little hospital in the Rue St. Antoine one case was received in which the ball entered the thorax in the left subclavian region, and went out at the spinous process of the first dorsal vertebra, tearing through the subclavian artery and destroying the motion of the arm before death. In another little hospital, Hospice de Lourcine, three cases were received; they all died; in one the ball went through the aorta. At the Hôtel Dieu nine cases of wounds of the chest were received—three not penetrating, six penetrating—of which four died in the first few days. In another hospital, Hospice des Incurables, in ten cases of wounds of the chest there were five non-penetrating cured, five badly penetrating, of which four died. As a general rule, the worst cases were to be ferreted out at these little ambulances and the hospitals near the barriers. The very first case, for instance, brought into this little place was that of a man fighting behind a barricade. The entire upper half of the skull was torn away, as if for a *post-mortem* examination, more than half of his brain being left on the roadway! yet he lived for a quarter of an hour, and an assistant went actually about bleeding him. The wounds of the chest were equally frightful, and many of them not a little remarkable.

A desperate-looking fellow, an insurgent, defending a barricade, received a lunge of a sword or bayonet in the right side of the chest, immediately under the clavicle. Oppression of breathing of the most distressing and suffocating character set in, with emphysema of all the front part of the chest and neck—all the symptoms, in fact, of penetration, with the exception that there was no spitting of blood. He was bled, and put upon tisane, and in the space of two days was quite well.

In another case, not very dissimilar, in the same hospital, the ball traversed the soft parts of the arm, at the right side, entering the chest near the nipple, and making its exit on a level with the first false rib on the opposite side. For the first few days nothing particular was perceptible, save, perhaps, the distressing anxiety of the wretched creature's countenance, which was perpetually bathed in a cold, wet dew; the respiration, on counting it, was somewhat laboured and frequent—no trace, however, of hæmoptysis or emphysema; pulse weak and soft; considerable reaction, however, ensued after some days, and he went out well.

A man, carrying off the colours of a barricade, received a ball in the left side of the chest. On being brought to the ambulance great difficulty of breathing had set in. There was but one opening; very perceptible emphysema, however, with swelling and fulness of the side. Muttering something about the progress of the battle, he lay entirely on his back, with his head turned to one side, in the intervals of his agony imploring relief. He was bled not less than five times, and two blisters, for what purpose I could never divine, applied. He died in a few days. A somewhat hurried *post-mortem* examination was made, and the ball discovered, with some fragments of his dress, in the posterior mediastinum, in a cavity filled with blood; the bullet lying on the pneumo-gastric; the pleura full of blood and serous matter; the lung sound.

In another case the ball went in at the right side at the top of the chest, going out at the second intercostal space of the opposite side, fracturing the clavicle. He had soon the usual train of symptoms denoting emphysema, together with the most distressing orthopnœa and hæmoptysis. Nevertheless, with large and repeated bleedings, considerable amendment followed. A few days after, however, a crepitation became evident at the top of the lung, and he died in great agony.

In the Hôtel Dieu, under M. Voillemier, in addition to those already mentioned, were four cases of wounds of the chest: only one, however, betrayed evident signs of the cavity being injured. After some little signs of improvement, it proved fatal.

At an ambulance, got up in a hurry at the Gymnasium, for the military men injured in the affray, were four cases, three decidedly penetrating, all cured. Under M. Larrey, among some other military men, were nine cases, of which one was a penetrating wound, and died; the remainder cured. At a third, the Ambulance St. Lazare, a very interesting case was to be seen.

Case.—Bazère, fighting at a barricade, received a ball from a height, which, entering at the angle of the lower jaw, descended in almost a right line along the sterno-cleido-mastoid into the chest. Brought in from the scene of action, a probe was easily passed along the wound, and on further examination it was found that complete paralysis of the arm had been the result. For the first few days the wretched man suffered the most fearful oppression, after which some little amendment was perceptible. He slept well at night, but on the left side. Some sign of returning appetite made its appearance; the mischief, however, was going on; the left side soon filled up, pushing the heart to the right; he was able, however, to sit up; but, getting out of bed one morning early, he fell down and died in a state of asphyxia. No *post-mortem* could be arranged, but everything seemed to converge towards the opinion that a large vessel, perhaps the aorta itself, had given way.

At La Charité, under M. Velpeau, some rather unusual wounds of the chest attracted very general attention. Two seemed *not* penetrating: in one, a man sent from the Tuileries, the ball went in at the tip of the shoulder, but did little injury; in the other, presenting a fearful amount of mischief, there was an enormous swelling at the lower angle of the scapula, evidently containing fluid; but I believe the man recovered after I left Paris. In a third case in this hospital, a desperate-looking poor fellow was brought in from one of the barricades spitting blood and gasping for breath. On examination, a wound was discovered in the front of his chest, from which blood was streaming; the ball had, apparently, gone right through, coming out at the shoulder. In this case I must confess a little more art and less of Nature would have been advisable; there were all the signs of bad injury of the lungs, dulness posteriorly, unusual clearness on percussion anteriorly, very general pneumonia, the hæmoptysis giving way to the peculiar rust-coloured sputa of the former disease.

Bleeding was performed, but, I think, too late for any permanent benefit. Tartar emetic, also, was given in some sort of tisane, with which all the hospitals abound; but I believe the man died after my last visit to this fine hospital.

Not numbering these three cases, then, we have thirty-six penetrating wounds of the chest, of which twenty-four died.

Crowds of unhappy beings were to be met on the field of battle who never rallied at all, shot through the head and chest. These were cases actually under treatment, and as such, perhaps, the figures are worth preserving.

Name of Hospital.	No. received.	Deaths.
Maison de Santé	8	2
Hôpital du Midi	1	1
Val de Grâce	6	6
Hôpital St. Antoine ..	1	1
Hôpital de Lourcine. .	3	3
Hôtel Dieu	6	4
Ditto.....	1	1
Hôpital des Incurables	5	4
Gymnasium and other ambulances	5	2
Total	36	24

As a general rule, notwithstanding the great mortality, from the appearance of the patients I should think that punctures from bayonets are more fatal than balls into the chest: the former tear the substances of the lung, and are generally followed by greater hemorrhage than a ball—the latter going through something, after the manner of a seton.

The old people, I need scarcely say, recommended tents, syphons, and all sorts of out-of the-way things in their treatment of these injuries. Are they not written in the lively pages of John Bell and old Guy de Chauliac? An old copy of the latter, I picked up at a book-stall, is perfectly luminous on the matter. We have changed our system a good deal, however; and such a thing as *sucking* a wound of the chest is, of course, not thought of. I wish I could say the rate of mortality was improved in a similar ratio. All our revolutions in France are not or the better.

ON SCARLATINA.

By J. W. TRIPE, M.D., M.R.C.S., and L.A.C., London.

(Continued from p. 335.)

June 10, 1848. Master M., aged six, was attacked last night at twelve p.m. with severe vomiting and diarrhœa, which came on four hours after he was exposed to the infection of scarlatina. To-day the diarrhœa and vomiting still continue; the face is much flushed; his skin hot and dry; thirst urgent; pulse 160, and the tongue much furred.

℞. Cretæ ppt. ʒj.; p. ipecac., gr. iv.; liq. opii, m. iij.; aa. ʒij. Cap. part. quartam 4ta qq. horâ.

12. Was quite delirious during the night, and

is somewhat comatose this morning; he lies on his back without nôticing any one or anything, grinds his teeth, and occasionally cries out; when spoken to he answers slowly and imperfectly; dirrrhœa better; face not quite so flushed; skin hot; pulse 180, small and soft. Cold to the head; milk diet.

℞. Liq. ant. tart. ℥jss.; syr. rhœad., ℥j.; aq., ℥jss. Cap. part., quartam, 2nda qq. horâ.

Eight p.m. Is somewhat better; takes a little more notice; there is a slight eruption about both arms, but not on the body or face; it is of a purplish-red tint; no cynanche or congestion of the fauces; pulse 174; tongue furred, with elongated papillæ.

13. Is quite sensible; the eruption is out on the legs and abdomen, and is of the same colour; is evidently scarlatina; the tongue is bright red at the tip and edges; the tonsils are much enlarged and congested; skin pungently hot and very dry; pulse 140.

℞. Pot. chlor., gr. v.; syr. papav. alb., ℥j.; aq., ℥jss. Cap. ut ante. Habeat balneum calidum. Beef-tea.

14. Not so well; passed a very bad night; was very delirious and restless; cried out frequently; is very stupid; lies quiet unless he is roused; head and skin hot; eruption out all over the body, but still purplish; tongue deep red; tonsils much enlarged, congested, and slightly ulcerated. Applicatur argent. nit.

℞. Pot. chlor., gr. viij.; tinc. casc., ℥jss.; aq., ℥jss. Cap. partem quartam secunda qq. horâ. Beef-tea and wine.

Eight P.M. Much worse; is sinking; pulse feeble, 180; eruption has quite disappeared; is quite insensible and very restless; tosses his head and arms about; pupils dilated and insensible to light.

℞. Sp. ammoniæ, m. xxv.; tinc. cinchonæ, ℥ij.; aromat. sp. camphor., m. iv.; aq., ℥ij. Cap. partem quartam omni horâ c. ℥ij. vini.

He rallied for a few hours, and died at half-past seven on the following morning, being perfectly sensible during the last few hours of his life.

In this variety of coma the nervous and, probably, the nutritive systems receive such a shock from the intensity of the virus that the patient may die in a few hours, without rallying; one case, which happened two years ago, died in eighteen hours. On *post-mortem* examination no cause of death could be detected.

The child from whom Master M. took the infection died with symptoms closely resembling those described. It is well worthy of remark that his mother, Mrs. M., almost died from a cynanche which arose two days after her son's death; her eldest daughter was attacked with a similar malady; and her second daughter took scarlatina maligna from the eldest, and died, although the latter did not have the eruption at this time.

The head symptoms which arise during the progress of the eruption may be divided into (*a*) the inflammatory, and (*b*) the non-inflammatory. Of these the former is the most dangerous, and requires active mercurial and purgative treatment, whilst the other would be injured by it.

The following is an instance of the subdivision (*a*):—S.'s child, aged eight months, had slight symptoms of scarlatina on the 12th of March, 1846; on the 13th a little of the eruption showed itself, but so slightly as scarcely to be recognised. On the fifth day of the eruption the child became very restless and irritable, with frequent fits of screaming; the pulse became quick and rather wiry; the tongue was red, except in the centre, which was covered with a thick white fur; and the skin was very hot. On the seventh day the child began to squint; the restlessness and rolling of the head increased; the expression of the face became almost idiotic, and the head hotter than the body. On the tenth day the pupils were dilated and insensible to light; the pulse rapid, small, and indistinct; the skin cooler; and the restlessness was replaced by perfect quietude, except that rotation of the head was occasionally performed. The patient died on the twelfth day with the well-known symptoms of hydrocephalus.

The treatment consisted in the application of strong mercurial ointment to the head, the exhibition of the iodide of mercury in ¼-grain doses, and scammony purges. On *post-mortem* examination, turbid serum was found in the ventricles of the brain, a few flakes of lymph between the arachnoid and pia mater of the base.

Subdivision *b* is the more common, and, fortunately, is rather more manageable than the former, *a*. Here again we have two varieties anatomically: (*α*) in which no *post-mortem* appearances can be detected beyond a little increased or, occasionally, diminished vascularity of the brain, or of its membranes; and (*β*) in which we find a quantity of clear serum in the ventricles or arachnoid cavity. This effusion sometimes is formed very rapidly, at least the symptoms occur rapidly, usually almost suddenly. The following is an instance:—I.'s child, aged two years and a half, was seized with the premonitory symptoms of scarlatina on March 7, 1846. The eruption, which was purplish, came out on the second day. On the fourth day the cynanche became severe; the tongue rather dry and brownish; the pulse small, quick, and feeble; slight restlessness, but no coma. On the following day the child became a little stupid, the eyelids œdematous, the face a little swelled; the eruption still remained out, and was purplish. About an hour after my visit she suddenly became comatose, with dilated pupils, and died in five hours. The urine was slightly albuminous. On a *post-mortem* examination, about two ounces of clear serum were found in the ventricles of the brain.

The symptoms in the other subdivision, in which there are no *post-mortem* appearances to account for death, resemble those of delirium tremens; but, in addition, there are evident signs of debility and great depression. Occasionally there are marked signs of congestion of the brain; but this usually depends on enlargement of the parotids, &c., and consequent pressure on the jugular veins, or on want of due action of the heart. Very marked cases of this kind have been already described,—that of Master M., in whom the parotids were so large as to threaten suffocation, and also the case of Miss E. M., which was fatal, whilst the former was successful, apparently from opening the external jugular. Not unfrequently this form runs into the former, *i. e.*, terminates in the effusion of serum, when coma generally, but by no means invariably, supervenes; I say by no means invariably, as serum may be effused, to the extent of three or four ounces, without the occurrence of coma. I have had two cases of this description.

We will next consider the changes which take place in the urine. Dr. Franz Simon was one of the first who investigated the alterations which happen in the urine during the progress of the disease. Becquerel and others had certainly anticipated him. He (Simon) says—Sydenham Society's ed., p. 279:—The urine at the commencement, whilst there is considerable fever, is of a deep dark-red colour, and possesses all the properties of inflammatory urine. . . . It almost always has an acid reaction, and only exhibits a tendency to become rapidly ammoniacal when the disease is associated with a nervous or septic condition of the system. Any sediments that may be found consist, for the most part, of urate of ammonia and uric acid, mixed with a greater or less quantity of mucus. Blood corpuscles are occasionally noticed. . . . . Albumen is commonly, but not always, found in the urine during the period of desquamation." Simon also observes that Becquerel ascertained that "the presence of a small quantity of albumen was by no means rare." He further says (p. 281-2):—"During the period of desquamation I have found a greater number of mucous corpuscles in the urine than is usual, but nitric acid gave no indication of albumen. The urine above the sediment remained turbid, in consequence of holding in suspension a very large quantity of epithelium, which was swimming about, partly in single scales and partly in fragments of eight-twelfth scales connected with each other, and all of which were acted on by some chemical agent, probably by the carbonate of ammonia in the urine. This sediment should always be sought for with as much care as albumen. It is an indication of the desquamation of the mucous membrane, and is frequently a precursor of the desquamation of the cuticle. The tubes described as occurring in Bright's disease are occasionally found in this form of sediment."

I have been thus particular in giving the very words themselves as they occur in Dr. Day's translation, lest I might be accused of stating as my own that which has been previously written. The results which I am about to relate were mostly made out before I had referred to Simon or any other author on the subject, and may, therefore, be trusted to as my own unbiassed observations; premising, however, that the number of cases in which the urine was examined was not so great as I could have wished.

In scarlatina simplex it is not more affected, than it is during any other inflammatory disease; *i. e.*, the quantity is reduced, and the colour increased, with a lateritious sediment; it has an acid reaction. We also not unfrequently meet with crystals of uric acid. As the disease advances, the urine not unfrequently becomes albuminous, and contains, besides a few mucous or pus and blood corpuscles, also some other cells, including a more or less increased quantity of epithelium, the latter being frequently disintegrated; we also occasionally find some globules of lithate of ammonia, as depicted by Prout. Sometimes the urine does not present any unusual appearances. If an increased quantity of epithelial cells should be present, they will generally be met with in the greatest quantity just previously to the desquamation of the cuticle. The specific gravity varies from 1·015 to 1·030. In two cases I found the urine albuminous, although the eruption was scarcely perceptible.

In scarlatina anginosa the evidences afforded by the urine become more important and characteristic. At first the urine is high coloured, small in quantity, of high specific gravity, 1·020—1·030, and contains a more or less abundant deposit of lithates, or of lithic acid, occasionally blood and mucous corpuscles, and frequently albumen, and an increased quantity of epithelial cells. These latter increase as the disease progresses, and are met with especially at the termination of the eruptive part of the disorder. We also occasionally, but not so frequently as in scarlatina maligna, meet with crystals of triple phosphate. The presence of the latter must be looked on as rather an adverse sign, inasmuch as they show a great tendency to depression of the system, and to a fatal termination. When the eruptive stage is completed, the albumen usually gradually diminishes, so that the long-continued presence of the albumen indicates either that the convoluted tubes of the kidney are impacted by the desquamation of their epithelium, or that a state of subacute inflammation of the organ exists. The former of these two is by far the more favourable condition, as the exudation of the albumen from the vessels must be looked on as merely mechanical, arising from the impacted epithelium cells pressing on the tubular plexus, and thus causing congestion of all the renal vessels, which are nearer than they are to the heart, especially of those which empty themselves into these plexuses, viz., the efferent vessels and the capillaries of the Malpighian tufts.

The latter state (the inflammatory) may be recognised by the fibrinous moulds of the convoluted tubes of the kidney, described by Simon, *op. cit.*, p. 235, "tubes composed of an amorphous matter, resembling coagulated albumen. That these tubes have, in most instances, an actual capsule, and are cylindrical, may be seen by inclining the stage, when they will rotate in the fluid in which they are floating. In some the capsule appears to be absent, and we can then see an amorphous, finely granular mass,

adhering in a cylindrical form. Some of these tubes are full, others are empty; the former contain a granular matter, darker at some points than others, and containing cells and vesicles similar to mucous corpuscles. The diameters of these tubes vary from ·0011 to·0006 of a French inch. . . . . I have satisfied myself, beyond a doubt, that they are derived from the epithelium investing the tubes of Bellini . . . . . My experience leads me to believe that they are contemporaneous with a certain amount of albumen in the urine." Dr. Day in a note says:—"I have myself observed it in various cases associated with a congested or irritated condition of the kidney."

(To be continued.)

THE MEDICAL TIMES.

SATURDAY, OCTOBER 7, 1848.

THE DOINGS AT UNIVERSITY COLLEGE

In all societies, private as well as professional, the squabbles which have disgraced University College, and the unfortunate position of that institution, are at this moment subjects of conversation and inquiry. It is asked why an institution which, at a period not very distant, promised to take the highest rank as a medical school, at least in the metropolis, should now give the most unmistakable signs of premature disorganization and decay? It is asked, with reasonable surprise, how such an event has been brought about? Who have been its authors? Is there no remedy? Various replies are given to these inquiries. It is said that, though rapid has been the progress of decline during the past year, which has chronicled the loss of a Cooper, a Liston, and a Syme, and which has witnessed disclosures and dissensions alike notorious and shameful, there has been a silent and insidious wasting during many seasons, which has not only checked the advance of the institution, but has sown the seeds of dissolution. It is said that the number of students has been reduced, and that consequently the class fees have fallen to barely two-thirds of what they used to be. This is said to be the reason why the professors of physiology and surgery, Messrs. Sharpey and Arnott, have required to be paid by *guaranteed* salaries, instead of, as formerly, taking their shares of the fees of the pupils of their respective classes. It is said to be this also which has induced Mr. Quain to provide for himself by "taking" not one but two classes, and by circulating his name on the hospital recommendation letters, which do not contain the name of a single medical officer connected with the institution except himself. This silent decay has long shown itself in the feeling of many of the professors towards their colleagues whom they believed to be the authors of the secret influence at work, and in the disgust of many of the old students, who formerly looked up to University College, as their *alma mater*, with feelings of affection and respect. We are told that there is scarcely a professor in the medical school of University College who has not, at some period or other during his connection with the institution, been made sensible of the undue influence exercised; there is no one acquainted with the proceedings of the institution who does not know that for years there has been no cordial feeling between the majority of the professors and those who have been lately brought to the bar of public opinion; there is no one thus informed who does not know th there has long been no confidence on the part of the professors generally in the acts of the council; yet it is only now, when an act of reckless daring and blind ingratitude leads to the retirement of a Cooper, preceded by the death of Liston, and followed by the flight of Syme, that attention is roused, and that the causes of the position which University College has reached become evident. About this position, alas! there can be no mistake. We have already referred to the indications to be drawn from guaranteed salaries, pluralities, and diminished fees; we have no less striking evidence in the fact that, at the recent M.B. examination at the University of London, King's College had a majority in the numbers of those who passed the ordeal, and that in the list of honoured graduates we find but a single name from University College. It was so likewise in the last matriculation examination. Alas! it has not been so always.

Thus, then, does this once leading metropolitan school commence a new session—its brightest, its most attractive names gone from its list!—those professors whose connection still affords it some degree of reputation annoyed and chagrined that they should be the victims of others' faults—that they should suffer while others are secured. The old students, too, complain of unjust preference and jobbing—of one office being kept vacant for a year, of another filled up without notice in an hour, to suit the purposes of interested parties—whilst at the same time they sympathize in the indignation of their juniors at seeing their revered professor, their warmest and best friend and teacher, Samuel Cooper, driven from them—feelings which were openly displayed at the close of the last session, and the present existence of which interfered with the delivery of the usual introductory lecture at the beginning of this. This is a sad state of things, and we fear difficult of remedy. The council of University College are powerless nobodies in the matter. Each of the members has his own avocations, and neither the time nor the knowledge to direct affairs which require much of both. The council is self-elective, too, and subject to no control. The proprietary, made profitless, has long since ceased to take an interest in the college or its affairs; and, thus neglected, hated, despised, it must go from bad to worse, until a connection with it in any way will be avoided by all men desirous of preserving the honour of an untarnished name.

SECESSION OF DR. WILLIAMS FROM UNIVERSITY COLLEGE.

We last week announced that, for certain reasons, the business of the session at University College would not be commenced this year with the usual introductory lecture. After the publication of our journal an attempt was made to mislead the public on this point by means of an artfully-worded advertisement inserted in the daily papers. No introductory lecture, properly so called, was given; but the different professors, with one exception, commenced the usual routine of their respective courses on Monday last. The one exception to which we refer was the "double professor," who, for some unexplained reasons, did not think proper to meet his class at the usual hour. We merely mention this subject for the sake of chronicling the fact.

A much more important announcement was, however, made to the students of University College on the first day of the session—an announcement assisting materially to complete the impending ruin of the institution as a medical school. Dr. C. J. B. Williams, professor of the principles and practice of medicine, informed his class that, after the present course of lectures, he should cease to be their teacher. As may be expected, this announcement spread dismay throughout the college halls, and, coming so suddenly on the disclosures we have so recently made, has, no doubt, materially assisted in causing the bareness with which we understand the college benches are afflicted. Liston, Cooper, and Syme gone! and Williams going!! Who of solid, well-built reputation is left?

Whilst referring to this subject we cannot avoid noticing (even at the risk of making it known) the Quixotic though very lame defence of the college, attempted last week by one of our contemporaries. The council, forsooth, *have* settled the differences among the professors! but with the loss of a Cooper, a Syme, and a Williams. One thing in this defence strikes us forcibly: in former days, when the college had some deserved pretensions to rank as a medical school, the journal alluded to could never abuse it sufficiently. Now that rottenness and ruin are but too apparent to all, our contemporary disinterestedly stands up as a champion. Fellow-feeling makes us wondrous kind!

MORALS AND MURDER.—THE CASE OF ELIZA WILSON.

The decline and fall of cities once celebrated are closely connected with the depravation of morals The learning of Corinth was unable to resist the power of licentiousness; and, after Rome had given laws to the world, she was conquered more by her own corruptions than her barbarian enemies. Civilization restrains human vices, but does not annihilate them; and it requires the constant efforts of a wise and virtuous Government to hold in check those principles which, if once suffered to prevail, would involve in one common ruin all classes of society.

It cannot be a matter of surprise that, amongst a people really moral, individuals may perpetrate crimes of great magnitude; the restraints which civilization imposes, when broken through, frequently urge the culprit to excesses at which humanity shudders; and the stain of guilt, once contracted, becomes of a darker hue by the means adopted to wipe it out. The fear of exposure forces individuals into excesses which they originally never contemplated; and these are strong proofs that society holds morals in high estimation.

A case has occurred within the last fortnight which will serve in some measure to illustrate our remarks. A young woman became pregnant by a married man, and, to avoid the disgrace which would result from an exposure, she was anxious to procure an early abortion. She was urged further, according to her dying testimony, by the man who had accomplished her ruin; and in this metropolis, abounding with quacks of every description, one was sought and found, who appears to have been *eminent* as a remover of female obstructions. This was a female quack residing in Walworth, who appears to have had an establishment expressly fitted up for the purpose of carrying on her diabolical work as secretly as possible. At first the effect of savin was tried, which failing to accomplish the purpose intended, recourse was had to a surgical opera-

tion. A silver catheter, longer and straighter than that usually employed, was introduced through the vagina, and penetrated the substance of the uterus. As a natural consequence, the ovum was expelled, and an inflammation produced which caused the death of the unfortunate female in a few days. The surgeon who examined the body distinctly stated that she was destroyed by the violent and unskilful use of the catheter.

In this great metropolis the crime of inducing abortion is frequently committed without detection, and there are quacks who are in the yearly receipt of large incomes by this practice. The carefully-worded advertisements they put forth are well understood by those persons who are in a situation to require their assistance, and the facts elicited at the inquest of Eliza Wilson show that they are not a few. Mrs. Baker, a married woman, stated that she had known Mrs. Lindfield for fourteen years, and for seven years had lived either opposite or beside her. She had seen women large in the family way go there, and in about a fortnight depart in a very different situation to what they entered. During this time she had never seen an infant, or had heard one cry, but on one occasion she had heard a woman scream. She had seen gentlemen go there to receive the women. Females in all stages of pregnancy went into the house, and after a short stay came out very much changed in bodily appearance. There were large shades fixed over each window, not movable, as usual, but fixed, and made of wood. From other statements we also learn that some of the sextons in the neighbourhood were connected with this establishment, so that the infants, many of them, were silently interred in consecrated ground, while others were disposed of in a way which appeared to produce a foul effluvium from the sewer.

Quack abortionists have been called into existence in consequence of the high estimation in which morality in the female is held, so that any departure from the principles of rectitude in her which threatens to become public is often sought by the guilty individual to be avoided at any expense.

All quackery is medical science abused; and frequently it either entails upon its dupes a premature death or a permanent affliction. Legitimate medicine is a boon to mankind—legitimate practitioners the great guardians of the people's morals. Science has found out the way of controlling human pregnancy as to its duration; and the members of the profession are careful not to use the power at their command, except in cases where, from deformity of the pelvis, the birth of the full-grown fœtus cannot be accomplished without endangering the life of the mother. When called imperatively to exercise this power, they do it thoughtfully and scientifically in the face of day. This is morality and benevolence of the highest order. The quack abortionist, with "a little knowledge," impudently, remorselessly, and secretly employs his craft for filthy lucre's sake, perpetrating one crime to conceal another, at which science and charity blush. And yet quackery is patronized by the Government, not directly, it is true, but indirectly, by allowing advertisements to appear opposed to truth, to decency, and to science. Upon this subject the public press, so ready in general to denounce imposition, is silent, with but few exceptions; and this arises, we fear, more from pecuniary considerations than ignorance of the magnitude of the evil. The members of the medical profession have, therefore, to fight the battle against quackery single handed; and they must rely principally upon their own efforts to achieve a victory.

The publicity given to the case of Eliza Wilson will not deter the quack abortionists from pursuing their unholy calling with the same zeal as before; and we are rather disposed to think that the information given of the nature of the instruments employed will embolden others to attempt, by surgical means, to prematurely get rid of pregnancy, who before employed only drugs. The latter means are attended with as much danger as the former, without its certainties.

OFFICER OF HEALTH FOR THE CITY OF LONDON.

We beg to direct attention to a recent meeting of the commissioners of sewers of the city of London, at which it was resolved, by a majority of 17 to 13, that a member of the medical profession should be appointed an officer of health for the metropolis. It will be seen by the report that some opposition was offered to this proposition, and a Mr. Blake made himself rather conspicuous in heading it. This learned gentleman did not consider it essentially necessary that the officer of health should be a medical man. "They wanted a party," he said, "who could distinguish causes of disease, rather than a man who could supply a remedy after an epidemic had made its appearance." We think this gentleman entitled to a cap and bells for such a notable discovery, for who so competent to distinguish causes of disease as a gentleman who makes them his especial study? For the honour of the City, Mr. Blake and his coadjutors were outvoted, and a medical gentleman is to be appointed, with a salary of £500 per annum. The example thus set by London will not be lost upon the provinces; and we earnestly counsel our brethren to be themselves on the alert, and to put their friends in motion in the different towns and districts of England. No time should be lost; for be it remembered that a medical man has got the start, and not a health-of-towns man. The principle of medical appointment is admitted by the first city of the kingdom; and we would say to the members of our profession who are desirous of filling the situation of officer of health in other places,—Be up and doing.

THE NEW VOLUME.

With the present number the 18th volume of the *Medical Times* is completed, and next Saturday the new volume will be commenced. It affords us great pleasure to announce to our numerous subscribers and friends that it will be unusually rich with interesting contributions, some of the most illustrious members of our profession having promised their invaluable assistance. While proceeding with the erudite and interesting lectures which have been already commenced, we have also made arrangements for the immediate publication ofCourses on Medical Jurisprudence and Toxicology, on Clinical Midwifery, and on Medical Hygiene, by those distinguished lecturers, Dr. C. Waller, of St. Thomas's Hospital, Dr. Letheby, of the London Hospital, and M. Hipp. Royer Collard, of Paris. In addition to these, there will appear other lectures and papers by some of the most eminent members of our body. We shall also give the recorded experience of the renowned French military surgeons of the Republic and Empire on gunshot wounds—a class of injuries to which surgeons should now especially direct their attention, from the prospect of a general war in Europe.

The first portion of the Index of the volume just finished is given with the present number, and on this day for night the remainder will be issued. This arrangement is necessary, in order that the publication of the numerous communications of our respected contributors may be delayed as little as possible.

BLACK EMPIRICISM AND IGNORANT QUACKERY DESTROYED—ELEVATION OF MEDICAL CHARACTER BY PROFESSIONAL CONTROL, WITH SPLENDID INCOME AND ROOM FOR ALL.

"I tried to educate a Negro in quackery, and launched him as Dr. Quassia, the physician from Angola. His person was exactly the thing, uncommonly shrewd, impudent as the devil; but, on explaining the secret of the profession, he rejected my offers disdainfully, gravely asserting he could not reconcile it to his conscience—(his conscience! only think of that! The black rascal pretended to have a conscience!). Reason was vain, and I dismissed him."—The Savage.

"Contention, like a horse full of high feeding, madly hath broke loose,
And bears down all before him."—Shakspere.

"But we know that, in contending for a principle based upon truth and sanctioned by the law of God, we have only to persevere to convert our minority into a majority."—Richard Cobden.

"Medical men, merge all difference by instant union, crush ignorant quackery, the fell, common enemy, and bring the annual millions squandered that way into your own coffers, and take care of your poor venerable elders, their widows, their orphans."

[To the Editor of the Medical Times.]

Sir,—Through you I once more address the profession. If it be true that quackery, at the lowest computation, deprives the united medical bodies of five millions annually in England alone, what insanity to longer stay brotherly union, and thus crush the hateful evil by 20,000 combinations. If it is true that within a mile radius of Regent-street and Blackfriars (amid other enormities) men bearing the College mark, and those without it, but under its colour, thrive on black extortion, by acting through a patient's fears, and force further heavy fees by threats of exposure, and that such practices are now authenticated and too well known, and so truly ruinous to professional fame, then the whole body must, indeed, be up and doing.

Laws are made for property, character, loss of life by railway, and at last in health of towns, but, how monstrous! none for tampering with man's health by ignorant hardihood and arrogant falsehood! Where is the high temper and open bearing of your profession to permit this? Surely there must be moral virtue within it. Do you not see the public hand and the judgment-seat ever held out, and yet you sleep! Remember, through virtue only is honour won! Realize the knowledge of your station and its claims, and then virtue grows, contention ceases, and the professional units understand each other. Where are the heads, clothed with titled dignity, but powerless—why don't they move and throw self to the winds? High office yields every minute glowing opportunities for good to thousands, and moments lost injury to millions! How few apply to wisdom to direct their steps! Great men are pressed by necessity. Has not that stage arrived? Is not medicine hastening to pecuniary ruin? If so, why not up and avert it thus:—

1st. Delegate nine men from each College of Physicians, Surgeons, and Chemistry, also Hall of Apothecaries, to meet in council of thirty-six, and before each one's eye have placed this cardinal maxim, "Take care of the Government, and it will take care of you." Then frame a short outline for an act to pass Parliament next session for the following objects:—

2nd. Every originator (other than licentiate) of a new medicine to take out £50 patent licence, and prepare minutes of materials, swear to truth, file copy under seal at all medical colleges, to become a public right in fourteen years, and not to vend, except through the chemist trade; present duties to continue.

3rd. Every future chemist to serve as apprentice for three or five years; if without premium, then paying £10 stamp duty; if premium, then ten per cent. duty thereon over the £10, and subsequently examined by the College of Chemistry or Apothecaries' Hall prior to opening shop; payment of £3. 3s., annual certificate duty, first five years, and £5. 5s. yearly afterwards, in addition to present fees. If found as a chemist doing any act falling within the allopathic general practice, £10 for every offence, and third offence suspension; apothecaries

entitled to present privileges until merged in the future body of general practitioners.

4th. Every future surgeon to pay a stamp duty on apprenticeship articles of £25, and five per cent. additional duty on premium, with £3. 3s. annual practice certificate duty first five years, and £5. 5s. afterwards, in addition to present fees; surgeons and apothecaries allowed to keep chemists' shops by paying double duty, but one stamp duty to drop on quitting retail and filing due notice at the Stamp-office.

5th. No medicine patentee to treat any form of disease falling within allopathic general practice except that stated in patent, and then only in union with a qualified practitioner, under defined penalties.

6th. All unqualified practice to cease in five years after this act is declared law; no unqualified person to practise *ad interim* without delivering in name, residence, his line of practice to all the colleges, and immediate payment of an annual certificate duty of £50, with heavy penalties on travelling out of such line of practice, with liberty at the end of the five years to qualify as surgeon or chemist on paying up the several duties to a level with that class he seeks to be enrolled amongst. If these conditions are not performed, then to quit the business or profession under £500 penalty by summary conviction, and three months' imprisonment; also increased severities to be defined for every subsequent offence.

7th, and lastly. Twenty-five per cent. of all the above duties to be paid over quarterly by Government to a committee of one hundred men equally appointed by the four colleges, to be expressly devoted to the formation of a National United College for Decayed Practitioners, Widows, and Orphans, with a Royal Chartered Grammar School, and usual official dignitaries worthy the high and noble profession of medicine.

Very faithfully yours,

HENRY H. PYKE, Barrister-at-Law.

87, Chancery-lane, and Verulam-chambers, Lincoln's-inn, Sept. 29.

THE UNJUST COLLEGE OF SURGEONS.

[To the Editor of the Medical Times.]

SIR,—I am one of the senior members of the Royal College of Surgeons of England, *i. e.*, I received my diploma before the invidious distinction between fellows and members was invented, and authorized by the royal sign manual. In becoming a member of an institution which I knew to be somewhat narrow and illiberal in its organization, I trusted that good sense and good feeling would in time effect alteration and reform; a progress thereto seemed inevitable, when suddenly the spirit of bigotry and corruption intrenched itself in a royal charter, which conveyed the sentence of degradation and exclusion to a great majority of the members of the college. I cannot understand by what specious misrepresentation, by what fraudulent jugglery, the new charter was obtained; for I will not suppose that such a document of privilege and regulation, affecting the interests of thousands, would ever have been granted had it not been considered consonant with the general wishes and welfare of the constituent members of the corporation. An analogous procedure by the directors of any trading company, where money was concerned, would be designated swindling, and as such would be made amenable to law by the shareholders; but we are injured in honour and reputation, I fear, beyond the scope of legal cognizance.

Prior to the issue of this injurious document—this charter of wrong—all the members of the college were equal in legal designation; we had undergone the same ordeal as most of our examiners, and we became their compeers on entering the college portals. All further distinction rested only on acquired experience and reputation; but now, forsooth, it is insinuated with calumny no less absurd than villanous, that our examinations have been adapted only for inferior capacities and limited acquirements. This pretence has been but lately thought of; and, at any rate, makes it obvious that in future the members are to be considered as surgeons of quite an inferior grade.

What remains for us to do? In the first place I should be glad to know if there are no legal means of disputing the limitation to the fellows of the right of electing the members of the council. It may be argued that, as formerly we members had no right of election, neither have we now any claim therto. To this I reply, that if the right of election be thrown open at all, it should have been so to the general body of members, originally coequal, and should not be confined to a new segmentary corps, specially created for the prejudice and depreciation of the great body of members. The elective right is a matter of secondary consequence in an immediate point of view; it is the loss of professional rank, which to us is of primary importance. It seems to me that, in a scientific respect, the College of Surgeons was formerly of democratic constitution, whereas now it is pseudo-oligarchical.

In the second place, we find that a small minority of the members of our college have arrogated to themselves the title of "fellows"—certainly under the authority of a royal charter; but, as in so doing it occasions prejudice and injury to the body of our surgical commonwealth, surely such injustice could not obtain the sanction or countenance of the law; and we have also the right to assume the style and title of fellows, thereby protesting against the superiority of the self-aggrandizing minority. At any rate, since the "members" are hereafter to be considered an inferior grade of surgeons, those who passed before that injurious charter was obtained ought at once to assume the designation of "senior members."

Hitheto there has been much talking and petitioning about the injustice which has been done to us. These have been mere useless words and idle sound. We want action; and it is high time to concert some plan from which practical efficacy may result; and I trust this note may induce some of your numerous readers to suggest a decided course of action for our adoption.

I am, Sir, your obedient servant,

Sept. 24. B. L.

THE COLLEGE OF PURE SURGEONS AND MEDICAL REGISTRATION.

[To the Editor of the Medical Times.]

SIR,—Allow me a few words of remark on a statement in the leading article of one of your late numbers. "The College of Surgeons," you tell us (and I perceive that Mr. Bird told the Registration Committee the same), "The College of Surgeons has declared that it is constitutionally 'pure,' and will continue so;" that it "will not enfranchise" its members; and you proceed upon this datum to argue thus:—"Let the general practitioners have a college of their own; then, with a good registration bill, we may hope to see the profession occupy a better position than it has hitherto done, and additional guarantees given for the health and safety of the public."

Now, Sir, in logical phrase, I deny your major. I deny that the College of Surgeons is in any sense constitutionally pure. It was so before the charter of 1843. It then consisted constitutionally of but one body, the council, forming a College of Surgeons in London, and composed entirely of pures, whose only business it was to take care of the Hunterian Museum, and to sell worthless bits of paper to such students as were silly enough to buy them, but who did not obtain therewith the slightest constitutional connection with the college. This was a College of Surgeons to all intents and purposes; *mais nous avons changé tout cela.* The charter has made all the difference. The fellows are now as integral a part of the college as the president himself; and what are they? Are they "pure" surgeons? Are not two-thirds of them mere apothecaries—keepers of open shops—almost all general practitioners in some sense or other? Why, it would be about as true to call it a college of fiddlers as a college of surgeons, if it be meant that it consists of surgeons only, and has no physicians nor apothecaries in it.

It may or may not be desirable to have an institution devoted to the exclusive pursuit of surgery. This is not the question. What I maintain is, that no such institution exists in England at this moment; though whether the college really has gained anything in "dignity" by its divorce from the barbers of old, in order to contract a second marriage with the "gents" who figure in the daily advertisements as "surgeons and chemists," and do "snug retails" at "corner shops in good thoroughfares," with blue bottles and toothbrushes in the windows, is a point upon which opinions may differ. I have my own.

At all events, all reasoning in favour of a new college, because of the starched purity of the old one, is mere nonsense, and falls to the ground.

And now for the "good registration bill"—a subject with which the one I have discussed is very closely connected. "First catch a hare," says Mrs. Glass, and so I say of a good registration bill. The problem is difficult. What, let me ask, will be the use of a registration bill which excludes some of the most respectable members of the profession from the register? Will it not be a positive bonus and premium to quackery? And yet such must be the effect of any classified registration under present circumstances. Besides the army surgeons, there is a large and daily increasing body of civil practitioners who are not graduated physicians nor apothecaries, and, being members of the College of Surgeons, they claim to register as surgeons upon terms of perfect equality with any one authorized to hold that title. They will not be put down in a second-rate list of persons who are surgeons only *quia* surgeon-apothecaries, while apothecaries are numbered among the "pures."

This is no fiction. I have conversed with many, and know that the feeling is widely spread and rapidly spreading. These gentlemen will not register at all on any other terms. What care they for union workhouses or unpaid certificates? They will continue to practise and take their fees in defiance and contempt of the registered practitioner, and they will defy the law to prevent them.

You will, perhaps, say that they will be morally compelled to acquiesce in the act of self-degradation, because of the respectability attaching to the notion of being legally qualified. Alas! the time is gone by when this sentiment would have any weight The open charlatan, of whatever denomination, whether he be an advocate of globules, or water, or mesmeric passes, is at this moment in the enjoyment of a more elevated social position than is accorded generally to the regular practitioner; and the man who would boldly announce his secession from the ranks of legitimate medicine would command a more favourable reception from the public than the most accomplished member of the registered body. The current is against us.

How this unhappy state of things has come about it is no part of my present purpose to inquire; but I solemnly urge upon all those who are blindly urging forward legislative measures, without a solid foundation to build upon, to look facts in the face before they brand with obloquy those whose object it is as sincerely as their own, to advance the cause of the profession, and with it the safety of the community, but whose estimate of the means to be pursued for the purpose differs from theirs, not from ignorance or from any interested desire to maintain things *in statu quo*, but because they are compelled by facts and circumstances around them to look at the question from a different point of view.

I am, Sir, your obedient servant,

Sept. 25. ECHO VERITATIS.

ANALYSIS OF THE NAME OF ÆSCULAPIUS.

[To the Editor of the Medical Times.]

SIR,—In a recent number of one of your contemporaries a letter is published which professes to give an etymological analysis of the name of Æsculapius. It is evident that the author either knew nothing of the subject on which he wrote, or wished to play a trick upon the editor.

It is said that the name Æsculapius is compounded of three words: 1. Æs (Lat.), brass; 2. Kula (Gr.), the sockets of the eyes—a light as applied in levis-culum, crepus culum, &c.!! 3. Pius, (Gr.), from iero-pios, a sacrificial priest; and that this trinity of Greek and Latin words fused into one name signifies "sacred fiery brass."

Æsculapius, we learn from Homer and others, lived at the period when Jason and his fifty-four companions set sail for Colchis in the ship Argo. This event, so celebrated in classic writers, happened nearly eighty years before the taking of Troy, when, of course, the Latin language was unknown in Greece.

It is certain, therefore, that Roman brass (Æs) never formed a part of Æsculapius, and it is equally certain that the Corinthian metal did not, for that is expressed by another word. I have heard of brazen-coated Greeks, and brazen-faced quacks, but never knew that the god of physic had any brass in *his* composition.

Equally absurd is the second derivation, Kula, which, the writer says, means the socket of the eyes, and, metaphorically, light, &c., as crepus-culum. This is, in all truth, putting light for darkness.

The third derivation brings us to the very climax of absurdity, *pius*, being for *iero-pios*, a *sacrificial priest*.

The early history of Æsculapius will give a clue to his name. He was the son of Apollo by the

nymph Coronis, who, afterwards proving unfaithful, was killed by Apollo. He, however, took care of the child, which drew his first nourishment from the teats of a dog. Hence *ai*, art, and *skulakion*, whelp, which, by changing κ into π, and making the termination masculine instead of neuter, give us the name Æsculapius. Bochart calls him *vir caninus*, and dogs were offered in sacrifice on his altars. Æsculapius, when a mortal, always took a dog with him for his surgeon, which healed wounds with his tongue, and a goat for his apothecary, which cured consumptions and inward diseases with her milk.

I am, Sir, yours respectfully,

B.A. CANTAB.

THE RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND, SCOTLAND, IRELAND. FRANCE, AND GERMANY.

UNIVERSITY OF LONDON.

Examinations for the Degree of Bachelor of Medicine.—Candidates for the degree of Bachelor of Medicine shall be required—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this university. 2. To have spent one year at least of the four in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

The first examination shall take place once a year, and commence on the first Monday in August. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in arts in this university, or in a university the degrees granted by which are recognised by the senate of this university; or of having passed the matriculation examination. 3. Of having been a student during two years at one or more of the medical institutions or schools recognised by this university, subsequently to having taken a degree in arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a course of Practical Chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 7. Of having attended to practical pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.

These certificates must be transmitted to the registrar at least fourteen days before the commencement of the examination. The fee for this examination is five pounds. No candidate can be admitted to the examination unless he have previously paid this fee to the registrar; and, if he fail to pass the examination, the fee will be returned to him.

The candidates are examined in the following subjects:—Anatomy, Physiology, Chemistry, Structural and Physiological Botany, Materia Medica, and Pharmacy.

The examinations are conducted in the following order:—Morning, 10 to 1: Monday, Anatomy and Physiology, by printed papers; Tuesday, Chemistry, by experiment and printed papers. Afternoon, 3 to 6: Monday, Anatomy and Physiology, by printed papers; Tuesday, Botany, Materia Medica, and Pharmacy, by printed papers. To commence on Friday at 10: Chemistry, Materia Medica, and Pharmacy, by *viva voce*, and demonstration from specimens. To commence on Monday, in the following week, at 10: Anatomy and Physiology, by *viva voce*, demonstration from preparations, and dissection.

On the Wednesday morning in the week following the commencement of the examination, the examiners will arrange in two divisions, each in alphabetical order, such of the candidates as have passed; and a pass certificate, signed by the registrar, will be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours shall be placed in the first division.

Examination for Honours.—Any candidate who has been placed in the first division at the first examination may be examined for honours in any or all of the following subjects:—Anatomy and Physiology (candidates may illustrate their answers by sketching the parts they describe), Chemistry, Materia Medica, and Pharmaceutical Chemistry.

These examinations take place in the week following the commencement of the first examination. They are conducted by means of printed papers; but the examiners are not precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. The examinations for honours are conducted in the following order:—Morning, 10 to 1: Thursday, Anatomy and Physiology; Friday, Chemistry. Afternoon, 3 to 6: Thursday, Anatomy and Physiology; Friday, Materia Medica and Pharmaceutical Chemistry.

If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Anatomy and Physiology, the candidate who shall distinguish himself the most in Chemistry, and the candidate who shall distinguish himself the most in Materia Medica and Pharmaceutical Chemistry, shall each receive an exhibition of thirty pounds per annum for the next two years. Under the same circumstances, the first and second candidates in each subject shall each receive a gold medal of the value of five pounds.

Second Examination.—The second examination takes place once a year, and commences on the first Monday in November. No candidate can be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first examination. 2. Of having, subsequently to having passed the first examination, attended a course of lectures on each of two of the subjects comprehended in the foregoing list, and for which the candidate had not presented certificates at the first examination. 3. Of having, subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine.) 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine, in a recognised hospital, infirmary, or dispensary, during six months. (Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish.) The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended.

The certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is five pounds.

Candidates are examined in the following subjects:—Physiology (the papers in Physiology including questions in Comparative Anatomy), General Pathology, General Therapeutics, Hygiene, Surgery, Medicine, Midwifery, Forensic Medicine. The examination is conducted in the following order:—First Week. By printed papers. Morning, 10 to 1: Monday, Physiology; Tuesday, Surgery; Wednesday, Midwifery. Afternoon, 3 to 6: Monday, General Pathology, General Therapeutics, and Hygiene; Tuesday, Medicine; Wednesday, Forensic Medicine.—Second Week. By *viva voce* interrogation. To commence on Monday morning at 10.

On the Monday morning in the following week, the examiners will arrange in two divisions, each in alphabetical order, such of the candidates as have passed; and a certificate under the seal of the university, and signed by the chancellor, will be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours will be placed in the first division.

Examination for Honours.—Any candidate who has been placed in the first division at the second examination, and has produced a certificate showing that he has not completed his twenty-fifth year, may be examined for honours in any or all of the following subjects:—Physiology and Comparative Anatomy (candidates may illustrate their answers by sketching the parts they describe), Surgery, Medicine, Midwifery, Structural and Physiological Botany.

The examination for honours will take place in the week following the second examination. It will be conducted by means of printed papers; but the examiners are not precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. The examination is conducted in the following order:—Morning, 10 to 1: Tuesday, Physiology and Comparative Anatomy; Wednesday, Surgery; Thursday, Medicine; Friday, Midwifery. Afternoon, 3 to 6: Tuesday, Physiology and Comparative Anatomy; Wednesday, Surgery; Thursday, Medicine; Friday, Structural and Physiological Botany.

If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of £50 per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidate in each of the preceding subjects shall each receive a gold medal of the value of £5. Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery, and the candidate who shall distinguish himself the most in Structural and Physiological Botany, shall each receive a gold medal of the value of £5.

Examination for the Degree of Doctor of Medicine.—The examination for the degree of Doctor of Medicine takes place once a year, and commences on the fourth Monday in November. No candidate can be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this university, or a degree in medicine or in surgery at a university, the degrees granted by which are recognised by the senate of this university. Those candidates who have not taken the degree in this university shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in medicine, (*a*) to clinical or practical medicine during two years in a hospital or medical institution recognised by this university; (*b*) or to clinical or practical medicine during one year in a hospital or medical institution recognised by this university, and of having been engaged during three years in the practice of his profession; (*c*) or, if he have taken the degree of Bachelor of Medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attend-

ance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who, at the second examination, have been placed in the first division.) 3. A moral character, signed by two persons of respectability.

These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for the degree of Bachelor of Medicine is £10.

Candidates are examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine. The examinations are conducted in the following order:—By printed papers, Morning, 10 to 1: *Monday*, Elements of Intellectual Philosophy, Logic, and Moral Philosophy. (Candidates who have taken a degree in arts in this university, or in a university the degrees granted by which are recognised by the senate of this university, are exempted from this part of the examination. The degrees in arts of all universities in the United Kingdom are recognised by the senate for this purpose.) *Tuesday*, Medicine. Afternoon, 3 to 6: *Monday*, a Commentary on a case in Medicine, Surgery, or Midwifery, at the option of the candidate. *Tuesday*, Medicine, by *viva voce* interrogation. *Friday* morning, at 10, examination on the answers to the printed papers, and on the commentaries; and the examination for a certificate of Special Proficiency in Medicine, Surgery, or Midwifery, as determined by the candidate's choice of the case for commentary.

On the Monday morning in the following week the examiners will arrange in two divisions, each in alphabetical order, such of the candidates as have passed; and a certificate under the seal of the university, and signed by the chancellor, will be delivered to each candidate. Such candidates only as, in the opinion of the examiners, are admissible to the examination for honours, will be placed in the first division. If, in the opinion of the examiners, sufficient merit be evinced, the author of the best Commentary on the Case in Medicine, the author of the best Commentary on the Case in Surgery, and the author of the best Commentary on the Case in Midwifery, will each receive a gold medal of the value of £5. Any candidate may present a thesis on a subject of his own choice. If, in the opinion of the examiners, sufficient merit be evinced, a gold medal, of the value of £10, will be given to the author of the best thesis. The examiners are not precluded from examining the author on the subject of his thesis.

Examination for Honours.—Any candidate who has been placed in the first division may be examined for honours in any or all of the following subjects:—Surgery, Medicine, Midwifery. The examinations take place in the week following. They are conducted by means of printed papers; but the examiners are not precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation.

The examinations for honours are conducted in the following order:—Morning, 10 to 1: Tuesday, Surgery; Wednesday, Medicine; Thursday, Midwifery. Afternoon, 3 to 6: Tuesday, Surgery; Wednesday, Medicine; Thursday, Midwifery.

If, in the opinion of the examiners, sufficient merit be evinced, the first candidate in each subject will each receive a gold medal of the value of £5.

Institutions and Schools.—No medical institution or school is recognised by the senate of this university which does not possess ample means of illustrating the instruction given at it. *Forms of Certificates:* The teacher must certify for—*Lectures*,—That in the year 18 , the pupil attended . . . his course of instruction on . . . . . which commenced on . . . . and terminated at . . . . . and which consisted of . . . . . lectures and . . . . examinations. *Practical Anatomy*,—That from . . . to . . . the pupil dissected . . . . . under his superintendence. *Practical Chemistry*,—That the pupil operated . . . . during his course of Practical Chemistry, which consisted of . . . . lessons. *Practical Pharmacy*,—That the pupil prepared . . . . . medicines under his superintendence from . . . . to . . . . . *Clinical Instruction in Surgery*,—That the pupil attended . . . . . the surgical practice of this hospital, and the course of lectures on Clinical Surgery, consisting of . . . lectures, from . . . . to . . . . *Clinical Instruction in Medicine*,—That the pupil attended . . . . the medical practice of this hospital, and the course of lectures on Clinical Medicine, consisting of . . . . lectures from . . . . to . . . *Practical Medicine*,—That the pupil attended . . . . . to Practical Medicine at . . . . . and was intrusted with the treatment of patients under . . . . superintendence, from . . . . to . . . (Certificates on this subject will be received from any legally-qualified practitioner, having the care of the poor of a parish.) *Practical Midwifery*,—That the pupil conducted . . . . labours under his superintendence. (Any legally-qualified practitioner shall be competent to give this certificate.)

Regulations relating to Students who commenced their Medical Studies in or before January, 1840.

Degree of Bachelor of Medicine.—Candidates who commenced their professional studies in or before January, 1840, are admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the former list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines.

Candidates who commenced their professional studies in or before January, 1840, are admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during four years in their professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the former list. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of moral character, from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended.

Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

Regulations relating to the Practitioners in Medicine or Surgery desirous of obtaining Degrees in Medicine.

Degree of Bachelor of Medicine.—Candidates are admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted, prior to the year 1840, members of one of the legally-constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery, or of having served, previously to 1840, as surgeons, or assistant-surgeons, in her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the university. 3. Of moral character, signed by two persons of respectability.

Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

Degree of Doctor of Medicine.—Candidates who have been engaged during five years in the practice of their profession may be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine in this university.

Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

The regulations respecting the transmission of the certificates to the registrar, the fees, the periods, and the mode of conducting the examinations, and the arrangement of the candidates after examination, are the same for all candidates for the same degree.

FOREIGN UNIVERSITIES.

FRANCE.

UNIVERSITY OF FRANCE.

The faculty confers two degrees, viz, doctor in medicine, and doctor in surgery. Sixteen inscriptions, constituting four years' study, are required for either degree. The candidate must previously have obtained the degree of bachelor of letters, and bachelor of sciences; must produce a certificate of both, and the consent of his father or tutor, if under twenty-one years of age; also of good moral character from the civil authority. There are five examinations for the degree of doctor, which take place at stated periods throughout the four years. The winter session begins in November; the summer session in April. Fees for the degree, £44. Foreign graduates are required to pass five examinations, and to defend a thesis. Six years' study in a foreign university ranks as equivalent to four years' study at a French university. They are also required to present the diploma of bachelor of letters and of sciences, or else the dispensation for those degrees.

Englishmen desirous of attending the practice of the Hôtel Dieu at Paris can obtain admission by presenting the diploma of the College of Surgeons of London, Edinburgh, or Dublin, to the surgeons. By application at the Ecole de Médecine, a provisionary card, admitting to the practice of all the other hospitals free of expense, may be obtained. Those who are desirous of graduating must inscribe their names in a book every three months; each inscription costs fifty francs, for a French diploma; if for a foreign one, thirty. The schools of medicine are open to students gratuitously, but diligent attendance is required. Subjects are very cheap, being obtained for a few shillings. This faculty possesses a library, botanic garden, dissecting-room, and a museum. The library is open every day in the week, except Thursday, from eleven to three; it is closed during September and October. The museum contains a valuable collection of anatomical preparations, specimens of natural history and materia medica, and an extensive series of surgical and other instruments. The beautiful collection of wax models of pathology has been placed in the Musée Dupuytren, at the School of Practical Medicine. The museum is open to the public every Thursday from eleven to three; to pupils on other days of the week, on presenting their cards of admission to lectures.

PRUSSIA.

There are six universities in Prussia, with faculties of medicine connected with them—namely, Berlin, Breslau, Konigsberg, Grieswald, Halle, and Bonn on the Rhine. The medical studies are pursued for four years; and during that time the students attend lectures on medicine and the preliminary sciences. The bodies of criminals, and those from the neighbouring houses of correction, supply the means of dissec-

tion. The medical students intended for the service of the army are lodged and boarded at La Pépinière, at Berlin, and the poorer class of native students are made bursars. After four years the candidates are required to print and publicly defend a dissertation in the Latin language, and to undergo an examination in logic and the above-mentioned sciences, after which they receive the diploma of doctor, the fee for which is £25. This, however, does not give them the power of practising. In order to this, they must undergo the examination in surgery, medicine, and midwifery, which continues several months; and they will be required during that time to perform operations, and to treat diseases.

University of Munich.—Foreigners who do not intend to practise in Bavaria, or to seek for Government medical appointments, may be matriculated on presenting certificates of moral conduct and of the necessary scientific knowledge, particularly in philology. To be admitted to the examination *pro gradu*, they must have studied medicine for three years, and have attended lectures on anatomy, physiology, chemistry, botany, pharmacy, materia medica, pathology, therapeutics, surgery, and midwifery. Also clinical hospitals and lectures; but it does not matter at what university they have studied. The fee for the degree is about £20, and does not include the expense of printing the dissertation. It is never conferred *in absentiâ*.

Giessen.—Poor students can here obtain free admission to all the public lectures by making proper application at the university. For the other lectures the fees are from six to twelve florins for each half year, according to the number of hours occupied in the delivery. After five years, candidates are admitted to examination. The fee for the diploma is £22. 10s., which is not now granted without the candidate presenting himself in *propria persona*.

Erlangen.—The course of medical study at this university continues for three or four years. Foreigners, on producing certificates of lectures on anatomy, physiology, &c., no matter from what university or medical school, will be admitted to the strict examination, which will be conducted in French or English. Diploma fee, £21.

Jena.—Candidates for the degree of doctor of medicine, surgery, and midwifery, must deliver certificates of the completion of the course of medical studies, of good moral conduct, and of matriculation, which latter cost 18s.; a medical dissertation in Latin, and the fee for the doctorate, £23; with £3 more for the diploma in midwifery. The examination is conducted in German or Latin. The candidate must also defend his thesis in public, and afterwards print it.

Rostock.—The course of medical study is continued for four or five years before graduation. The expense of graduation is about £27. Practitioners may obtain the diploma without personal attendance.

Heidelberg.—The examination is conducted, *viva voce*, in German, Latin, English, or French. The candidate must present certificates of attendance on anatomy, physiology, &c., and of having attended medical and surgical hospital practice. The candidate must also translate an aphorism of Hippocrates into Latin. Fee for diploma, &c., £23.

Gottingen.—Regulations as Heidelberg.

Kiel.—Regulations as Giessen.

POOR-LAW UNION OF BODMIN, IN THE COUNTY OF CORNWALL.

A brief statement of certain proceedings in this union may not be without its use at the present time.

In Bodmin reside Messrs. Ward, Mudge, and Robinson (naming them according to seniority), three surgeons who have for several years past been the medical officers of three districts of the union, viz.:—

	Population.	Acreage.
District No. 3	10,760 ..	5203
,, ,, 4	18,060 ..	1804
,, ,, 5	13,680 ..	3123

The salaries for these have been, £32 for No. 3; £30 for No. 4; and £35 for No. 5.

The union has been marked with this peculiarity: these three medical officers have never had their districts made permanent, but have taken them in rotation (amicably) from year to year. It may be well to state that Dr. Michell, a member of the medical profession, was for years one of the guardians of the union, and always took a lively interest in its medical affairs, and was mainly instrumental in arranging the business of the districts.

At Lady-day last, No. 4 district was offered to Mr. Robinson for the current year, and accepted by him; as was No. 5 by Mr. Ward; No. 3 district (of which we shall presently have to speak at large) was offered to Mr. Mudge, and accepted by him provisionally, leaving it to the guardians to advance the salary—the advance suggested being from £32 to £50 for the year. The chief reason urged for the advance was the fact that the district included the union workhouse, which had much increased within the two preceding years as to inmates; until now it averaged 220 inmates, and 61 was the average number on the doctor's books during the six weeks next after Lady-day. The house was attended and returned to the commissioners at the annual salary of £10. It was proposed at the board that £10 should be added; the proposition was negatived, and an attempt was made to construe Mr. Mudge's provisional entry on the work into an unconditional acceptance; this was resisted by Mr. Mudge, who withdrew on the 6th of May, after giving the guardians a fortnight's notice of his intention. Mr. Robinson was then appointed *pro tempore;* and the guardians set to work to make a new arrangement of districts, to exclude Mr. Mudge if possible; who, however, has, without wavering, held himself ready to attend any district (thereby releasing a medical officer for the house district) provided that £50 were given for district No. 3, but unless that amount was given, Mr. Mudge declined union work altogether for this year. Mr. Robinson is to continue in attendance (if the commissioners in London sanction it) on a district containing 28,340 acres, with population 6059, including the workhouse, as above described, at a salary of £56 for this year: that is to say, this gentleman, in order to add £26 a year to his poor-law contract work (for he received £30 for his own district), undertakes the duties of attending, &c., the sick poor of a town with over 4000 inhabitants, and a workhouse with 220 inmates! You ask, Can such things be? I answer, Here such things are! But can nothing be done to stop such maltreatment of the poor? You shall have a few more of the facts of the case.

Copies of Mr. Mudge's applications to the guardians for advance, together with his reasons for asking it, were forwarded to the board at Somerset-house; five times had they been sent to, and never a single line (even of acknowledgment) was sent to Mr. Mudge in reply; though it is proper to say that communications were made by the board in London to the board of guardians here, to the effect that the business had better be reconsidered with a view to give £50, the sum asked, and unfavourable to the proposed new arrangement of the districts, on the score of too large an acreage. It remains to be seen whether the commissioners will ultimately yield; no valid reason exists why they should do so, yet a delay approaching to six months is not easily accounted for. Mr. Wyld, M.P. for Bodmin, was written to twice, and corresponded with Mr. Buller without any (known) result. Mr. Robarts, M.P. for East Cornwall, who was for many years chairman of the Bodmin Union, was incidentally brought acquainted with the controversy. Mr. Mudge's letters to the local authorities were no less than seven; and Messrs. Ward and Robinson were, on the authority of Mr. Mudge, made acquainted with what was transpiring, lest they should be led astray by any misrepresentation from another quarter. Mr. Ward never stirred, nor was there need, and Mr. Robinson again and again assured Mr. Mudge of his sympathy and his anxiety for the increase, even after he began the *pro tempore* attendance, though now he intimates his intention of holding fast, if he can, the addition which has been made to his district! Twenty-six pounds a year for a whole town and a union-house! besides knocking an old and good arrangement to pieces. Such are the facts of the case: comment is reserved, but the knowledge of an item or two arrived at in the correspondence may be communicated. The extras in the disputed district may be set down about £10 per annum. The union-house takes at least one hour daily there, and another half hour to compound the necessary medicines. The prescriptions were carefully written for one month in a book kept for the purpose; if dispensed by a retail druggist for that period the medicines would have cost £7. The average pay for the inmates of all the workhouses in Cornwall (except Bodmin) is £15. 7s. per 100 inmates; so that the workhouse alone here, if paid as the rest are, would give £33. 15s. per annum.

If you wish for a few thoughts on the best method of arriving at a simple, uniform, and (I think) just estimate for medical remuneration, you shall have them. N. W.

Bodmin.

SHAMEFUL TREATMENT OF THE MEDICAL OFFICERS OF THE GREAT YARMOUTH HOSPITAL.

Upon the death of the late consulting surgeon of the hospital, the medical officers attended the committee, and stated that they had a great objection to any person being placed in a superior situation to themselves, who had all the work and responsibility; that, having virtually been without a consulting surgeon for some time, they did not consider the office necessary, more particularly as it was one quite unknown in any similar institution.

The committee refused to entertain their request, and even went so far as to reject the notice given by them to alter the rule (although they had before received, on three separate occasions, a notice from one of their body then present for an alteration of the same rule). As the time for the election drew nigh, it became evident their object could not be gained, unless they could evade that part of the eighth rule which states, "That in the case of there being only one candidate for the office of physician, consulting surgeon, or surgeon, that such candidate must have two-thirds of the votes of the governors and subscribers, having the right of voting, present at such election;" to effect this a surgeon-dentist was induced to offer himself.

The medical men considered themselves insulted by the nomination of such a person, and, for the first time, met and considered their most proper mode of proceeding. Finding that their notice of motion had been rejected by the committee, struck off by the same body from the paper containing the business of the day—the subscribers having been actively canvassed and a majority pledged—the eighth rule evaded—they came to the conclusion, that the subject not being allowed to be fairly brought forward and decided upon its merits, they had no other alternative but to resign, in which opinion they were supported by all the surgeons of standing in the town.

During the last few years the funds have been steadily increasing, the number of applicants for admission become much more numerous; indeed, the prospects of the institution have been most flattering—everything bespoke the confidence of both patients and the public; all these have been risked—for what? To gratify the vanity of one man, to whose supporters alone the present dilemma is to be attributed; for when at the

general meeting, to meet the views of all parties, Mr. G. D. Palmer proposed that four surgeons be appointed, one of whom should be Mr. Costerton, which proposition was accepted by the medical officers, but rejected by the proposer of Mr. Costerton.

The medical officers have addressed the following note to the committee of the hospital:—

"The late medical officers of the Yarmouth Hospital feel called upon, in justice to themselves, not to suffer the partial and incorrect statement of that part of the proceedings of the annual meeting referring to the election of medical officers (which has been printed and circulated among the governors and subscribers) to pass unnoticed by them.

"The committee, in suppressing the name of Mr. Norman, who was proposed by Mr. William Worship, and seconded by Mr. Samuel Barber, as a candidate for the superior position of consulting-surgeon to the hospital, a practitioner calling himself a surgeon-dentist, would seem to shrink from publicly declaring that part of the proceedings of the annual meeting. The statement that the election of the other candidate was resolved with but three dissentients is incorrect, as no less than forty-one voted against the election of a consulting-surgeon, notwithstanding the governors and subscribers had been most actively canvassed by Mr. Benjamin Dowson to support his nomination — a step which the medical officers, relying upon the justice of their case, altogether refrained from doing.

"Fully satisfied that the course pursued by them in the painful situation in which they were placed (a not very gracious return for services gratuitously and at all times readily rendered to the hospital) was the only one open to them as gentlemen to take, all that your late medical officers now ask of the committee is, that they should do them the tardy justice of putting before the public, especially as there has been much misrepresentation, a fair and correct statement of those proceedings, that the ground of the retirement of the late medical officers of the Yarmouth Hospital may be fully understood.

"Compelled to retire from the hospital by a feeling of self-respect, as well as by an imperative sense of duty to an honourable profession, the late medical officers have at least the satisfaction of knowing that the leading medical practitioners of the town, with a commendable *esprit de corps*, supported them in their firm opposition to a rule which they felt to be both prejudicial to the hospital and derogatory to its medical officers.

"James Borrett, M.D.,
John Pritchard,
Chas. C. Aldred,
Frederick Palmer.

"Great Yarmouth, Sept., 1848."

The conduct of the medical officers is highly praiseworthy; and we trust it will teach the governors a lesson which they will not readily forget.—[Ed. *Med. Times.*]

BOOKS RECEIVED DURING THE LAST MONTH.

The Periodoscope; with its Application to Obstetric Calculations, and the Periodicities of the Sex. By W. Tyler Smith, M.B. Lond. London: John Churchill, Princes-street. 1848.

Cuvier's Animal Kingdom. Part VII. W. S. Orr and Co., London.

An Inquiry into the Proximate Cause of Gout, and its Rational Treatment. By Anthony White, Esq., M.B. Cambridge, late President of the Royal College of Surgeons of England. London: J. Churchill, Princes-street. 1848.

The Students' Clinical Memorandum Book; or, Medical Practitioners' Remembrancer and Vade Mecum. London: S. Highley, Fleet-street. 1848.

Rapport addressé à Monsieur de Delegue du Gouvernement Provisoire sur les Traitements Orthopédiques de M. le Docteur Jules Guérin, à l'Hôpital des Enfants, pendant les Années 1843, 1844, et 1845. Par une Commission composée de MM. Blandin, P. Dubois, Jobert, Louis, Rayer, et Serres; President, M. Orfila. Paris: Au Bureau de la Gazette Médicale, Rue Racine, 16, Près de l'Odéon. 1848.

Report of the Council of the National Institute of General Practitioners in Medicine, Surgery, and Midwifery, on the Present State of the Medical-Reform Question. 1848.

A Few Plain Directions for the Homœopathic Treatment and Prevention of British and Asiatic Cholera, and also Cholerine. Extracted from the Homœopathic Domestic Medicine, by Dr. Laurie, with Alterations and Additions. London: J. Leith, Vere-street.

A Treatise on the Advantages and Necessity of Frequent Bathing, as a Means of Health and Preventive of Disease; with Drawings of various kinds of Baths. By Edward Perry, Wolverhampton. Wolverhampton: Price and Williams. 1848.

The Case of the Journeymen Bakers; being a Lecture on the Evils of Nightwork and Long Hours of Labour, delivered on Thursday, July 6, 1848, at the Mechanics' Institution, Southampton-buildings. By W. A. Guy, M.B., Fellow of the Royal College of Physicians of London. H. Renshaw, 356, Strand.

A Few Thoughts on Cholera, in Reference to its Origin, the Nature of the Exciting Cause, and the Principle of Treatment. By Michael T. Sadler, M.R.C.S. London: Longman and Co., Paternoster-row. 1848.

The Laws of Periodic Growth and Development considered with Reference to Hygienic, Moral, and Intellectual Education. By Lieut. J. A. Walker, h.p. 34th Regiment, Member of the Sydenham Society, &c. London: Simpkin, Marshall, and Co.

Sanitary Questions, Observations, and Suggestions on the Wolverton Well Water, as supplied to the Inhabitants. By G. Corfe, Esq., Resident Medical Officer at the Middlesex Hospital. (From the Pharmaceutical Journal for July, 1848.)

The Anglo-Jewish Magazine; a Monthly Journal of Moral and Antiquarian Research. October, 1848.

Bulletin Général de Thérapeutique.

Provincial Medical and Surgical Journal.

Journal of Public Health.

Monthly Journal of the Medical Sciences.

The Veterinary Record.

The Ethnological Journal.

The British Record of Obstetric Medicine.

Plain Directions for the Prevention and Treatment of Cholera. By Thomas Allen, M.R.C.S.E. Oxford: J. Vincent. London: H. Renshaw, 356, Strand.

Social Distinction; or, Hearts and Homes. By Mrs. Ellis. Nos. 8 and 9. London: J. and F. Tallis.

GOSSIP OF THE WEEK.

War-office, Oct. 3.—1st Dragoon Guards: Staff-Surgeon of the Second Class Edward William Stone, to be Surg., vice Lewis, who exchanges.—77th Foot: Staff-Surg. of the Second Class Joseph Samuel Prendergast, M.D., to be Surg., vice Anderson, who exchanges.—93rd Foot: Assist.-Surg. James Webster, M.D., from the Staff, to be Assist.-Surg., vice Swan, who exchanges.—Hospital-Staff: Surgeon George Anderson, from the 77th Foot, to be Staff-Surg. of the Second Class, vice Prendergast, who exchanges.—Surg. Thomas Lewis, M.D., from the 1st Dragoon Guards, to be Staff-Surg. of the Second Class, vice Stone, who exchanges.—Assist.-Surg. William George Swan, M.D., from the 93rd Foot, to be Assist.-Surg. to the Forces, vice Webster, who exchanges.

Medical Appointments. — Joseph Noble, M.D., of Dunwich-hall, and John Barclay, M.D., have been elected Physicians to the Leicester Infirmary; Dr. Noble in the room of Dr. Freer, resigned, and Dr. Barclay, in consequence of a resolution to increase the medical staff of the institution to three physicians and three surgeons.

Apothecaries' Hall.—Gentlemen admitted members on Thursday, September 28:—Richard Thomason, Shiffnall; Henry Hooper; Henry Davies, Holloway; Charles Miles, Charterhouse.

Criminal Abortion.—Post-mortem Examination on the Body of Eliza Wilson.—Tuesday week Mr. Carter, the coroner for Surrey, resumed the inquiry into the circumstances attendant upon the death of Eliza Wilson, a young woman whose death was alleged to have been caused by abortion produced by instruments. The jury assembled at the King's Head Tavern, Lower Norwood, and, the inquiry having been opened *pro forma* on Saturday, the evidence taken on that day was read over.—James Benson Wilson stated that he was a man of independent property, residing in Woodcote-place, Lower Norwood. The deceased woman was his daughter. Saw her dead on the morning of Saturday last. Had seen her alive at eleven o'clock on the previous night. She was first taken ill on the 12th of September. She had been in good health previous to that time. She was taken ill on the Tuesday, after having been out all day on the Monday. She went out alone at half-past nine o'clock, and did not return till eight in the evening. On the Thursday following she became so bad that medical assistance was called in. Mr. Chapman, of Lower Norwood, attended her.—Mr. J. Chapman was then sworn: He stated that he was a surgeon residing at Lower Norwood. He first saw the deceased on the morning of Friday, September 15, at her father's residence in Woodcote-place. She was in bed and dangerously ill. The illness was produced by abortion. On examination witness found no internal injury, although deceased complained of great pain. There was great constitutional disturbance, violent retching, and other dangerous symptoms. Witness treated her according to the case, but she became much worse, and on the following day Dr. Lever was called in to see her. Witness attended her afterwards, but she continued to get worse, and she expired on Friday, the 22nd. Had opened the body, assisted by Mr. Ray, Mr. Farmer, of Balham, and witness's brother. Th examination took place thirty-six hours after death. The appearances were such as to prove that the deceased had been pregnant. The head and chest were perfectly healthy. There was a cicatrix in the uterus. It appeared to have been torn. The cause of death was inflammation of the womb, produced by abortion, caused by instruments. The wound which he had described had almost healed up. There could be no doubt that an instrument had been used, and which had penetrated completely through the vagina. Did not attribute death to that puncture, as he thought that the inflammation was caused by the subsequent use of another instrument. The deceased had been *enceinte* for about six weeks. Although the stomach presented diseased appearances, yet there was no reason to attribute death to anything she had taken. Death arose from the insertion of an instrument for the purpose of destroying the fœtus—in fact, from violence. Could not ascertain that any medicine taken to cause abortion had produced disease. Miscarriage, although produced by the most skilful medical man, is always attended with danger.—Mr. Edward Ray, a surgeon, residing at Dulwich, stated that he assisted Mr. Chapman in the *post-mortem* examination. Had heard the appearances described by Mr. Chapman; and they were correctly described; as were also the consequences of the injuries inflicted by the use of the instruments. His opinion as to the cause of death entirely coincided with that of Mr. Chapman, viz., that it resulted from the improper use of an instrument to procure abortion. The silver catheter produced is longer and straighter than that usually employed. The instrument which is produced would inflict the injury described, or it might be produced by a somewhat larger one. The instrument employed must have been a blunt one, and great force

must have been exerted to produce the injuries.—Mr. Chapman also gave his opinion that the instrument produced would cause the injuries discovered. It was a catheter, but so formed that he should be sorry to use it, as its use would be attended with danger. It was straighter than usual.—The jury returned a verdict of "Wilful murder against Spencer Lindfield, and against Richard Orpin and Mary Anne Dryden, as accessories before the fact."

Officer of Health for the City of London.—Common Council.—The Chairman presented a report from the select committee relative to the desirableness of appointing an officer of health as early as possible for the months which have to come before their new act would come into operation. It was intended, or rather proposed, to ask for power at the next Court of Common Council to appoint such an officer. As it did seem from the public papers that the cholera was making rapid advances towards this country, it was desirable that there should be no delay in the matter.—Mr. Williams: Will such a step supersede the necessity for such parties to be appointed in the several parishes?—The Chairman: Our proposition has nothing at all to do with any merely local arrangements.—Mr. Kemp wished to remind the court that part of the proposition of the select committee was, that the party to be so appointed was also to be allowed to attend to his private practice as a medical man. Certain he (Mr. Kemp) was that, according at least to a list of duties such an officer would have to perform according to the new act of Parliament, it was inconsistent for them to suppose that any man could attend to his public duty and his private practice at one time.—Mr. Blake did not consider that it was essentially necessary that the officer of health should be a medical man. They wanted a party who could distinguish causes of disease in this case, rather than a man who could supply a remedy after an epidemic had made its appearance.—Mr. H. L. Taylor would ask the commissioners whether they had any idea what the committee proposed to give this officer of health? They would be astonished to find that the sum named was £400 a year. (Surprise.)—Mr. Kemp: £500.—Mr. Taylor: Why, it ought to be ten times that amount; and I am satisfied, if £4000 were proposed, that the court would be unanimous upon the subject.—Mr. Blake explained that the idea was, that many young men of great ability might be found, possessing the necessary talent, who would be glad of the opportunity this appointment would give to them of rising in their profession to honourable eminence.—Mr. Perkins said, that to the honour of the profession it ought to be said, that the pay was a secondary consideration. Upon the last visitation by cholera these men had charged nothing for their valuable services.—Mr. Deputy Corney moved, and Mr. Kemp seconded, that the clause as to expressing an opinion as to the "private practice" be expunged. As to the other matters, they would be discussed in full at the Court of Common Council.—The report, upon a division, was carried in the shape it was brought up, the amendment being lost—17 voting for the motion, and 13 for the erasure of the line.

The Cholera.—A letter dated Odessa, the 8th ult., announces that the cholera has totally disappeared from that city. A *Te Deum* was sung in all the churches on the occasion.

A private letter, dated Sept. 19, from Hamburg, whence we have had the most alarming accounts, says, "About the cholera you need not be fearful. It sounds much worse than it is, and the newspapers make a great deal of it. People who eat plums and no solid food have had it, but considerably more than half of those who have caught the disease have recovered, and it is now gone or going, for since last Friday I am told there has not been a single case."

The cholera has entirely disappeared from Egypt. The last case that occurred in Alexandria was on the 16th, at Cairo on the 10th.

Hull.—Three cases of cholera have occurred on board of a vessel now lying at this port. A careful inquiry has satisfied us that the present are *bona fide* cases of cholera. For some months past, during the continuance of the Danish bombardment of the Elbe and Prussian ports, there has been lying in the old dock at this port a Prussian barque, of some 500 tons burden or upwards, named the Pallas, of Stettin, of which Captain Muller is the commander. He and the crew went home some months ago, leaving only the carpenter in charge. On Friday last, the captain, with a crew of ten men, from Stralsund, Wismar, and the neighbourhood, arrived here by one of the steamers which left Hamburg yesterday week. It is known that the cholera has prevailed in the latter city for some weeks past. They went on board the Pallas on Friday. The same night Carl Peter, one of the crew, was seized with a bowel complaint. The master obtained the assistance of Dr. Cooper, but the man expired on Sunday morning. Nicholas Rose, the cook, began to be similarly ill on Sunday morning, had the like assistance, and died on Monday. The steersman (or mate), William Fisher, began to be ill on Monday morning, and expired the same day. Another man was similarly attacked, but is recovering. We mention these particulars on the authority of Dr. Ayre, who, it is well known, was one of the most successful practitioners in cases of cholera when it appeared in this town sixteen years ago. That the deaths now named were produced by cholera Dr. Ayre has no doubt; other medical authorities are equally satisfied upon the point. Since the above was written, the Government sent down Dr. Sutherland from the General Board of Health, who arrived yesterday morning. The instructions simply are that Dr. Sutherland and his colleague, Mr. Grainger, who was to arrive yesterday evening, were to make medical inquiry and report to the Board of Health, while the Customs were to see that all communication between the Pallas and the shore, excepting to medical men, under certain restrictions, be cut off until six days expire after the last death or the last recovery.—*Eastern Counties Herald* of Wednesday.

Quarantine.—Malta.—Our private letters from Malta of the 26th ult. state that all vessels leaving that island are subjected, both at Naples and at Messina, to quarantine for fifty days.

Enforcement of the Contagious Diseases and Nuisances Act.—Tuesday's *Gazette* contains an order of the Privy Council, which states that, "Whereas the United Kingdom appears to be threatened with a formidable epidemic disease, in consequence of the progressive advance of such a disease to the western portion of the continent of Europe, and a case has arisen for putting in force the provisions of the said act;" and orders that, in pursuance of the powers vested in the Lords of the Privy Council by the above act, that the provisions contained in it for the prevention of epidemic, endemic, and contagious diseases, be put in force throughout the whole of the United Kingdom.

Drainage.—A metropolitan commissioner of sewers has drawn attention to the proposed drainage of the Hampshire New County Prison, at Winchester. "In each cell," here marks, "is to be a watercloset, whence a pipe is to lead into the underground drains, which are to discharge their contents into close cesspools. The contents of the cesspools will, in time, evolve poisonous gases, and the only escape for those gases will be up the drains and pipes, and so into the cells. The drains are, I understand, of brick, and the main drain an ordinary two-feet barrel-drain. Impermeable drain-pipes, of sizes decidedly smaller than those of the existing drains, should be substituted; the cesspools should be abolished; and provision should be made for carrying off the whole of the sullage to a distance from the prison, which," he adds, "stands on high ground."

The baths and washhouses movement among the working classes is rapidly progressing at Macclesfield. The *Manchester Times* states that on Monday evening a meeting was held in the Town-hall, for the purpose of perfecting an organization of subscriptions among the various mills and workshops in the town, in aid of the fund to be raised for the above object.

Russia.—The *Gazette des Tribunaux* publishes a letter, dated St. Petersburg, 10th inst., which gives an account of a disturbance which occurred in that city in consequence of the cholera having recommenced its ravages with increased severity, and particularly amongst the poorer classes. A report was circulated amongst the people, that the aristocracy had employed poison to cut them off. They immediately constructed barricades. The troops were about to attack them, when the Emperor arrived on horseback, attended by a single aide-de-camp. The Emperor ordered the troops to fall back, and, ascending the barricade, he addressed the insurgents as follows:—"The cholera, my children, is a chastisement which God inflicts on men, and to which they must submit with resignation. All the reports of poisonings are pure falsehoods, invented by evil-minded persons, who are the enemies of the people." The insurgents, who had cast themselves on their knees, and raised their hands, as in the attitude of prayer, when they perceived their Czar, remained silent with the exception of two who commenced a reply. The Czar ordered the insurgents to arrest those two men, and then commanded the troops to return to their barracks. The insurgents immediately seized their comrades and delivered them up to the police. They demolished the barricades and separated peaceably.

General Association of Italian Physicians.—The project for the creation of a general association of all the physicians of the Peninsula appears to be gaining ground. On the 25th of July there was a meeting at Turin, under the presidency of Dr. Trompe, the grand promoter of the association. It has been decided that the Piedmontese Association should take the name of the Piedmontese Section, and that it should unite with the section of Lombardy. The Piedmontese section has been subdivided into provincial committees. The same agitation exists in Tuscany and the Roman states. Everywhere the physicians seek to replace the local corporations by an association, extensive and liberal, embracing the whole extent of the Italian peninsula.

Dangerous Inoculation.—A few days ago, while Drs. Stuart and Wills, of Cumnock, were amputating a person's leg, which was in an advanced state of gangrene, the latter gentleman, having had a slight scratch in the thumb, became inoculated by the animal virus. In a short time the thumb swelled, and, notwithstanding all the precautions used, we are sorry to say the symptoms became daily worse, and the unfortunate gentleman now lies in a very critical state. All that medical skill can devise is being done to save his life. The insidious poison has affected the whole system, and a tumour of considerable size has appeared upon one side, which was opened by the medical attendants on Tuesday. Dr. Wills is much esteemed as a man and as a physician, and, should death ensue, he would be universally lamented.—*Glasgow Examiner.*

The Liverpool Health Committee.—The weekly meeting was held on Thursday, Mr. Lace in the chair. A desultory discussion took place as to the adoption of water-closets in small houses, without any result being obtained. Mr. Fresh received instructions to proceed with informations against river steamers breaking the Smoke Act. Informations were to be laid against slaughter-houses in Cable-street and Harrington-street. The number of deaths in the borough during the week was reported to be 246, being the same number as during the previous week. It appeared from the report of the inspector of nuisances, that, during the past week, 803 middens and cesspools, containing 1703 loads of nightsoil, had been removed; 34 nuisances had been examined and suppressed; 17 cellar informations heard, and convictions obtained; 464 cellars previously cleared examined, and 360 of them found empty; 40 claimed as altered under the late Health Act, and could

now be legally occupied; to occupied without beds, in evasion of the law; and ob with beds, in violation of it, all of which were being again cleared.

Reward of Merit.—Her Majesty has conferred the honour of knighthood on Mr. Charles Lyell, late president of the Geological Society.

Prevention of Epidemic Diseases.—We believe that, on the recommendation of the recently constituted Board of Health, an order in Council may be shortly expected, enabling that board to issue regulations for the enforcement of the provisions of the act 11th and 12th Victoria, chap. 123, secs. 9 and 10, for the prevention of epidemic diseases.

Middlesex Hospital.—During the past week Mr. Arnott, the senior surgeon of this institution, resigned his connection with it in consequence of his appointment in University College.

Patent Self-acting Enema Apparatus.—Our attention has been recently directed to a new enema instrument, which appears to possess many advantages over those commonly used. The apparatus is capable of containing a pint of injection, and which will require for its discharge twelve descending strokes of the pump. But, as smaller quantities are frequently ordered, one stroke of the piston is only to be used for each ounce and a half injection. The instrument being thus charged, the ivory pipe is introduced in the usual way, and the contents discharged with any degree of force, in one continued stream, by simply turning a stop-cock. We think that the profession will find it a very useful instrument. It is the invention of Mr. T. Machell, a member of the College of Surgeons.

Lieut. Walker's Educational Establishment.—One of the principal features of this scholastic institution is the particular care which is manifested for the health of the pupils. The master appears to be well acquainted with the influence of health upon the progress of the mind, and hence sanitary regulations are industriously employed in the school. We are pleased to observe that reports are periodically made of the health of the pupils, which evince much care and skill. We wish that the heads of our schools would generally follow the good example set them by Lieut. Walker.

Scarlet Fever.—Scarlet fever is at present very prevalent in Liverpool. Last week one-fourth of the entire deaths within this borough were from this disease.

Slaughter-houses.—The Health Committee, Liverpool, have ordered proceedings to be taken to compel the removal of the slaughter-houses in Cable-street; and the Abbatoir Company have commenced the work of daily removing their rubbish in tight boxes. Improved rules are under consideration for the diminution of nuisances. There are some other slaughter-houses in the same neighbourhood which ought likewise to be removed.

Singular Death.—Last week, Mr. Hafflade, a farmer, of Hatfield, Sussex, went into his garden and ate a ripe plum, in which was, what afterwards proved to be, a wasp, which stung him in the throat. He died in three quarters of an hour.

Death by Ammonia.—On Saturday evening, a journeyman hatter, in the employment of a firm in the Cannongate, went into a closet on the premises, and lifting up a phial, containing ammonia, took a mouthful or two of this powerful excoriative, the consequence of which was, that he died within an hour, his mouth, tongue, and throat having swelled to such an extent as to produce suffocation. It is not known whether he took the ammonia from a suicidal intention, or mistook it for spirits of wine, of which he had been in the habit of tasting freely.

Quarterly Naval Obituary.—Medical officers—Deputy Inspector of Hospitals: William C. Watt, M.D.; Thomas Miller.—Surgeons: James Lambert, Richard Davis Pritchard, Dodwell Brown Whipple, Richard Webster, John Edwards, John Callan, Henry Ellis, William Jones, David M'Manus, M.D., Robert Slyon —Assistant-Surgeon: John Spear.

WELLCOME LIBRARY INSTITUTE

MORTALITY TABLE.

For the Week ending Saturday, Sept. 30, 1848.

Causes of Death.	Total.	Average of 5 Summers.
All Causes.....	1257	972
Specified Causes...	1251	968
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	395	257
Sporadic Diseases.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	54	45
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	135	120
Diseases of the Lungs, and of the other Organs of Respiration	120	80
Diseases of the Heart and Blood-vessels.....	43	28
Diseases of the Stomach, Liver, and other organs of Digestion	62	79
Diseases of the Kidneys, &c.	8	8
Childbirth, Diseases of the Uterus, &c.	8	10
Rheumatism, Diseases of the Bones, Joints, &c. ...	8	7
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age	28	50
Violence, Privation, Cold, and Intemperance.....	146	31

NOTICE.

☞ The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of Robert Palmer.

Subscribers in Arrear are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

TO CORRESPONDENTS.

"Chirurgus."—There is a great difference between a charter and an act of Parliament. The College of Surgeons possesses the former without the latter, hence any uneducated person may style himself surgeon.

"Philo."—Ether is still used by some practitioners, and is preferred before chloroform.

"Medico-Chirurgus."—One scruple is the dose generally recommended, to be repeated if the desired effect is not produced in a short time. Ten grains of the mineral, however, will frequently succeed in a few hours.

"Antiquack,"—We have no faith in the camphor cures.

"M. L. R.."—The following solution of iodine has been injected with success:—℞ tinct. iodinæ, ℥j; potassæ hydriod., 3 j; aq. font., ℥viij.

"Petrus."—The commission has not yet been appointed.

"Mr. Gregory."—Not that we are aware of.

"F. G., Hackney."—In the museum of the College of Surgeons.

"Marcus."—An Italian surgeon was the first who adopted the practice.

"Agonistes."—We cannot promise that the communication shall be inserted.

"M. R. C. S."—Not in England.

"Studens."—Both examinations are necessary.

"Veritas" is mistaken in his conjectures.

"Ignoramus."—Yes: a qualified practitioner can claim for medical attendance.

"Dr. Gowers."—Due notice will be given.

"M."—It is not yet settled.

"J. C. B., Holloway."—There is no fixed sum.

"Dignitas."—We cannot answer the question without seeing the papers referred to.

"A Friend."—We fear that we cannot find room for such a lengthened report.

"Beta."—It would be productive of great inconvenience.

"Mr. Atkins."—Communication received.

"A Medical Student" should apply to the registrar of the College.

"B. G. University College."—It would be actionable.

"Senex."—The letter was destroyed, as it was not authenticated.

"Despondency."—We always decline prescribing through our columns.

"Mr. Roden."—Our correspondent would be liable to a fine.

"An Army Surgeon" is thanked for his communication, which is valuable.

"P. L"—The phagedenic form is never the first which the primary ulcer assumes: it is always a deviation from its original course, produced either by some local condition or by general predisposition.

"Jacobus."—The question has already been answered.

"Argus."—The law cannot touch such a person.

"M. D., Dublin."—Yes.

"Mc., Edinburgh."—St. Thomas's Hospital.

"A Subscriber's" letter in reference to medical reform must stand over for the present.

"Iatros."—The paper on Asphyxia is under consideration.

"Medicus, Aberdeen."—The members of the London College of Physicians are forbidden to practise pharmacy, on pain of expulsion.

"H."—We do not answer such inquiries.

"One on the Look-out."—An advertisement may, probably, be the means of directing our correspondent to some professional gentleman who would relinquish practice on certain conditions.

"Delta."—A preference in the case would be invidious.

"A University College Man."—We regret our correspondent's disappointment; at present there is no remedy.

"A Poor-law Surgeon."—The affair should be made public.

"A. B." has overlooked a paper which we published three weeks ago on the same subject.

"A Subscriber from 1844."—The work has passed through two editions, and is considered by the profession a talented production.

"M. B., London."—The magistrates have no power to order remuneration.

"Mr. J. B."—The College library is now open.

"A. M., M. D., Trinity College," shall receive a private communication.

"A Bartholomew Student" is thanked for his offer.

"St. George's."—Yes.

"Zeta."—The best article is made from the cuttings of fresh skins; the inferior from common glue.

"Philiatros."—The work mentioned is an authority.

"A Pupil."—To the natural order, Sapotaceæ.

"Experimentalist."—The apparatus may be obtained at any mathematical instrument maker's. The price we cannot state.

"Candidatus."—The appointment cannot be obtained without undergoing the examination referred to.

"A Subscriber's" "Remarks on the Cholera" received.

"Querist."—The army or East India Company's medical service would be preferable.

"Mr. Unwin."—We will endeavour to accommodate our correspondent.

"An Old Friend and Subscriber."—The packet has been received.

"Dr. Curl."—Communication received.

"Dr. Maxwell, Hydrabad, Dechan."—"Contributions to Practical Medicine" received.

"Anglican."—A foreign medical man cannot practise in France without especial permission from the Government.

"Mr. Buchanan, Hull," is thanked for his communication and for his obliging offer. We shall be glad to hear from our correspondent again.

"A Correspondent" has forwarded to us two bills in reference to Murray's fluid camphor and magnesia. We hope Sir James Murray has not sanctioned the publication of these documents, as they appear like pompous quack advertisements.

"Mr. Blythman, Sainton, near Rotherham," is thanked for his communication.

"H. H. Walton, Esq."—Case of "Excision of the proximal end of the first phalanx of the great toe" will be inserted in the next number.

"Alpha.—No."

"A Medical Student and Constant Reader of the *Medical Times*."—At the College of Surgeons; and the work is published by Mr. Churchill.

"Juvenis."—The work of Dr. Williams.

"Dr. Matthew Wylie, of Glasgow," says—"My experiments on the effects of 60-grain doses of iodine (administered by the mouth in substance) on the human system in health have been continued at intervals over a period of three years, and have been conducted all along with the utmost care and precision. The result of these experiments I shall have pleasure in forwarding to you in a short time; and also the effects produced by drachm doses of iodine in those cases of cholera that recovered under its use. I have myself several times swallowed for a single dose sixty grains of iodine in substance."

Letters and communications have also been received from Chirurgus; Philo; Medico-Chirurgus; Antiquack; M. L. R.; Petrus; Mr. Gregory; F. G., Hackney; Marcus; Agonistes; M. R. C. S.; Studens; Veritas; Ignoramus; Dr. Gowers; M.; J. C. B., Holloway; Dignitas; A Friend; Beta; Mr. Atkins; A Medical Student; B G., University College; Senex; Despondency; Mr. Roden; An Army Surgeon; P. L.; Jacobus; Argus; M. D., Dublin; Mc., Edinburgh; A Subscriber; Iatros; Medicus, Aberdeen; H.; One on the Look-out; Delta; A University College Man; A Poor-law Surgeon; A. B.; A Subscriber from 1844; M. B., London; Mr. J. B.; A. M., M. D., Trinity College; A Bartholomew Student; St. George's; Zeta; Philiatros; A Pupil; Experimentalist; Candidatus; A Subscriber; Querist; Mr. Unwin; An Old Friend and Subscriber; Dr. Curl; Dr. Maxwell, Hydrabad, Dechan; Anglican; Mr. Buchanan, Hull; A Correspondent; Mr. Blythman, Sainton, near Rotherham; H. H. Walton, Esq.; Alpha; A Medical Student and Constant Reader of the *Medical Times*; Juvenis, &c. &c.